



# **Office of Professional Responsibility**

**CAP Final Determination Report and PREA  
Compliance Audit Report**

**Central Louisiana Ice Processing Center  
(CLIPC)**

**April 30 - May 2, 2024**

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Robin Bruck	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866-(b) (6), (b) (7)(C)

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	(b) (6), (b) (7)(C)	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	New Orleans
<b>Field Office Director:</b>	Melissa Harper
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1250 Poydras Street, Suite 325 New Orleans, LA 70113

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Central Louisiana Ice Processing Center (CLIPC)
<b>Physical address:</b>	830 Pinehill Road Jena, Louisiana 71342
<b>Telephone number:</b>	
<b>Facility type:</b>	Dedicated Inter-governmental Service Agreement
<b>PREA Incorporation Date:</b>	6/18/2015

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	

**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 Central Louisiana Ice Processing Center (CLIPC) met 31 standards, had 3 standards that exceeded, had 2 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 into a 180-day corrective action period which began on June 13, 2024, and ended on December 10, 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.

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

- §115.15 - Limits to cross-gender viewing and searches.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.81 - Medical and mental health assessments; history of sexual abuse.

### **Number of Standards Exceeded: 0**

### **Number of Standards Met: 5**

- §115.15 - Limits to cross-gender viewing and searches.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.81 - Medical and mental health assessments; 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.

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

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

#### **Notes:**

(b)(c)(d)(e)(f): CLIPC policy 10.1.1 states, "Searches-may be necessary to ensure the safety of officers, civilians, and Detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at Immigration Detention Facilities. Searches shall be performed in the following manner: 1) 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. 2) Cross-gender pat-down searches of female Detainees, absent Exigent Circumstances are prohibited. 3) All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented. (See Attachment N-Cross Gender Pat Search Log). 4) 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 Practitioners." Interviews with the PSA Compliance Manager and six random COs confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited and are not to be conducted at the facility; however, if there were exigent circumstances requiring a cross-gender pat-down search, strip search, cross-gender strip search, or visual body cavity search it would be documented. Interviews with 30 detainees confirmed they had been subjected to pat-down searches conducted by an officer of the same gender in a professional and respectful manner. Interviews with 30 detainees further confirmed none had not been subjected to a strip search or a cross-gender strip search while housed at the facility.

(g): CLIPC policy 10.1.1 states, "CLIPC shall implement policies and procedures which allow Detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent exigent circumstance or instances when the view is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowl movement under medical supervision. Employees of the opposite gender shall announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes. PREA announcements are to be documented in the housing unit log. Detainees who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a Security Staff member of the same gender." During the on-site audit, the lead Auditor observed signage on the housing unit doors to remind staff of opposite gender announcement requirements when entering a housing unit; however, the lead Auditor only observed the announcement being made while entering some of the housing units. In interviews with 30 detainees, it was indicated they have privacy while utilizing the showers, toilets, and changing their clothing; however, they indicated either female staff do not announce themselves when entering the housing unit or they are not loud enough for the detainees to be heard. Interviews with six random COs (male and female), indicated they were knowledgeable of the policy requiring opposite gender announcements; however, each officer indicated announcements are not made on a consistent basis.

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

(i)(j): CLIPC policy 10.1.1 states, "Facilities shall not search or physically examine a Transgender or Intersex

Detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the Detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedure conducting in private by a Medical Practitioner.” CLIPC policy 10.1.1 further states, “Security Staff 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.” Interviews with six COs confirmed they were aware of the standard’s requirement which prohibits the search of a detainee for the sole purpose of determining the detainee’s genital status. Interviews with six COs further confirmed they have received training on how to properly conduct pat-down searches to include male officers search male detainees, female officers must use the wand to search male detainees, and searches of a transgender detainee requires the staff to ask the detainee their preference on what gender should conduct the search. During the on-site audit, the Auditor reviewed the GEO Limits to Cross-Gender Viewing and Searches training curriculum and confirmed the training trains staff the proper procedures for conducting pat-down searches, to include cross-gender pat-down searches and searches. A review of the GEO Limits to Cross-Gender Viewing and Searches training curriculum further confirms the training curriculum requires staff to conduct all pat-down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and Agency policy, including officer safety. During the on-site audit the Auditor further reviewed staff attendance records and confirmed security staff have received cross-gender pat-down search training as required by subsection (j) of the standard. In addition, during the on-site audit the lead Auditor reviewed eight CO training files and confirmed they had received the training. As no pat-down searches were conducted or video of a pat-down search made available the lead Auditor did not witness a pat-down search during the on-site audit.

**Corrective Action:**

The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the lead Auditor observed signage on the housing unit doors to remind staff of opposite gender announcement requirements when entering a housing unit; however, the lead Auditor only observed the announcement being made while entering some of the housing units. In interviews with 30 detainees, it was indicated they have privacy while utilizing the showers, toilets, and changing their clothing; however, they indicated either female staff do not announce themselves when entering the housing unit or they are not loud enough for the detainees to be heard. Interviews with six random COs (male and female), indicated they were knowledgeable of the policy requiring opposite gender announcements; however, each officer indicated announcements are not made on a consistent basis. To become compliant, the facility must submit documentation which confirms all security staff have received training on the subsection (g) of the standard which requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing to include opposite gender staff announcing their presence in a manner to ensure they are heard by detainees of the opposite gender to eliminate concerns associated with cross-gender viewing.

**Corrective Action Taken:**

The facility submitted a memorandum addressed to all facility security staff; to remind staff they must announce their presence when entering an area that detainees are likely to be showering, performing bodily functions, or changing clothing. In addition, the facility submitted Sign-In Rosters to confirm security staff have been trained on the requirement of opposite gender announcing their presence prior to entering and area that detainees are likely to be showering, performing bodily functions, or changing clothing. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (g) of the standard.

**§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)(e)(f)(g): CLIPC policy 10.1.1 states, “All Detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be 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. Facilities shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical information indicated on the detainee’s criminal history, or, 213/216 remand, etc.) that can assist them with risk assessment. CLIPC shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization: 1) Mental, physical or developmental disability; 2) Age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult or child; 7) Whether Detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether Detainee self-identified as having previously experienced sexual victimization; and, 9) Own concerns about his/her physical safety. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive. CLIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee’s risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. At any point after the initial intake screening, a Detainee shall 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. Disciplining Detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. CLIPC 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. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.” The lead 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 facility PREA/SAAPI Risk Assessment further confirmed staff must complete the form within 24 hours of arrival. Prior to the on-site the facility had revised the PREA Risk Assessment to include the time the assessment is completed and adding the assessment must be completed within 12 hours. During the on-site the facility revised the PREA Risk Assessment to include the housing location, date assigned, and time assigned. During the on-site audit the facility further revised the Medical and Mental Health form to include the referral type (medical evaluation or mental health evaluation). In addition, during the on-site audit the PSA Compliance Manager sent out the newly revised PREA/SAAPI Risk Assessment with instructions to all applicable staff on how to utilize the form. An interview with the Intake Lieutenant indicated if a detainee is LEP the intake will utilize a language line service for interpretation and if a detainee is identified as being at risk for sexual victimization or being a sexual aggressor, they will be housed accordingly to prevent sexual abuse. In an interview with the Intake Lieutenant, it was further indicated the initial classification process, and the detainee’s initial housing assignment are completed within 12 hours of the detainee’s arrival at the facility and detainee files are kept in a lock room accessible to only the classification staff. In an interview with the PSA Compliance Manager and the Intake Lieutenant it was indicated detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. An interview with the Classification Manager indicated a detainee’s risk of

victimization or abusiveness is reassessed between 60 to 90 days, at any other time the facility receives additional relevant information and following an incident of sexual abuse or victimization. During the on-site audit the lead Auditor reviewed four investigative files and confirmed each detainee victim of sexual abuse had been reassessed following an allegation of sexual abuse. During the on-site audit the lead Auditor further reviewed 20 detainee files and confirmed an initial risk assessment and initial housing had been completed within 12 hours of the detainee's admission into the facility; however, the review indicated the assessment was completed with a non-compliant risk assessment tool and prior to the facility revising the PREA Risk Assessment. In addition, a review of 20 files confirmed 4 of the detainee's had been at the facility longer than 60 days and had received a reassessment within the required timeframe.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. Prior to the on-site the facility had revised the PREA Risk Assessment to include the time the assessment is completed and adding the assessment must be completed within 12 hours. During the on-site the facility revised the PREA Risk Assessment to include the housing location, date assigned, and time assigned. In addition, the facility revised the Medical and Mental Health form to include the referral type (medical evaluation or mental health evaluation). The PSA Compliance Manager sent out the newly revised forms with instructions to all applicable staff for utilizing the forms. An interview with the Intake Lieutenant indicated if a detainee is LEP the intake will utilize a language line service for interpretation. If a detainee is identified as being at risk for sexual victimization or a sexual aggressor, they will be housed accordingly to ensure there is separation between them. The Intake Lieutenant confirmed the initial classification process, and the housing assignment are completed with 12 hours of the detainee's arrival at the facility. The PSA Compliance Manager and the Intake Lieutenant confirmed detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. An interview with the Classification Manager indicated that a detainee's risk of victimization and abusiveness is reassessed between 60 to 90 days, or at any other time the facility receives additional relevant information or following an incident of abuse or victimization. The lead Auditor reviewed four investigative files and confirmed each detainee had been reassessed within 60-90 days. In addition, the lead Auditor reviewed 20 detainee files and confirmed an assessment and housing had been completed within 12 hours of the detainee's admission into the facility; however, the review indicated that the assessment was completed with a non-compliant assessment and prior to the facility revising the PREA Risk Assessment. To become compliant, the facility shall provide the Auditor with 15 detainee files that confirm the facility is utilizing the revised PREA Risk Assessment.

**Corrective Action Taken:**

The facility submitted 15 detainee files to confirm the use of the revised PREA Risk Assessment. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

**§115.52 - Grievances.**

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

**Notes:**

(a)(b)(c)(d)(e)(f): CLIPC policy 10.1.1 states, "CLIPC shall permits 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. CLIPC shall not impose a time limit on when a detainee may submit a grievance regarding allegation of Sexual Abuse. CLIPC shall implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to Sexual Abuse. CLIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a Detainee may obtain assistance from 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. CLIPC 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. CLIPC shall send all grievance 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. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes." However, a review of CLIPC policy 10.1.1 confirms the policy does not include written procedures for time-sensitive grievances. The facility Supplement to the ICE National Detainee Handbook states, "An emergency grievance involves an immediate threat to a detainee's welfare or safety. The facility shall 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. All CLIPC staff are trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that the detainee is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply, and the employee will act immediately. Translation Services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the Facility Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Administrator." However, a review of the Supplement to the ICE National Detainee Handbook further confirms the Supplement to the ICE National Detainee Handbook does not include the emergency grievance procedures to be followed by facility staff. An interview with the facility GO/PREA Investigator, indicated grievance forms are available in all housing units and can also be accessed on the detainee tablets and if a detainee utilizes the paper option, there are locked grievance boxes within the housing units; however, most detainees will utilize the tablet. An interview with the facility GO/PREA Investigator further indicated there are no time limits imposed on grievances alleging sexual abuse and a grievance alleging sexual abuse is considered time-sensitive and an immediate threat to the detainee's health, safety, and welfare. In addition, an interview with the facility GO/PREA Investigator, indicated if he received a grievance alleging sexual abuse, he would take immediate action and take the detainee to medical for an assessment. In an interview with the facility GO/PREA Investigator it was further indicated if a detainee requested assistance in preparing a grievance, he could obtain assistance from another detainee, facility staff, a family member, or an attorney and all grievance outcomes must be determined within five days of receiving the grievance. In addition, in an interview with the facility GO/PREA Investigator it was indicated the detainee would be notified the grievance has been forwarded for an investigation and would close out the grievance. During the on-site audit, the lead Auditor submitted a test grievance through the grievance box located in a housing unit and confirmed the GO had received the test grievance within a few hours. The lead Auditor reviewed a grievance alleging sexual abuse and confirmed the grievance had been closed; however, the investigation was on-going preventing the Auditor from verifying the grievance and the investigation had been forwarded to the Field Office Director. In addition, the lead Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the allegations were reported through the grievance system.

### **Corrective Action:**

The facility is not in compliance with subsection (c) of the standard. The Supplement to the ICE National Detainee Handbook states, "An emergency grievance involves an immediate threat to a detainee's welfare or safety. The facility shall 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. All CLIPC staff are trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that the detainee is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply and the employee will act immediately. Translation Services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the Facility Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Administrator." However, reviews of the Supplement to the ICE National Detainee Handbook and



CLIPC policy 10.1.1 confirm neither include the emergency grievance procedures to be followed by facility staff. To become compliant, the facility must implement written procedures for identifying and handling time-sensitive grievances which involve an immediate threat to the detainee health, safety, or welfare related to sexual abuse. Once implemented, the facility must submit documentation which confirms the procedures are in writing and all applicable staff, to include security and the GO have been train on the written procedure.

### **Corrective Action Taken:**

The facility submitted the revised local policy “9.1.3 Detainee Grievance Procedures” to include procedures for time-sensitive grievances involving an immediate threat to detainee health, safety, or welfare related to sexual abuse and the revised supplement to the ICE National Detainee Handbook. The revisions include “The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the Facility Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Administrator.” In addition, the revision includes steps to be taken for a sexual abuse grievance which includes, “Emergency grievances related to Sexual Abuse and Assault that involve an immediate threat to a detainee’s health, safety, or welfare will be handled in a time-sensitive manner.” The supplement to the ICE National Detainee Handbook further includes, “After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 24 hours and a final decision shall be provided within five (5) calendar days.” The facility submitted Sign-In training Rosters to confirm security staff, and the GO have been trained on CLIPC revised policy “9.1.3 Detainee Grievance Procedures.” Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

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

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

#### **Notes:**

(a)(b)(c)(d): CLIPC policy 10.1.1 states, “CLIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. CLIPC shall make information available to Detainees about local organizations that can assist detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, CLIPC shall make available the same information about national organizations. CLIPC shall enable reasonable communication between Detainees and these organizations as well as inform 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. CLIPC is required to maintain or attempt to enter into agreements with community service providers to provide Detainees with confidential emotional support services related to the Sexual Abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. CLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The lead Auditor reviewed an email from the facility Compliance Administrator to the Vice President of Sexual Trauma Awareness and Response (STAR), which confirmed CLIPC’s attempt to secure Method of Understanding (MOU) with the organization; however, the facility did not get a response to the request. The lead Auditor reviewed the facility Supplement to the ICE National Detainee Handbook which states, “In addition to mental health services onsite, you also have access to the National Sexual Assault Hotline for confidential support 24 hours per day anonymously by dialing the number 5 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit. You can access the local state of

Louisiana hotline available to you for support and counseling free of charge by dialing the number 6 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit.” However, a review of the facility Supplement to the ICE National Detainee Handbook confirmed the supplement does not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws. A review of the facility Supplement to the ICE National Detainee Handbook further confirmed the handbook did not include a mailing address for RAINN or the Louisiana Foundation Against Sexual Assault (LAFASA). During the on-site audit, the lead Auditor observed a flyer for RAINN which informs the detainees, RAINN offers confidential, anonymous support 24/7 for survivors and loved ones; however, the flyer did not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws or a mailing address. In addition, the Auditor observed the instructions for making an anonymous call and confirmed the instructions include dial 4 for RAINN and dial 5 for LAFASA; and therefore, the numbers provided with the instructions for making an anonymous call are different than those provided in the facility Supplement to the ICE National Detainee Handbook. During the on-site audit, the lead Auditor tested the numbers provided and confirmed utilizing the number 4 option from the instructions, the detainee would receive a recorded message from RAINN and would be given the option to speak with an advocate “near you.” In addition, upon connecting to RAINN, the Auditor was transferred to Wellspring located in Monroe, Louisiana. An interview with a Wellspring Victim Advocate confirmed Wellspring offers comprehensive residential and non-residential services for survivors of domestic violence, dating violence, sexual assault, and stalking. An interview with a Wellspring Victim Advocate further confirmed Wellspring does not have an MOU with CLIPC but will provide legal advocacy, counseling, and crisis intervention to detainee victims of sexual assault who call the RAINN hotline; however, Wellspring could not provide in-person counseling at this time. During the on-site audit, the lead Auditor spoke with a St. Francis Cabrini Hospital emergency room nurse who confirmed the hospital has a SANE Unit and in the event a detainee victim of sexual abuse was received in the emergency room, the SANE Unit would provide the detainee, a victim advocate for counseling, crisis intervention services, and emotional support during investigative interviews.

### **Corrective Action:**

The facility is not in compliance with subsections (c) and (d) of the standard. The lead Auditor reviewed the facility Supplement to the ICE National Detainee Handbook which states, “In addition to mental health services onsite, you also have access to the National Sexual Assault Hotline for confidential support 24 hours per day anonymously by dialing the number 5 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit. You can access the local state of Louisiana hotline available to you for support and counseling free of charge by dialing the number 6 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit.” However, a review of the facility Supplement to the ICE National Detainee Handbook confirmed the supplement does not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws. A review of the facility Supplement to the ICE National Detainee Handbook further confirmed the handbook did not include a mailing address for RAINN or the Louisiana Foundation Against Sexual Assault (LAFASA). During the on-site audit, the lead Auditor observed a flyer for RAINN which informs the detainees, RAINN offers confidential, anonymous support 24/7 for survivors and loved ones; however, the flyer did not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws or a mailing address. In addition, the Auditor observed the instructions for making an anonymous call and confirmed the instructions include dial 4 for RAINN and dial 5 for LAFASA; and therefore, the numbers provided with the instructions for making an anonymous call are different than those provided in the facility Supplement to the ICE National Detainee Handbook. During the on-site audit, the lead Auditor tested the numbers provided and confirmed utilizing the number 4 option from the instructions, the detainee would receive a recorded message from RAINN and would be given the option to speak with an advocate “near you.” To become compliant, the facility must submit documentation which confirms

detainees are provided with mailing addresses and the appropriate speed dial numbers to access RAINN and/or LAFASA in a manner all detainees can understand. In addition, the facility must submit documentation to confirm all detainees are notified prior to giving them access, of the extent to which calls may be monitored and the extent reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

### **Corrective Action Taken:**

A review of the Supplemental ICE National Detainee Handbook confirms the addition of “In addition, to mental health services onsite, you also have access to the Rape, Abuse and Incest National Network Hotline (RAINN) for confidential support 24 hours per day anonymously by dialing the number 4 using the anonymous calls instructions posted above the phones in the dormitory. RAINN’s direct phone number is 1(800)656-4673. See instructions posted above the phones in your housing unit. The mailing address for RAINN is 1220 L Street NW, Washington, DC 20005. You can access the local The Louisiana Foundation Against Sexual Assault (LaFASA) hotline available to you for support and counseling free of charge by dialing the number 5 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit. The mailing address for LaFASA is 2133 Silverside Drive, Suite A, Baton Rouge, LA 70808. LaFASA’s direct phone number is 1(888)372-8995.” In addition, the facility submitted 15 detainees confirming the detainees had received the facility Supplement to the ICE National Detainee Handbook and understood the facility policies and procedures. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

### **§115.81 - Medical and mental health assessments; 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): CLIPC policy 10.1.1 states, “If during the intake assessment, persons tasked with screening determine that a Detainee is at risk for either sexual victimization or abusiveness, or if the Detainee has experienced prior victimization or perpetrated sexual abuse, the Detainee shall be 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.” IHSC Directive 03-01 states, “Ensure victims of sexual abuse have timely, unimpeded access to services. Mental health assessments must be completed within 72 hours of the referral. Medical referrals must be completed within two working days. Provide treatment services to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” IHSC Directive 03-01 further states, “Behavioral health provider. Completes mental health assessments within 72 hours of referral. Conducts mental health evaluations of all known detainee-on-detainee sexual abusers. Documents the evaluation and ensures it is placed in the electronic health record.” An interview with the Intake Lieutenant indicated if during the initial risk assessment, a detainee is identified as experiencing prior sexual victimization or perpetrating sexual abuse, intake staff will immediately send an email to the PSA Compliance Manager. In an interview with the PSA Compliance Manager, it was indicated upon receipt of an email from intake staff, she will forward the information to medical staff, mental health staff, and the medical clerk. Interviews with a RN and LCSW indicated upon receiving the email from intake the medical clerk will set an appointment for the detainee to be seen by medical staff within two working days and mental health staff within 72 hours. During the on-site audit, the PSA Compliance Manager provided the lead Auditor with a sample of an email to confirm the process is occurring even on the weekends. During the on-site audit, the lead Auditor reviewed four detainee medical/mental health files, (two who experienced prior sexual victimization and two who perpetrated sexual abuse). The review of the medical files confirmed the detainees had been seen no later than two working days from the date of the assessment; however, a review of the mental health notes confirmed the detainees who perpetrated sexual abuse had not been seen within 72 hours and were seen due to being at risk for victimization; and therefore, the lead Auditor could

not confirm the detainees received the proper mental health follow-up required by the referral. Prior to the on-site audit, the lead Auditor reviewed documentation submitted by the facility and confirmed the facility was in the process of implementing a Medical/Mental Health Referral Form which indicates the reason for the referral. During the on-site audit, the PSA Compliance Manager sent out the newly revised form with instructions to all applicable staff; however, the facility did not submit documentation to confirm the newly implemented form had been put into practice.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the lead Auditor reviewed four detainee medical/mental health files, (two who experienced prior sexual victimization and two who perpetrated sexual abuse). The review of the medical files confirmed the detainees had been seen no later than two working days from the date of the assessment; however, a review of the mental health notes confirmed the detainees who perpetrated sexual abuse had not been seen within 72 hours and were seen due to being at risk for victimization; and therefore, the lead Auditor could not confirm the detainees received the proper mental health follow-up required by the referral. Prior to the on-site audit, the lead Auditor reviewed documentation submitted by the facility and confirmed the facility was in the process of implementing a Medical/Mental Health Referral Form which indicates the reason for the referral. During the on-site audit, the PSA Compliance Manager sent out the newly revised form with instructions to all applicable staff; however, the facility did not submit documentation to confirm the newly implemented form had been put into practice. To become compliant, the facility must submit five detainee files, to include medical and mental health, to confirm the facility is utilizing the Medical/Mental Health Referral form and documentation to confirm the detainees who experienced prior sexual victimization or who perpetrated sexual abuse had been seen by mental health for a proper mental health evaluation within 72 hours of receiving the referral.

**Corrective Action Taken:**

The facility submitted three detainee files which indicated the detainees were identified as having perpetrated prior sexual abuse. The files contained the risk assessment and the corresponding mental health files which confirmed the detainee had been immediately referred for a follow-up with mental health and had been seen by a mental health provider within 72 hours of the referral. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard and does not require the review of additional detainee files.

**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*

**Auditor's Signature & Date**

12/17/2024

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

**Program Manager's Signature & Date**

12/17/2024

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

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

## 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 Central Louisiana ICE Processing Center (CLIPC) was conducted April 30, 2024 – May 2, 2024, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditors Robin M. Bruck (lead Auditor) and (b) (6), (b) (7)(C) (support Auditor), both employed by Creative Corrections, LLC. The lead Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA 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's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibility (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. CLIPC is privately operated by the GEO Group and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The facility is in Jena, Louisiana. This audit was the third DHS PREA audit for the facility and includes a review of the period between May 2, 2023, through May 2, 2024. The facility currently houses adult male detainees and does not house juveniles or family units. The facility can house females; however, there were no females housed at the facility during the audit period. The facility Pre-Audit Questionnaire (PAQ) indicates the top three nationalities of the facility population are Mexico, Guatemala, and Honduras.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) (b) (6), (b) (7)(C), provided the Auditor with the facility PAQ, Agency policies, facility policies, and other supporting documentation through the ICE Automated Management and Review System (AMRS). The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website, and the facility website. The main policy that governs CLIPC's sexual abuse prevention, intervention, and response efforts is policy 10.1.1 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program.

An entrance briefing was held in the CLIPC's conference room on Tuesday, April 30, 2024, at 8:15 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C), 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), Team Member, ICS, ICE/OPR/ERAU  
(b) (6), (b) (7)(C) Facility Administrator (FA), GEO  
(b) (6), (b) (7)(C), Manager, GEO  
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO  
(b) (6), (b) (7)(C), PREA Compliance, GEO  
(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), GEO  
(b) (6), (b) (7)(C), Compliance, GEO  
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO  
(b) (6), (b) (7)(C), Detention Standards Compliance Officer (DSCO), ICE/ERO  
(b) (6), (b) (7)(C), Transportation Manager, GEO  
(b) (6), (b) (7)(C), Health Services Administrator (HSA), ICE Health Service Corps (IHSC)  
(b) (6), (b) (7)(C), Captain, GEO  
(b) (6), (b) (7)(C), Major, GEO  
(b) (6), (b) (7)(C), Assistant Business Manager, GEO  
(b) (6), (b) (7)(C), Maintenance Manager, GEO

(b) (6), (b) (7)(C), PREA Investigator, GEO  
(b) (6), (b) (7)(C), Classification Manager (CM), GEO  
(b) (6), (b) (7)(C), Food Service Manager, GEO  
(b) (6), (b) (7)(C), Business Manager, GEO  
(b) (6), (b) (7)(C), Intake Lieutenant, GEO  
(b) (6), (b) (7)(C), Human Resource Manager (HRM), GEO  
(b) (6), (b) (7)(C), Human Resource Specialist, GEO  
(b) (6), (b) (7)(C), GEO Executive Secretary/Religious Coordinator  
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC  
(b) (6), (b) (7)(C), DOJ/DHS Certified 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 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 staff and detainees.

An on-site tour of the facility was conducted by the Auditors and key staff from CLIPC and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed to include housing units, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditor observed the control center, sally port, and administrative offices. During the on-site audit, the Auditors made visual observations of bathrooms and shower areas, camera locations, and the number of staff assigned in all areas of the facility. The Auditors further observed PREA information, predominately in English and Spanish, in all common areas of the facility and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Rape Abuse and Incest National Network (RAINN) poster, and information for contacting consular officials. In addition, during the on-site audit, the Auditors tested the telephone numbers provided for the DRIL, DHS OIG, RAINN, and the facility PREA Hotline and confirmed all were in good working order.

CLIPC utilizes (b) (7)(E). During the on-site audit the Auditors (b) (7)(E).  
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(b) (7)(E).

CLIPC currently employs 331 staff who may have recurring contact with detainees, which includes 202 correctional staff (66 males and 136 females) and staff assigned to food service, maintenance, and administration. Additional staff include 74 IHSC/STG International medical staff, 3 STG International mental health staff, and 4 commissary staff employed by the Keefe Group. In addition, the facility utilizes volunteers for religious services. Correctional staff work in three shifts 0600-1800, 0800-1600, 1800-0600. The facility provided the lead Auditor with staff rosters for random selection of interviews and file reviews. The lead Auditor interviewed 20 staff members to include the FA, PSA Compliance Manager, HRM, Staff member who conducts unannounced PREA rounds, Retaliation Monitor, facility Investigator, CM, Grievance Officer (GO), Disciplinary Officer, Incident Review Team Member, Registered Nurse (RN), Licensed Clinical Social Worker (LCSW), Intake Lieutenant, Chief of Security (COS) who supervises Segregation, and 6 random correctional officers (COs). In addition, the Auditor interviewed one ICE SDDO and one contracted Commissary staff employed by the Keefe Group. The Auditor did not conduct interviews with volunteers as there were none

working in 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 support Auditor conducted 30 detainee interviews, which included 24 random detainees (8 English and 16 Limited English Proficient (LEP), 2 transgender detainees, 1 gay detainee, 1 disabled detainee, 1 detainee who reported sexual abuse, and 1 detainee who reported a history of sexual abuse during the initial risk screening.) LEP detainee interviews were 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 PREA Allegation Spreadsheet indicated the facility has had four detainee-on-detainee PREA sexual abuse allegation investigations closed during the reporting period which resulted in two unsubstantiated findings and two unfounded findings.

An exit briefing was conducted on Thursday, May 2, 2024, at 1:00 p.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) Team Member, ICS, ICE/OPR/ERAU  
(b) (6), (b) (7)(C) Manager, GEO  
(b) (6), (b) (7)(C) PSA Compliance Manager, GEO  
(b) (6), (b) (7)(C) PREA Compliance, GEO  
(b) (6), (b) (7)(C) AFA, GEO  
(b) (6), (b) (7)(C) Fire and Safety, GEO  
(b) (6), (b) (7)(C) Compliance, GEO  
(b) (6), (b) (7)(C) SDDO, ICE/ERO  
(b) (6), (b) (7)(C) DSCO, ICE/ERO  
(b) (6), (b) (7)(C) Medical, Facility Health Program Manager – Public Health Service, IHSC  
(b) (6), (b) (7)(C) Training Administrator, GEO  
(b) (6), (b) (7)(C) Human Resource, GEO  
(b) (6), (b) (7)(C) FA, GEO  
(b) (6), (b) (7)(C) Captain, GEO  
(b) (6), (b) (7)(C) Assistant Business Manager, GEO  
(b) (6), (b) (7)(C) PREA Investigator, GEO  
(b) (6), (b) (7)(C) Shepherd, CM, GEO  
(b) (6), (b) (7)(C) Davis, Food Service Manager, GEO  
(b) (6), (b) (7)(C) Business Manager, GEO  
(b) (6), (b) (7)(C) Intake Lieutenant, GEO  
(b) (6), (b) (7)(C) HRM, GEO  
(b) (6), (b) (7)(C) Human Resource Specialist, GEO  
(b) (6), (b) (7)(C) GEO Executive Secretary/Religious Coordinator  
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC  
(b) (6), (b) (7)(C), DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor 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 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

- §115.31 - Staff training.
- §115.32 - Other training.
- §115.35 - Specialized training: Medical and mental health care.

### Number of Standards Met: 31

- §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.
- §115.21 - 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.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.66 - Protection of detainees from contact with alleged abusers.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.72 - Evidentiary standard for administrative investigations.
- §115.73 - 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 reviews.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

### Number of Standards Not Met: 5

- §115.15 - Limits to cross-gender viewing and searches.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.

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

**Number of Standards Not Applicable: 2**

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

## PROVISIONS

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

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

**Outcome:** Meets Standard

**Notes:**

(c): CLIPC policy 10.1.1 states, "CLIPC maintains a zero-tolerance policy for all forms of sexual abuse or assault. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2016, the DHS Sexual Abuse and Assault Prevention and Intervention Standards shall supersede. The Agency (i.e. ICE Local Field Office) shall review and approve CLIPC's written policy and any subsequent changes." CLIPC policy 10.1.1 includes definitions of sexual abuse and general PREA definitions. The policy 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 security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the lead Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in the housing units and programming areas of the facility. Interviews with six random (COs) confirmed they were knowledgeable regarding the Agency and the facility zero tolerance policies. Interviews with the FA, PSA Compliance Manager, and the SDDO confirmed CLIPC policy 10.1.1 has been submitted and approved by the Agency.

(d): CLIPC policy 10.1.1 states, "Each Facility Administrator shall designate a local PSA Compliance Manager for each U.S. Corrections and 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 FA indicated he has appointed a PSA Compliance Manager who serves as the facility point of contact for the GEO Corporate PREA Coordinator and the Agency PSA Coordinator. The lead Auditor reviewed the facility organizational chart which indicated the PSA Compliance Manager reports directly to the AFA. In an interview with the PSA Compliance Manager, it was confirmed she was very knowledgeable of the DHS PREA standards and has the time and the authority necessary to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. In an interview with the PSA Compliance Manager, it was further confirmed she serves as the facility point of contact for the Agency PSA Coordinator and the GEO Corporate PREA Coordinator.

**Corrective Action:**

No corrective action needed.

### **§115.13 - Detainee supervision and monitoring.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, "CLIPC shall ensure that it maintains sufficient supervision of Detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect Detainees against Sexual abuse and Assault. CLIPC 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. In determining adequate levels of Detainee supervision and determining the need for video monitoring, the CLIPC shall take into consideration: 1) Generally accepted detention and correctional practices;

2) Any judicial findings of inadequacy; 3) The physical layout of each facility; 4) The composition of the Detainee population; 5) The prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; 6) The findings and recommendations of Sexual Abuse incident review reports; 7) Any other relevant factors, including but not limited to the length of time Detainees spend in Facility custody. The "Annual PREA Facility Assessment" (see Attachment A Corporate Policy 5.1.2-D), shall be completed by the local PSA Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Corrections and Detention division. GEO's Secure Services Division, in consultation with the Corporate PREA Coordinator, shall review CLIPC Facility assessments and take appropriate actions necessary to protect Detainees from Sexual Abuse at CLIPC. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator." The facility's PAQ indicates CLIPC currently employs 331 staff who may have recurring contact with detainees, which includes 202 correctional staff (66 males and 136 females) and staff assigned to food service, maintenance, and administration. Additional staff include 74 IHSC/STG International medical staff, 3 STG International mental health staff, and 4 commissary staff employed by the Keefe Group. In addition, the facility utilizes volunteers for religious services. Correctional staff work in three shifts 0600-1800, 0800-1600, 1800-0600, which provides 24-hour coverage. During the on-site audit, the lead Auditor observed adequate staffing within the facility. The facility utilizes (b) (7)(E)

. During the on-site audit, the lead Auditor observed an (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

. The lead Auditor reviewed the facility comprehensive detainee guidelines and confirmed they are reviewed annually. In addition, the lead Auditor confirmed staff are required to review daily and sign an acknowledgment confirming they have read and understand their duties for their assigned post. A review of the facility's 2022 and the 2023 CLIPC Annual PREA Facility Assessment, confirmed the facility considers all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring to include; generally accepted detention and correctional practices, 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, including but not limited to the length of time detainees spend in the Agency custody.

(d): CLIPC policy 10.1.1 states, "CLIPC Supervisory staff (intermediate and high level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees. These "PREA Unannounced Security Inspections" may be conducted in conjunction with other daily and weekly rounds as required. PREA Unannounced Security Inspections shall be conducted at least once per shift by the Assistant Shift Supervisor or Shift Supervisor. Daily Unannounced Security Inspections through each housing unit will be conducted by the Chief of Security and the Shift Supervisor documented in the housing unit log book as PREA Unannounced Security Inspections in red ink. Other members of the executive team shall make less unannounced visits as schedules allow. Such inspections shall be implemented for night as well as day shifts. Employees are prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of CLIPC." During the onsite audit, the lead Auditor observed the logbooks within each housing unit and confirmed supervisors enter the PREA unannounced rounds into the logbook with red ink. In addition, the lead Auditor confirmed the rounds were conducted on all shifts and were conducted at random times during each shift. An interview with a facility Lieutenant who conducts unannounced rounds confirmed each supervisor is required to conduct unannounced rounds in all areas of the facility, and at random times, to deter sexual abuse of the detainees. An interview with a facility Lieutenant further confirmed staff are prohibited from alerting other staff the rounds are occurring and if the supervisor becomes aware a staff member is alerting others, the staff

member could be subjected to disciplinary action. Interviews with six random COs confirmed they were aware they are prohibited from alerting other staff supervisory rounds are occurring.

**Corrective Action:**

No corrective action needed.

**§115.14 - Juvenile and family detainees.**

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): The lead Auditor reviewed a memorandum to the file which states, "Central Louisiana ICE Processing Center does not hold juveniles or families." Interviews with the FA, PSA Compliance Manager, and six random COs confirmed the facility does not house juveniles or family unit detainees; and therefore, standard 115.14 is not applicable.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(b)(c)(d)(e)(f): CLIPC policy 10.1.1 states, "Searches may be necessary to ensure the safety of officers, civilians, and Detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at Immigration Detention Facilities. Searches shall be performed in the following manner: 1) 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. 2) Cross-gender pat-down searches of female Detainees, absent Exigent Circumstances are prohibited. 3) All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented. (See Attachment N-Cross Gender Pat Search Log). 4) 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 Practitioners." Interviews with the PSA Compliance Manager and six random COs confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited and are not to be conducted at the facility; however, if there were exigent circumstances requiring a cross-gender pat-down search, strip search, cross-gender strip search, or visual body cavity search it would be documented. Interviews with 30 detainees confirmed they had been subjected to pat-down searches conducted by an officer of the same gender in a professional and respectful manner. Interviews with 30 detainees further confirmed none had been subjected to a strip search or a cross-gender strip search while housed at the facility.

(g): CLIPC policy 10.1.1 states, "CLIPC shall implement policies and procedures which allow Detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent exigent circumstance or instances when the view is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowl movement under medical supervision. Employees of the opposite gender shall announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes. PREA announcements are to be documented in the housing unit log. Detainees who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a Security Staff member of the same gender." During the on-site audit, the lead Auditor observed signage on the housing unit doors to remind staff of opposite gender announcement requirements when entering a housing unit; however, the lead Auditor only observed the announcement being made while entering some of the housing units. In interviews with 30 detainees, it was indicated they have privacy while utilizing the showers, toilets, and changing their clothing;

however, they indicated either female staff do not announce themselves when entering the housing unit or they are not loud enough for the detainees to be heard. Interviews with six random COs (male and female), indicated they were knowledgeable of the policy requiring opposite gender announcements; however, each officer indicated announcements are not made on a consistent basis.

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

(i)(j): CLIPC policy 10.1.1 states, “Facilities shall not search or physically examine a Transgender or Intersex Detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the Detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedure conducting in private by a Medical Practitioner.” CLIPC policy 10.1.1 further states, “Security Staff 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.” Interviews with six COs confirmed they were aware of the standard’s requirement which prohibits the search of a detainee for the sole purpose of determining the detainee’s genital status. Interviews with six COs further confirmed they have received training on how to properly conduct pat-down searches to include male officers search male detainees, female officers must use the wand to search male detainees, and searches of a transgender detainee requires the staff to ask the detainee their preference on what gender should conduct the search. During the on-site audit, the Auditor reviewed the GEO Limits to Cross-Gender Viewing and Searches training curriculum and confirmed the training trains staff the proper procedures for conducting pat-down searches, to include 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. A review of the GEO Limits to Cross-Gender Viewing and Searches training curriculum further confirms the training curriculum requires staff to conduct all pat-down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and Agency policy, including officer safety. During the on-site audit the Auditor further reviewed staff attendance records and confirmed security staff have received cross-gender pat-down search training as required by subsection (j) of the standard. In addition, during the on-site audit the lead Auditor reviewed eight CO training files and confirmed they had received the training. As no pat-down searches were conducted or video of a pat-down search made available the lead Auditor did not witness a pat-down search during the on-site audit.

### **Corrective Action:**

The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the lead Auditor observed signage on the housing unit doors to remind staff of opposite gender announcement requirements when entering a housing unit; however, the lead Auditor only observed the announcement being made while entering some of the housing units. In interviews with 30 detainees, it was indicated they have privacy while utilizing the showers, toilets, and changing their clothing; however, they indicated either female staff do not announce themselves when entering the housing unit or they are not loud enough for the detainees to be heard. Interviews with six random COs (male and female), indicated they were knowledgeable of the policy requiring opposite gender announcements; however, each officer indicated announcements are not made on a consistent basis. To become compliant, the facility must submit documentation which confirms all security staff have received training on the subsection (g) of the standard which requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing to include opposite gender staff announcing their presence in a manner to ensure they are heard by detainees of the opposite gender to eliminate concerns associated with cross-gender viewing.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): CLIPC policy 10.1.1 states, “The agency and CLIPC shall take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate and impartial interpretation, both receptively and expressively, using any necessary vocabulary. In addition, the agency and facility shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency or facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The agency and each facility shall take steps to ensure meaningful access to all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse, the agency and each facility 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 another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” Interviews with the PSA Compliance Manager, an Intake Lieutenant, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or a Telecommunication device and the ICE Communication Board for those detainees who are deaf or hard of hearing. Interviews with the PSA Compliance Manager, an Intake Lieutenant, and six random COs further indicated, if a detainee has limited sight, is blind, or has limited reading skills staff would read the documents to the detainee and would use the services of a language line for detainees who are limited English proficient (LEP). If a detainee has intellectual, psychiatric, or other disabilities staff will try their best to communicate in a manner the detainee could understand, and if successful communication could not be established, they would seek the help of medical or mental health staff. During the on-site audit, the lead Auditor observed the ICE National Detainee Handbook and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’iche’(Quiche)/Kxlantzij, and Vietnamese and the facility Supplement to the ICE National Detainee Handbook available in English and Spanish. During the on-site audit the lead Auditor further observed the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese and observed a video of a detainee’s intake into the facility. A review of the video confirmed the detainee had been given an ICE National Detainee Handbook, a facility Supplement to the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In addition, during the on-site audit the lead Auditor reviewed 20 detainee files and confirmed each detainee had received all PREA related documentation in their preferred language. Interviews with 30 detainees confirmed all written documentation had been provided in their preferred language. Interviews with 30 detainees further confirmed staff utilized the facility language line to complete their intake into the facility.

(c): CLIPC policy 10.1.1 states, “In matters relating to sexual abuse, the agency and CLIPC 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 another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” Interviews with the facility PSA Compliance Manager and six random COs confirmed they would only utilize another detainee to interpret for a detainee victim of sexual abuse if it was at the request of the detainee victim or there were exigent circumstances which required it. Interviews with the facility PSA Compliance Manager and six random COs further confirmed the facility would obtain approval from the Agency and the approval would be documented.

**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 6-7.0 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. CLIPC policy 10.1.1 states, “CLIPC shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or 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. CLIPC considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency and CLIPC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The agency, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignations during a pending investigation of alleged sexual abuse. Before hiring new staff who may have contact with detainees, CLIPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility or agency, including a criminal background records check. Upon request by the agency, CLIPC shall submit for the agency’s approval written documentation showing the detailed elements of the facility’s background check for each staff member and the facility’s conclusions. The agency shall conduct an updated background investigation every five years for agency employees who may have contact



with detainees. CLIPC shall require an updated background investigation every five years for those facility staff who may have contact with detainees and who work in immigration-only detention facilities. CLIPC shall also perform a background investigation before enlisting the services of any contractor who may have contact with detainees. Upon request by the agency, CLIPC shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each staff member and the facility's conclusions. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, the agency shall 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." An interview with the HRM indicated all potential employees, contractors and volunteers are required to complete an application on-line, an interview and a background check through Accurint, to determine if the potential employee or contractor is suitable for employment with the facility. If suitable, the potential employee will receive an offer letter and complete the ICE packet which contains a DHS 6 Code of Federal Regulations Part 115 form. The lead Auditor reviewed the DHS 6 Code of Federal Regulations Part 115 form and confirmed the form asks, "Have you ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or convicted of engaging or attempting to engage in sexual activity with any person by force, threat of force or coercion or if the victim did not or could not consent? Have you been civilly or administratively adjudicated to have engaged in the activity described above? Have you been found to have engaged in sexual harassment at work?" The DHS 6 Code of Federal Regulations Part 115 form further confirms the participant is required to acknowledge by signature the following statement, "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." The HRM further indicated a background check and the DHS 6 Code of Federal Regulations Part 115 form is required to be completed prior to any promotion and employees are required to complete the DHS 6 Code of Federal Regulations Part 115 form as part of the annual performance review. The Auditor reviewed 18 staff files to include 4 ICE staff, 5 COs, 4 medical/mental health staff employed by IHSC and STG International, 2 commissary staff employed by the Keefe Group, and 3 volunteers and confirmed an initial background check had been conducted during the hiring process and during the promotion process. A review of the files further confirmed each employee completed a PREA Disclosure and Authorization Form during their annual performance review which included all required elements of subsection (a) and informs the employee of their continuing duty to disclose any sexual misconduct. Utilizing the PSD Background Investigation for Employees and Contractors, the Auditor received documentation confirming the completion of background checks for all files and confirmed background investigations had been completed every five years for applicable staff. In addition, the Auditor reviewed background investigation reports for two employees that had previous correctional experience and confirmed Accurint contacted the prior institutions, to obtain information of any substantiated allegations of sexual abuse or any resignations that occurred during an investigation, that may have involved each of the potential employees. In addition, the lead Auditor confirmed background checks for three volunteers had been completed prior to being hired at the facility. In an interview with the SDDO it was confirmed there were no ICE employees promoted during the audit period.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Not Applicable

**Notes:**

(a)(b): CLIPC policy 10.1.1 states, "CLIPC shall consider the effect any (new or upgraded) design, acquisition, substantial expansion or modification of the physical plant might have on our ability to protect Detainees from Sexual Abuse. CLIPC shall also consider the effect any (new or upgraded) video monitoring system, electronic surveillance system or other monitoring system might have on our ability to protect Detainees from Sexual

Abuse.” The lead Auditor reviewed a memorandum which states, “The Central Louisiana ICE Processing Center has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems since the last PREA audit.” Interviews with the FA, the PSA Compliance Manager and Auditor observations confirmed the facility has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems since the last PREA audit; and therefore, standard 115.18 is not applicable.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): 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.” CLIPC policy 10.1.1-A states, “CLIPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable, developed in coordination with Department of Homeland Security (DHS). CLIPC shall offer to all Detainees who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examination 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 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 advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews.” Interviews with the FA, PSA Compliance Manager, and a facility PREA Investigator indicated the facility is responsible for conducting administrative investigations and the Jena Police Department (JPD) is responsible for conducting criminal investigations. The lead Auditor reviewed a Mutual Assistance Agreement (MAA) between CLIPC and the Jena Police Department (JPD) and confirmed there is an agreement in place to conduct criminal investigations within the facility. A review of the MAA further confirms the facility has requested JPD to follow the requirements for §115.21 (a) through (d) when investigating an allegation of sexual abuse within the facility. Interviews with the FA, PSA Compliance Manager, and a PREA Investigator further confirmed the facility will call JPD for every allegation reported at the facility. In addition, interviews with the FA, PSA Compliance Manager, and a PREA Investigator indicated a detainee victim of sexual abuse would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE examination, if needed. A phone interview with a St. Francis Cabrini Hospital emergency room nurse confirmed the hospital has a SANE Unit and in the event a detainee victim was received in the emergency room, the detainee would receive emergency medical treatment, crisis intervention services, and a SANE/SAFE exam. A phone interview with a St. Francis Cabrini Hospital emergency room nurse further confirmed a Victim Advocate is available through the SANE unit to provide emotional support during the forensic examination and during the investigatory interviews. In

addition, a phone interview with a St. Francis Cabrini Hospital emergency room nurse confirmed the SANE Unit services are free of charge to the detainee victim regardless of the detainee's naming their abuser or not. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed no allegations required a SANE exam.

**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).” CLIPC policy 10.1.1-A (Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities) states, “CLIPC shall 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, unless the allegation does not involve potentially criminal behavior. CLIPC shall document all referrals.” CLIPC policy 10.1.1-A further states, “GEO shall publish such Corporate policy on its website. Each facility protocol shall ensure that all allegations are promptly reported to the agency as described in paragraphs (e) and (f) of this section, and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. A facility may separately, and in addition to the above reports and referrals, conduct its own investigation. When a detainee, prisoner, inmate, 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 Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. The Corporate PREA Coordinator shall also be notified of all Detainee Sexual Abuse allegations. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation.” CLIPC policy 10.1.1-A further states, “CLIPC shall retain all written reports referenced 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.” An interview with the FA indicated all allegations of sexual abuse are immediately reported to the AFOD, the Joint Intake Center (JIC), and ICE OPR. Interviews with the facility PSA Compliance Manager and a PREA Investigator indicated the JPD is responsible for conducting criminal investigations and the facility investigator is responsible for conducting an administrative investigation; he will begin an investigation once JPD and ICE OPR has indicated he can do so. Interviews with the facility PSA Compliance Manager and a PREA Investigator indicated all allegations of sexual abuse are immediately reported to the JPD and once JPD has decided if a criminal investigation will

continue or if they decline to investigate, the facility will begin an administrative investigation. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed all allegations had been reported to the JPD and notifications had been made to the JIC and ICE OPR. In addition, the lead 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.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff training.**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, “All Employees, Contractors, and Volunteers shall receive initial training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. See Section F for Volunteer requirements and Section G for Contractor Requirements. CLIPC shall train all Employees who may have contact with detainees on: 1) Its zero tolerance policy for Sexual Abuse and Assault; 2) How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and Procedures, to include procedures for reporting knowledge, suspicions or information of Sexual Abuse or assault; 3) Recognition of situations where Sexual Abuse may occur; 4) The right of Detainees and Employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; 5) Instruction that sexual abuse and/or assault is never an acceptable consequence for detention; 6) Definitions and examples of prohibited and illegal sexual behavior; 7) Recognition of physical, behavioral and emotional signs of Sexual Abuse, and methods of preventing and responding to such occurrences; 8) How to detect and respond to signs of threatened and actual Sexual Abuse; 9) How to avoid inappropriate relationships with Detainees; 10) Working with vulnerable populations and addressing their potential vulnerability in the general population; 11) How to communicate effectively and professionally with Detainees, including LGBTI or Gender Non-Conforming Detainees; and 12) The requirement to limit reporting of Sexual Abuse to personnel with a need-to-know in order to make decisions concerning the victim’s welfare and for law enforcement or investigative purposes; 13) The investigation process and how to ensure that evidence is not destroyed; 14) Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; 15) Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and 16) Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault. PREA 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. This form shall be used to document Pre-Service and Annual In-Service SA-API Training.” The lead Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2017 Pre-Service training curriculum and confirmed the training includes the Agency and facility 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. An interview with the facility Training Administrator indicated all employees, to include contractors and volunteers, are required to attend in person PREA training on a yearly basis. The training includes a pre-service training during orientation and In-Service training every year after. Interviews with six random COs confirmed they are required to attend PREA training on an annual basis and each officer could articulate their knowledge of PREA. An interview with the SDDO

indicated all ICE staff will complete PREA training each year. The lead Auditor reviewed 18 training files to include 4 ICE staff, 4 medical/mental health staff employed by IHSC and STG International, 5 COs, 2 commissary staff employed by the Keefe Group, and 3 volunteer files and confirmed each person had received PREA training for 2023 and 2024. Based on the facility's practice to require all staff to include contract and ICE staff PREA training on an annual basis the lead 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): CLIPC policy 10.1.1 states, "All employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. CLIPC shall ensure that all volunteers who have contact with Detainees are trained on their responsibilities under the GEO's Sexual Abuse and Assault prevention, detection, intervention and response policies and procedures. The level and type of training for Volunteers shall be based on the services they provide and their level of contact with Detainees; but, all volunteers who have any contact with Detainees shall be notified of the GEO's and the facility's zero-tolerance policy and informed how to report such incidents. Volunteers who have contact with Detainees shall receive annual SAAPI refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgment Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." CLIPC policy 10.1.1 further states, "All employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. CLIPC shall ensure that all Contractors who have contact with Detainees are trained on their responsibilities under the GEO's Sexual Abuse and Assault prevention, detection, intervention and response policies and procedures. The level and type of training for Contractors shall be based on the services they provide and their level of contact with Detainees; but all Contractors who have contact with Detainees shall be notified of the GEO's and the facility's zero-tolerance policy and informed how to report such incidents. Contractors who have contact with Detainees shall receive annual SAAPI refresher training. Medical and Mental Health Contractors shall receive the specialized training required in standard §115.35 in Section E (2). Contractors shall document through signature on the PREA Basic Training Acknowledgment Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." An interview with the facility PSA Compliance Manager indicated the facility utilizes volunteers for religious services and each volunteer is required to complete the ICE Prison Rape Elimination Act (PREA) Training for Contractor and Volunteers. In review of the training, the Auditor confirmed the training included the Agency zero-tolerance policy, definitions and examples of sexual abuse, and how to report sexual abuse. The lead Auditor reviewed training attendance records which confirmed all volunteers have received the training. An interview with the facility PSA Compliance Manager further indicated all volunteers and "other" contractors are required to sign-in on the facility Visitor Sign In/Out log prior to entering the facility. The lead Auditor reviewed the Visitor Sign In/Out log and confirmed the log states, "Central Louisiana ICE Processing Center and Immigration and Customs Enforcement have a zero tolerance towards all forms of sexual abuse. If you see or hear something, report information to facility staff." A review of the facility Visitor Sign In/Out log further confirmed volunteers and "other" contractors sign the log acknowledging the training prior to entering the facility. During the on-site audit, there were no volunteers or "other" contractors working in the facility; therefore, no interview was conducted. Based on the facility requirement for volunteers and "other contractors" to receive annual PREA training and to acknowledge the standard's requirements every time upon entering the facility the lead 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): CLIPC policy 10.1.1 states, “During the intake process, each facility shall ensure that the detainee orientation program notifies and informs detainees about the agency’s and the facility’s zero-tolerance policies for all forms of sexual abuse and includes (at a minimum) instruction on: (1) Prevention and intervention strategies; (2) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (3) Explanation of methods for reporting sexual abuse, including to any staff member, including a 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; (4) Information about self-protection and indicators of sexual abuse; (5) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee’s immigration proceedings; and (6) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. At CLIPC, 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. CLIPC shall maintain documentation of detainee participation in the intake process orientation. CLIPC shall post on all housing unit bulletin boards the following notices: (1) The DHS-prescribed sexual assault awareness notice; (2) The name of the Prevention of Sexual Abuse 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.” Interviews with the PSA Compliance Manager, an Intake Lieutenant, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or a Telecommunication device and the ICE Communication Board for those detainees who are deaf or hard of hearing. If a detainee has limited sight, is blind, or has limited reading skills, staff would read the documents to the detainee and would use the services of a language line for detainees who are LEP. Interviews with the PSA Compliance Manager, an Intake Lieutenant, and six random COs further indicated If a detainee has intellectual, psychiatric, other disabilities, staff will try their best to communicate in a way they could understand, and if successful communication could not be established, they would seek the help of medical or mental health staff. During the on-site audit, the lead Auditor observed the ICE National Detainee Handbook and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'iche'(Quiche)/Kxlantzij, and Vietnamese, and the facility Supplement to the ICE National Detainee Handbook which was available in English and Spanish. The lead Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency’s zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. In addition, the lead Auditor reviewed the facility Supplement to the ICE National Detainee Handbook and confirmed the handbook includes information on the facility zero-tolerance policy, definitions of sexual abuse, prohibited acts, avoiding sexual abuse, and how to report sexual abuse. During the on-site audit, the lead Auditor observed the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. The lead Auditor reviewed the DHS-prescribed SAA Information pamphlet and confirmed the pamphlet includes information on how to report an allegation including anonymously, reporting will not negatively affect an immigration case, definitions of sexual abuse and how a detainee can protect himself from sexual abuse. During the on-site audit the lead Auditor further observed the Detainee PREA Education for Intake

Orientation available in 15 languages to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'iche'(Quiche), and Vietnamese. The lead Auditor reviewed the Detainee PREA Education for Intake Orientation and confirmed the document includes the facility zero-tolerance policy, sexual abuse definitions, prohibited acts, sexual abuse prevention, sexual abuse reporting and prohibition against retaliation. In addition, during the on-site audit, the lead Auditor observed the detainee tablets and confirmed the tablets included all information as described above and could be accessed by the detainees at anytime. During the on-site audit, the lead Auditor observed a video of a detainee's intake into the facility and confirmed the detainee had been given an ICE National Detainee Handbook, a facility Supplement to the ICE National Detainee Handbook, a DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet and a Detainee PREA Education for Intake Orientation. Interviews with 30 detainees confirmed they had received orientation during intake. The lead Auditor reviewed 20 detainee files and confirmed each detainee had received all documentation and had signed the Intake Department Detainee Orientation Sign in Sheet.

(d)(e): CLIPC policy 10.1.1 states, "CLIPC shall post on all housing unit bulletin boards the following notices: (1) The DHS-prescribed sexual assault awareness notice; (2) The name of the Prevention of Sexual Abuse 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." In an interview with the PSA Compliance Manager, it was confirmed there were no available rape crisis centers in the areas surrounding CLIPC. During the on-site audit, the lead Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, and the Rape Abuse and Incest National Network (RAINN) flyer posted in each housing unit.

**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. CLIPC policy 10.1.1 states, "CLIPC investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for Employees in Section E (1). Facilities shall maintain documentation of this specialized training." An interview with the PSA Compliance Manager and review of the facility PAQ indicated the facility has two trained investigators who investigate all allegations of sexual abuse in the facility and each investigator has completed specialized training on sexual abuse and cross agency coordination offered through the National PREA Resource Center titled "PREA Specialized Training: Investigating Sexual Abuse in Adult/Juvenile Correctional Setting." The lead Auditor reviewed the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. During the on-site audit, lead Auditor reviewed the PREA Resource Center training certificates confirming both investigators have completed the training. In

addition, the lead Auditor reviewed the training records of both investigators and confirmed each investigator had received the general PREA training each year during the In-Service training.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, “Each facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, 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 of suspicions of Sexual Abuse and Assault. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the general training mandated for all Employees in Section E (1) or Contractors in Section G (1) depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic 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. CLIPC shall maintain documentation of this specialized training.” Interviews with a RN and a LCSW indicated that medical and mental health staff are required to attend specialized training utilizing the ICE Health Service Corp, Prison Rape Elimination Act specialized training curriculum, and general PREA training on an annual basis. The Auditor reviewed the ICE Health Service Corp, Prison Rape Elimination Act specialized training curriculum, and confirmed the training includes all elements required by the standard to include how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. The Auditor reviewed four medical and mental health staff files and confirmed each had received both the required specialized and general PREA training annually as required by §115.31. Based on the facility’s practice to require medical and mental health staff to receive the required specialized training on an annual basis the lead Auditor finds the facility exceeds standard 115.35.

**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)(e)(f)(g): CLIPC policy 10.1.1 states, “All Detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be 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. Facilities shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical information indicated on the detainee’s criminal history, or, 213/216 remand, etc.) that can assist them with risk assessment. CLIPC shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization: 1) Mental, physical or developmental disability; 2) Age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult or child; 7) Whether Detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether Detainee self-identified as having previously experienced sexual victimization; and, 9) Own concerns about his/her physical safety. The intake screening shall also consider prior



acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive. CLIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee's risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. At any point after the initial intake screening, a Detainee shall 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. Disciplining Detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. CLIPC 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. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." The lead 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 facility PREA/SAAPI Risk Assessment further confirmed staff must complete the form within 24 hours of arrival. Prior to the on-site the facility had revised the PREA Risk Assessment to include the time the assessment is completed and adding the assessment must be completed within 12 hours. During the on-site the facility revised the PREA Risk Assessment to include the housing location, date assigned, and time assigned. During the on-site audit the facility further revised the Medical and Mental Health form to include the referral type (medical evaluation or mental health evaluation). In addition, during the on-site audit the PSA Compliance Manager sent out the newly revised PREA/SAAPI Risk Assessment with instructions to all applicable staff on how to utilize the form. An interview with the Intake Lieutenant indicated if a detainee is LEP the intake will utilize a language line service for interpretation and if a detainee is identified as being at risk for sexual victimization or being a sexual aggressor, they will be housed accordingly to prevent sexual abuse. In an interview with the Intake Lieutenant, it was further indicated the initial classification process, and the detainee's initial housing assignment are completed within 12 hours of the detainee's arrival at the facility and detainee files are kept in a locked room accessible to only the classification staff. In an interview with the PSA Compliance Manager and the Intake Lieutenant it was indicated detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. An interview with the Classification Manager indicated a detainee's risk of victimization or abusiveness is reassessed between 60 to 90 days, at any other time the facility receives additional relevant information and following an incident of sexual abuse or victimization. During the on-site audit the lead Auditor reviewed four investigative files and confirmed each detainee victim of sexual abuse had been reassessed following an allegation of sexual abuse. During the on-site audit the lead Auditor further reviewed 20 detainee files and confirmed an initial risk assessment and initial housing had been completed within 12 hours of the detainee's admission into the facility; however, the review indicated the assessment was completed with a non-compliant risk assessment tool and prior to the facility revising the PREA Risk Assessment. In addition, a review of 20 files confirmed 4 of the detainee's had been at the facility longer than 60 days and had received a reassessment within the required timeframe.

### **Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. Prior to the on-site the facility had revised the PREA Risk Assessment to include the time the assessment is completed and adding the assessment must be completed within 12 hours. During the on-site the facility revised the PREA Risk Assessment to include the

housing location, date assigned, and time assigned. In addition, the facility revised the Medical and Mental Health form to include the referral type (medical evaluation or mental health evaluation). The PSA Compliance Manager sent out the newly revised forms with instructions to all applicable staff for utilizing the forms. An interview with the Intake Lieutenant indicated if a detainee is LEP the intake will utilize a language line service for interpretation. If a detainee is identified as being at risk for sexual victimization or a sexual aggressor, they will be housed accordingly to ensure there is separation between them. The Intake Lieutenant confirmed the initial classification process, and the housing assignment are completed within 12 hours of the detainee's arrival at the facility. The PSA Compliance Manager and the Intake Lieutenant confirmed detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. An interview with the Classification Manager indicated that a detainee's risk of victimization and abusiveness is reassessed between 60 to 90 days, or at any other time the facility receives additional relevant information or following an incident of abuse or victimization. The lead Auditor reviewed four investigative files and confirmed each detainee had been reassessed within 60-90 days. In addition, the lead Auditor reviewed 20 detainee files and confirmed an assessment and housing had been completed within 12 hours of the detainee's admission into the facility; however, the review indicated that the assessment was completed with a non-compliant assessment and prior to the facility revising the PREA Risk Assessment. To become compliant, the facility shall provide the Auditor with 15 detainee files that confirm the facility is utilizing the revised PREA Risk Assessment.

**§115.42 - Use of assessment information.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, "Screening information from standard Section C (1) shall be used to inform assignment of Detainees to housing, recreation and other activities, and voluntary work. CLIPC shall make individualized determinations 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 "at risk log" will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. PSA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for Transgender and Intersex Detainees, CLIPC shall consider the Detainee's gender self-identification and an assessment of the effects of placement on the Detainee's health and safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessment and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee." CLIPC policy 10.1.1 further states, "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. This assessment is completed by the PREA PSA Compliance Manager. Serious considerations shall be given to the individual's own views with respect to his/her own safety. Facilities shall use the Transgender Care Committee form (See Attachment D) to conduct the six-month reassessment. When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees." Interviews with the facility PSA Compliance Manager and the Intake Lieutenant indicated the facility utilizes information from the PREA Risk Assessment to assign detainees to housing, recreation, voluntary work and other activities. Interviews with the facility PSA Compliance Manager and the Intake Lieutenant further indicated if a detainee is identified at risk for victimization or sexual aggressiveness, they are added to the facility "At Risk log" for tracking purposes. The lead Auditor reviewed the "At Risk log" and confirmed the log included the housing location and work assignment of all detainees who were identified at risk for victimization or abusiveness. In addition, interviews with the facility PSA Compliance Manager and the Intake Lieutenant indicated detainees who are identified as at risk for victimization are assigned a bed close to the assigned officer at the front of the dormitory, and detainees who are identified as at risk for sexual aggressiveness would be housed towards the back of the dormitory.

Interviews with the PSA Compliance Manager and the Intake Lieutenant further indicated medical and mental health would be consulted on the immediate placement of a transgender or intersex detainee and housing would be determined based on the detainee's own self-identification of gender and not by their physical anatomy. In addition, interviews with the facility PSA Compliance Manager and the Intake Lieutenant indicated the placement would be consistent with the safety and security of the facility and each transgender or intersex detainee would be provided an opportunity to shower separately from other detainees. An interview with the Classification Manager indicated all detainees are reassessed every 90 days; and therefore, a transgender detainee would be reassessed twice a year if they are housed at the facility for that amount of time. Interviews with two transgender detainees confirmed they were asked their preference for housing and work assignments. Interviews with two transgender detainees further confirmed both detainees are given the opportunity to shower separately from other detainees. In addition, the lead Auditor reviewed both detainee files and confirmed neither detainee had been housed in the facility longer than ninety days.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): CLIPC policy 10.1.1 states, "CLIPC shall develop and follow written procedures governing the management of its administrative restriction unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, must document detailed reasons for placement of a detainee in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Use of administrative segregation 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 option exists, as a last resort. CLIPC should assign Detainees vulnerable to Sexual Abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If a restricted housing 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. Facilities shall implement written procedures for the regular reviews of all Detainees held in administrative restriction for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in administrative restriction to determine whether restriction is still warranted; and 2) A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative restriction. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment G). All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to Sexual Abuse or assault for review and approval of the placement." Interviews with the FA and the PSA Compliance Manager indicated a detainee vulnerable to sexual abuse would only be placed in administrative segregation/protective custody if it is the best option, at the detainee request, or as a last resort, until alternative arrangements could be made, and placement would not exceed 30 days. Interviews with the FA and the PSA Compliance Manager further indicated any time a detainee is placed into segregation or protective custody the ICE FOD is immediately notified. An interview with the COS, who supervises the Segregation/Protective Custody Unit, indicated detainees vulnerable to sexual abuse would be provided access to programming, visitation, counsel, and any other services provided to the general population. An interview with the COS further indicated the facility has not placed a detainee vulnerable to sexual abuse in restrictive housing; however, if a vulnerable detainee was to be placed into the unit, the supervisor would receive an Administrative

Segregation Order which would include the reasons for the placement. In addition, an interview with the COS confirmed he was very knowledgeable and could articulate the review process as required by subsection (d) of the standard. The lead Auditor reviewed three files of detainees who were identified as being vulnerable to sexual abuse utilizing the initial risk assessment and confirmed none of the detainees had been placed into administrative segregation or protective custody after disclosing previous sexual abuse. An interview with the SDDO confirmed CLIPC policy 10.1.1 was developed in consultation with the ICE FOD having jurisdiction over CLIPC.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee reporting.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, “CLIPC shall provide 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. Facilities shall provide contact information to Detainees for relevant consular officials, the DHS Office of Inspector General, the Joint Intake Center, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward Detainee reports of Sexual Abuse to Facility or GEO officials, allowing the detainee to remain anonymous upon request. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assaults 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.” During the on-site audit, the Auditor observed in all common areas of the facility and on housing unit bulletin boards information advising detainees how to contact their consular official, the DHS OIG, the DRIL, and the facility hotline, to confidentially and if desired, anonymously report an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and six random COs 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 six random COs further indicated all reports received verbally, in writing, anonymously, and from third parties must be promptly and immediately reported and documented. Interviews with 30 detainees confirmed they were aware of several ways they could report an allegation, including ways to report anonymously, if needed. During the on-site audit, the lead Auditor tested all provided reporting numbers provided to detainees and confirmed they were all in good working order.

**Corrective Action:**

No corrective action needed.

**§115.52 - Grievances.**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(e)(f): CLIPC policy 10.1.1 states, “CLIPC shall 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. CLIPC shall not impose a time limit on when a detainee may submit a grievance regarding allegation of Sexual Abuse. CLIPC shall implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to Sexual Abuse. CLIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a Detainee may obtain assistance from 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. CLIPC 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. CLIPC 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. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes." However, a review of CLIPC policy 10.1.1 confirms the policy does not include written procedures for time-sensitive grievances. The facility Supplement to the ICE National Detainee Handbook states, "An emergency grievance involves an immediate threat to a detainee's welfare or safety. The facility shall 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. All CLIPC staff are trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that the detainee is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply, and the employee will act immediately. Translation Services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the Facility Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Administrator." However, a review of the Supplement to the ICE National Detainee Handbook further confirms the Supplement to the ICE National Detainee Handbook does not include the emergency grievance procedures to be followed by facility staff. An interview with the facility GO/PREA Investigator, indicated grievance forms are available in all housing units and can also be accessed on the detainee tablets and if a detainee utilizes the paper option, there are locked grievance boxes within the housing units; however, most detainees will utilize the tablet. An interview with the facility GO/PREA Investigator further indicated there are no time limits imposed on grievances alleging sexual abuse and a grievance alleging sexual abuse is considered time-sensitive and an immediate threat to the detainee's health, safety, and welfare. In addition, an interview with the facility GO/PREA Investigator, indicated if he received a grievance alleging sexual abuse, he would take immediate action and take the detainee to medical for an assessment. In an interview with the facility GO/PREA Investigator it was further indicated if a detainee requested assistance in preparing a grievance, he could obtain assistance from another detainee, facility staff, a family member, or an attorney and all grievance outcomes must be determined within five days of receiving the grievance. In addition, in an interview with the facility GO/PREA Investigator it was indicated the detainee would be notified the grievance has been forwarded for an investigation and would close out the grievance. During the on-site audit, the lead Auditor submitted a test grievance through the grievance box located in a housing unit and confirmed the GO had received the test grievance within a few hours. The lead Auditor reviewed a grievance alleging sexual abuse and confirmed the grievance had been closed; however, the investigation was on-going preventing the Auditor from verifying the grievance and the investigation had been forwarded to the Field Office Director. In addition, the lead Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the allegations were reported through the grievance system.

**Corrective Action:**

The facility is not in compliance with subsection (c) of the standard. The Supplement to the ICE National Detainee Handbook states, "An emergency grievance involves an immediate threat to a detainee's welfare or safety. The facility shall 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. All CLIPC staff are trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that the detainee is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply and the employee will act immediately. Translation Services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the Facility Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Administrator." However, reviews of the Supplement to the ICE National Detainee Handbook and

CLIPC policy 10.1.1 confirm neither include the emergency grievance procedures to be followed by facility staff. To become compliant, the facility must implement written procedures for identifying and handling time-sensitive grievances which involve an immediate threat to the detainee health, safety, or welfare related to sexual abuse. Once implemented, the facility must submit documentation which confirms the procedures are in writing and all applicable staff, to include security and the GO have been trained on the written procedure.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d): CLIPC policy 10.1.1 states, “CLIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. CLIPC shall make information available to Detainees about local organizations that can assist detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, CLIPC shall make available the same information about national organizations. CLIPC shall enable reasonable communication between Detainees and these organizations as well as inform 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. CLIPC is required to maintain or attempt to enter into agreements with community service providers to provide Detainees with confidential emotional support services related to the Sexual Abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. CLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The lead Auditor reviewed an email from the facility Compliance Administrator to the Vice President of Sexual Trauma Awareness and Response (STAR), which confirmed CLIPC’s attempt to secure Method of Understanding (MOU) with the organization; however, the facility did not get a response to the request. The lead Auditor reviewed the facility Supplement to the ICE National Detainee Handbook which states, “In addition to mental health services onsite, you also have access to the National Sexual Assault Hotline for confidential support 24 hours per day anonymously by dialing the number 5 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit. You can access the local state of Louisiana hotline available to you for support and counseling free of charge by dialing the number 6 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit.” However, a review of the facility Supplement to the ICE National Detainee Handbook confirmed the supplement does not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws. A review of the facility Supplement to the ICE National Detainee Handbook further confirmed the handbook did not include a mailing address for RAINN or the Louisiana Foundation Against Sexual Assault (LAFASA). During the on-site audit, the lead Auditor observed a flyer for RAINN which informs the detainees, RAINN offers confidential, anonymous support 24/7 for survivors and loved ones; however, the flyer did not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws or a mailing address. In addition, the Auditor observed the instructions for making an anonymous call and confirmed the instructions include dial 4 for RAINN and dial 5 for LAFASA; and therefore, the numbers provided with the instructions for making an anonymous call are different than those provided in the facility Supplement to the ICE National Detainee Handbook. During the on-site audit, the lead Auditor tested the numbers provided and confirmed utilizing the number 4 option from the instructions, the detainee would receive a recorded message from RAINN and would be given the option to speak with an advocate “near you.” In addition, upon connecting to RAINN, the Auditor was transferred to Wellspring located in Monroe, Louisiana. An interview with a Wellspring Victim Advocate confirmed Wellspring offers comprehensive residential and non-residential services for survivors of domestic violence, dating violence, sexual assault, and stalking. An interview with a Wellspring Victim Advocate further confirmed Wellspring does not

have an MOU with CLIPC but will provide legal advocacy, counseling, and crisis intervention to detainee victims of sexual assault who call the RAINN hotline; however, Wellspring could not provide in-person counseling at this time. During the on-site audit, the lead Auditor spoke with a St. Francis Cabrini Hospital emergency room nurse who confirmed the hospital has a SANE Unit and in the event a detainee victim of sexual abuse was received in the emergency room, the SANE Unit would provide the detainee a victim advocate for counseling, crisis intervention services, and emotional support during investigative interviews.

**Corrective Action:**

The facility is not in compliance with subsections (c) and (d) of the standard. The lead Auditor reviewed the facility Supplement to the ICE National Detainee Handbook which states, “In addition to mental health services onsite, you also have access to the National Sexual Assault Hotline for confidential support 24 hours per day anonymously by dialing the number 5 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit. You can access the local state of Louisiana hotline available to you for support and counseling free of charge by dialing the number 6 using the anonymous calls instructions posted above the phones in the dormitory. See instructions posted above the phones in your housing unit.” However, a review of the facility Supplement to the ICE National Detainee Handbook confirmed the supplement does not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws. A review of the facility Supplement to the ICE National Detainee Handbook further confirmed the handbook did not include a mailing address for RAINN or the Louisiana Foundation Against Sexual Assault (LAFASA). During the on-site audit, the lead Auditor observed a flyer for RAINN which informs the detainees, RAINN offers confidential, anonymous support 24/7 for survivors and loved ones; however, the flyer did not provide detainees information as to the extent calls may be monitored or the extent to which reports of sexual abuse will be forwarded in accordance with mandatory reporting laws or a mailing address. In addition, the Auditor observed the instructions for making an anonymous call and confirmed the instructions include dial 4 for RAINN and dial 5 for LAFASA; and therefore, the numbers provided with the instructions for making an anonymous call are different than those provided in the facility Supplement to the ICE National Detainee Handbook. During the on-site audit, the lead Auditor tested the numbers provided and confirmed utilizing the number 4 option from the instructions, the detainee would receive a recorded message from RAINN and would be given the option to speak with an advocate “near you.” To become compliant, the facility must submit documentation which confirms detainees are provided with mailing addresses and the appropriate speed dial numbers to access RAINN and/or LAFASA in a manner all detainees can understand. In addition, the facility must submit documentation to confirm all detainees are notified prior to giving them access, of the extent to which calls may be monitored and the extent reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

**§115.54 - Third-party reporting.**

**Outcome:** Meets Standard

**Notes:**

CLIPC policy 10.1.1 states, “CLIPC shall post publicly GEO's third-party reporting procedures. 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 poster 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](http://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](http://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. The GEO website provides contact information for the GEO Group PREA Coordinator including an email address and a phone number. The lead Auditor tested the third-party email provided on the website at [preainfo@geogroup.com](mailto:preainfo@geogroup.com) and received an email back acknowledging receipt from the GEO PREA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff reporting duties.****Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." CLIPC policy 10.1.1 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 incident; 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 to make 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 Facility Management privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents. Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local vulnerable persons statute, CLIPC shall report to designated State or local services Agencies under applicable mandatory report laws." During the on-site audit the lead Auditor observed each CO carried a lanyard which contained their duties as a first responder and the contact information for reporting an allegation through the employee hotline or through the GEO Corporate PREA Coordinator. Interviews with six random COs confirmed they could articulate their responsibilities to immediately 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. Interviews with six random COs further confirmed they were aware of the standard's requirement to only share information regarding an allegation of sexual abuse to only those who are on a need-to-know basis. In addition, interviews with six random COs confirmed all were knowledgeable in their ability to anonymously report an allegation of sexual abuse outside the chain of command through the employee hotline. Interviews with the FA and the PSA Compliance Manager indicated the facility does not house juvenile detainees and if an allegation of sexual abuse involved a vulnerable adult, Louisiana mandatory reporting laws require a report to be made to the Adult Protective Services. An interview with the SDDO confirmed he was knowledgeable regarding his reporting duties under Agency policy 11062.2. The Auditor reviewed four investigative files and confirmed the allegations did not involve a vulnerable adult. An interview with the SDDO confirmed CLIPC policy 10.1.1 has been submitted and approved by the Agency.

**Corrective Action:**

No corrective action needed.



**§115.62 - Protection duties.**

**Outcome:** Meets Standard

**Notes:**

CLIPC policy 10.1.1 states, “When an Employee or CLIPC staff member has reasonable belief that a Detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect that Detainee. Employees shall report and respond to all allegations of Sexually Abusive Behavior. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly. Any allegation to staff of sexual assault or attempted sexual assault will be reported immediately through the facility’s chain of command, from the reporting official to the highest facility official as well as the Field Office Director. When reporting an allegation of sexual assault staff can report outside of chain of command. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental.” Interviews with the FA, PSA Compliance Manager, and six random COs indicated if they become aware a detainee is at substantial risk of sexual abuse their first response would be to separate the detainee to ensure his safety. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed in all cases 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): CLIPC policy 10.1.1 states, “In the event a Detainee alleges Sexual Abuse occurred while confined at another Facility, CLIPC 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 is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. CLIPC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager. CLIPC is that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director.” [sic.] An interview with the FA, confirmed he could articulate his responsibilities should a detainee report an allegation of sexual abuse while housed at another facility. An interview with the FA further confirmed he had recently made notification to another FA when a detainee alleged he had been a victim of sexual abuse while he was housed at the previous facility. During the on-site audit, the lead Auditor reviewed the follow-up email sent to the FA where the alleged abuse occurred and confirmed the notification had been made within 24 hours of the allegation. In an interview with the FA and the PSA Compliance Manager, it was confirmed they have not received a notification from another facility alleging an incident of sexual abuse while housed at CLIPC; however, if they were to receive such notification, they would ensure an investigation is immediately conducted. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed all of the allegations had been reported by the alleged detainee victims of sexual abuse while housed at CLIPC.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): CLIPC policy 10.1.1 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 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 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; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed. f. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, g. If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff; h. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.” The facility’s PREA Coordinated Response state, “Request that the alleged victim not take actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure that the alleged abuser not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.” Interviews with six random COs confirmed if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action which could destroy physical evidence and each detainee would be taken to medical for an assessment. Interviews with two non-security first responders indicated they would immediately call for COs, instruct the detainees to separate, request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor of the incident. The lead Auditor reviewed four sexual abuse allegation investigative files and confirmed both the victim, and the abuser, were immediately separated and taken to medical for an assessment.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated response.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): CLIPC policy 10.1.1 states, “CLIPC shall develop a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident or sexual abuse. CLIPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. CLIPC policy 10.1.1 further states, “If a victim of sexual abuse is transferred to a DHS Facility, covered by subpart A or B of this part, 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. If a victim is transferred to a non-DHS 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 victim’s potential need for medical or social services, unless the victim requests otherwise.” The lead Auditor reviewed the CLIPC PREA Coordinated Response Plan and confirmed the facility utilizes a multidisciplinary

team approach responding to incidents of sexual abuse to include detailed actions to be taken by employee first responders, shift supervisors, medical and mental health staff, and facility investigators. A review of the CLIPC PREA Coordinated Response Plan further confirmed the plan includes a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment; however, the CLIPC PREA Coordinated Response Plan did not include the requirements of subsections (c) and (d) of the standard. During the on-site audit, the facility provided the lead Auditor with a revised Coordinated Response Plan. The lead Auditor reviewed the revised CLIPC PREA Coordinated Response Plan and confirmed the revised plan included the requirements of subsections (c) and (d) which states, "If a victim of sexual abuse is transferred to a DHS Facility, covered by subpart A or B of this part, 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. If a victim is transferred to a non-DHS 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 victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the FA, the PSA Compliance Manager, a RN, and six random COs confirmed their knowledge of their responsibilities outlined in the CLIPC PREA Coordinated Response Plan. Interviews with six random COs indicated if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action which could destroy physical evidence and each detainee would be taken to medical for an assessment. Interviews with the FA and a RN confirmed they were aware of the requirements of subsection (c) and (d) of the standard. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed the facility utilized a coordinated multidisciplinary response in responding to each allegation.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

CLIPC policy 10.1.1-A states, "Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. 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." Interviews with the FA, PSA Compliance Manager, and the HRM, indicated if an allegation of sexual abuse was received alleging a staff member engaged in sexual abuse of a detainee the staff member would be immediately removed from detainee contact by being reassigned to a post that does not have detainee contact. Interviews with the FA, PSA Compliance Manager, and the HRM, further indicated if the allegation of sexual abuse was severe the staff member would be placed on administrative leave until the completion of the investigation. In addition, interviews with the FA, PSA Compliance Manager, and the HRM, indicated if an allegation of sexual abuse was received which included a contractor or volunteer engaged in sexual abuse of detainee, they would immediately be removed from detainee contact and removed from the facility, until the completion of the investigation. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the reported allegations involved a staff member, contractor, or volunteer.

**Corrective Action:**

No corrective action needed.

**§115.67 - Agency protection against retaliation.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 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. CLIPC shall employ multiple protection 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. CLIPC's PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigations. A Mental Health staff member or the 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. Any issues discussed shall be noted on the "Protection from Retaliation Log (see Attachment H)" to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, CLIPC 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's 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. The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue. Items to be monitored for employees include negative performance reviews and Employee reassignments. If any other individual expresses a fear of retaliation, then CLIPC shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SA-API incident." An interview with the PSA Compliance Manager/Retaliation Monitor, indicated she is responsible for retaliation monitoring of detainee victims of sexual abuse and the HRM is responsible for the monitoring of staff. An interview with the PSA Compliance Manager/Retaliation Monitor further indicated when a detainee reports an allegation of sexual abuse, she will begin monitoring the detainee victim immediately and if the detainee victim expresses fear of retaliation for reporting the allegation or for cooperating with the investigation, she will ensure the victim detainee is offered emotional support services. In addition, an interview with the PSA Compliance Manager/Retaliation Monitor indicated she will meet with the detainee every week for 90 days, or longer if needed. An interview with the PSA Compliance Manager/Retaliation Monitor further indicated the monitoring process includes meeting with the detainee victim and a review of the detainee's housing record, disciplinary record, or any program changes. An interview with the HRM indicated staff who express fear of retaliation will be offered emotional support through the EAP and are monitored every 30 days for 90 days, or longer if needed, to ensure there has not been negative reviews or reassignments based on reporting an allegation of sexual abuse or cooperating in an investigation. In an interview with the HRM it was indicated the staff member is instructed if they experience any form of retaliation, they should meet with the HRM immediately. In addition, an interview with the HRM indicated there has not been a staff member requiring retaliation monitoring during the audit period. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed all files contained documentation confirming retaliation monitoring began within a few days of the detainee victim of sexual abuse reporting an allegation. The review of four sexual abuse allegation investigation files further confirmed monitoring of all detainees who made an allegation of sexual abuse continued for 90 days. In addition, the review of four sexual abuse allegation investigation files confirmed there were no staff who required retaliation monitoring during the audit period.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

a)(b)(c)(d): CLIPC policy 10.1.1 states, “CLIPC shall take care to place Detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. (See Section J1). Such detainees should be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Detainee victims shall not be held for longer than five (5) days in any type of administrative restriction, except in unusual circumstances or at the request of the 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. CLIPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a Detainee victim has been held in administrative segregation for 72 hours.” The lead Auditor reviewed a memorandum to the file which states, “Central Louisiana ICE Processing Center had not demonstrated the use of segregated housing to protect a detainee of sexual abuse in the year proceeding this audit.” Interviews with the FA, PSA Compliance Manager, and the COS, who supervises the Segregation Unit, indicated prior to placing a detainee victim into administrative segregation, the facility would explore other options to ensure the detainee victim is placed in a supportive environment that would represent the least restrictive housing possible and if a detainee victim were to be placed into segregated housing due to an incident of sexual abuse the ICE FOD would be immediately notified. Interviews with the FA, PSA Compliance Manager, and the COS further indicated the supervisory staff would conduct all reviews as required by standard §115.43 and would not hold the detainee victim longer than five days unless the detainee victim requests to remain in protective custody. In addition, interviews with the FA, PSA Compliance Manager, and the COS confirmed the facility has not placed a detainee victim into segregation or protective custody during the audit period. An interview with the Classification Manager indicated if a detainee victim was placed into segregation or protective custody, the facility staff would complete a reassessment prior to returning the detainee victim back into general population. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed no detainee victim had been placed in administrative segregation or protective custody after reporting 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): CLIPC policy 10.1.1-A Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection states, “An administrative investigation shall be completed for all allegations of Sexual Abuse.” CLIPC policy 10.1.1-A further states, “When ASF [sic] conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, objectively for all allegations, including third-party and anonymous reports. ASF [sic] shall use investigators who have received specialized training in Sexual Abuse investigations.” In addition, CLIPC policy 10.1.1-A states, “When outside agencies investigate Sexual Abuse, ASF [sic] shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigation reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure. 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.” Interview with the FA, the PSA Compliance Manager, and the facility PREA investigator indicated all allegations of sexual abuse are referred to the JPD for a criminal investigation and the facility will complete an administrative investigation. An interview with the facility PREA Investigator indicated he will cooperate with the investigation and will be kept informed of the investigation’s progress. An

interview with the facility PREA Investigator further indicated he will begin an investigation once JPD and ICE OPR has indicated he can do so. In addition, the facility investigator indicated an investigation would be completed regardless of whether the detainee or the perpetrator is no longer housed or employed at the facility. The facility PAQ indicated the facility has two investigators who have received specialized training on sexual abuse and effective cross-agency coordination. The lead Auditor reviewed both investigators training files and confirmed each investigator had received training as required by subsection (a) of the standard. In addition, the lead Auditor reviewed four sexual abuse allegation investigation files and confirmed all investigations had been completed promptly, thoroughly, and objectively by a specially trained facility investigator.

(c): CLIPC policy 10.1.1-A states, “An investigative report shall be written for all investigations of allegations of Sexual Abuse conducted at the facility level. CLIPC shall utilize the investigative report template (See attachment A) for all PREA investigations. 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 all 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 credibility assessments, and investigative facts and findings.” CLIPC policy 10.1.1-A further states, “GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstances, files shall be retained no less than ten years.” The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed each investigation 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.” CLIPC policy 10.1.1-A 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 PREA Investigator indicated the facility does not impose a standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed the facility did not impose a standard higher than a preponderance of evidence when determining the outcome of the administrative investigation.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees.**

**Outcome:** Meets Standard

**Notes:**

CLIPC policy 10.1.1-A states, “At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the Detainee victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded.” An

interview with the PSA Compliance Manager indicated the detainee victim of sexual abuse is notified of the outcome of an investigation and any responsive action taken as a result of the investigation. The lead Auditor submitted a Notification to Detainee of PREA Investigation Results form to the ERAU TL for confirmation of the notifications and confirmed detainee notification had been made to the four detainee victims who had alleged sexual abuse. In addition, during the on-site audit the lead Auditor reviewed four sexual abuse allegation investigation files and confirmed all files included a letter notifying the detainee victims of the result of the investigation and the responsive action taken by the facility.

**Corrective Action:**

No corrective action needed.

**§115.76 - Disciplinary sanctions for staff.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): CLIPC policy 10.1.1-A 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 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 definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer. CLIPC 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. CLIPC shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” Interviews with the FA, PSA Compliance Manager, and the HRM indicated the suspected staff member would be placed on administrative leave pending an investigation and staff are subject to discipline, including removal from their position from federal service if they engage in sexual abuse or violate the facility or Agency SA-API policies. The suspected staff member would be placed on administrative leave pending an investigation. Interviews with the FA and PSA Compliance Manager confirmed they 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. Interviews with six random COs indicated they were aware they would be terminated for engaging in sexual abuse or sexual harassment of a detainee or for violating the facility and Agency SA-API policies. The Auditor reviewed four sexual abuse allegation investigation files and confirmed there were no allegations involving a staff member. Interviews with the FA and the SDDO confirmed CLIPC policy 10.1.1-A has been submitted and approved by the Agency.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1-A states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. CLIPC 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. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact

pending the outcome of an investigation. CLIPC 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 FA indicated there has not been an allegation of sexual abuse reported to the facility involving a contractor or volunteer during the audit period; however, if there was a contractor or volunteer suspected of attempting to engage, engaging in sexual abuse or violated other provisions within the PREA standards, they would be immediately removed from the facility and all detainee contact, pending the outcome of the investigation. An interview with the FA further indicated he could articulate his responsibility to make reasonable efforts to notify any relevant licensing body as required by subsection (a) of the standard. In addition, in an interview with the FA it was indicated all allegations of sexual abuse are reported to the JPD. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed no allegations involved a contractor or a volunteer.

**Corrective Action:**

No corrective action needed.

**§115.78 - Disciplinary sanctions for detainees.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): CLIPC policy 10.1.1-A states, “CLIPC shall subject a Detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that 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. CLIPC shall have a Detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. 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. CLIPC shall not discipline a Detainee for sexual contact with staff unless there is a finding 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 allegation.” Interviews with the FA and the PSA Compliance Manager indicated detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding the detainee engaged in sexual abuse. The disciplinary process includes appropriate levels of reviews and appeals. An interview with the COS/Disciplinary Officer indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred nor would a detainee be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. An interview with the COS/Disciplinary Officer further indicated the hearing officer will consider whether a detainee's mental illness or disabilities contributed to the behavior when determining the sanctions to be imposed. The lead Auditor reviewed four sexual abuse allegation investigation files and confirmed there were no substantiated cases of detainee-on detainee sexual abuse; and therefore, no disciplinary records were reviewed.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, “If during the intake assessment, persons tasked with screening determine that a Detainee is at risk for either sexual victimization or abusiveness, or if the Detainee has experienced prior victimization or perpetrated sexual abuse, the Detainee shall be 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.” IHSC Directive 03-01 states, “Ensure victims of sexual abuse have timely, unimpeded access to services. Mental health assessments must be completed within 72 hours of the referral. Medical referrals must be completed within two working days. Provide treatment services to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” IHSC Directive 03-01 further states, “Behavioral health provider. Completes mental health assessments within 72 hours of referral. Conducts mental health evaluations of all known detainee-on-detainee sexual abusers. Documents the evaluation and ensures it is placed in the electronic health record.” An interview with the Intake Lieutenant indicated if during the initial risk assessment, a detainee is identified as experiencing prior sexual victimization or perpetrating sexual abuse, intake staff will immediately send an email to the PSA Compliance Manager. In an interview with the PSA Compliance Manager, it was indicated upon receipt of an email from intake staff, she will forward the information to medical staff, mental health staff, and the medical clerk. Interviews with a RN and LCSW indicated upon receiving the email from intake the medical clerk will set an appointment for the detainee to be seen by medical staff within two working days and mental health staff within 72 hours. During the on-site audit, the PSA Compliance Manager provided the lead Auditor with a sample of an email to confirm the process is occurring even on the weekends. During the on-site audit, the lead Auditor reviewed four detainee medical/mental health files, (two who experienced prior sexual victimization and two who perpetrated sexual abuse). The review of the medical files confirmed the detainees had been seen no later than two working days from the date of the assessment; however, a review of the mental health notes confirmed the detainees who perpetrated sexual abuse had not been seen within 72 hours and were seen due to being at risk for victimization; and therefore, the lead Auditor could not confirm the detainees received the proper mental health follow-up required by the referral. Prior to the on-site audit, the lead Auditor reviewed documentation submitted by the facility and confirmed the facility was in the process of implementing a Medical/Mental Health Referral Form which indicates the reason for the referral. During the on-site audit, the PSA Compliance Manager sent out the newly revised form with instructions to all applicable staff; however, the facility did not submit documentation to confirm the newly implemented form had been put into practice.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the lead Auditor reviewed four detainee medical/mental health files, (two who experienced prior sexual victimization and two who perpetrated sexual abuse). The review of the medical files confirmed the detainees had been seen no later than two working days from the date of the assessment; however, a review of the mental health notes confirmed the detainees who perpetrated sexual abuse had not been seen within 72 hours and were seen due to being at risk for victimization; and therefore, the lead Auditor could not confirm the detainees received the proper mental health follow-up required by the referral. Prior to the on-site audit, the lead Auditor reviewed documentation submitted by the facility and confirmed the facility was in the process of implementing a Medical/Mental Health Referral Form which indicates the reason for the referral. During the on-site audit, the PSA Compliance Manager sent out the newly revised form with instructions to all applicable staff; however, the facility did not submit documentation to confirm the newly implemented form had been put into practice. To become compliant, the facility must submit five detainee files, to include medical and mental health, to confirm the facility is utilizing the Medical/Mental Health Referral form and documentation to confirm the detainees who experienced prior sexual victimization or who perpetrated sexual abuse had been seen by mental health for a proper mental health evaluation within 72 hours of receiving the referral.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): CLIPC policy 10.1.1 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 standards 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." IHSC Directive 03-01 states, "IHSC provides access to emergency medical and mental health services and ongoing care for detainees who are victim of sexual abuse." CLIPC PREA Coordinated Response 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. The alleged victim shall immediately be escorted for medical treatment as deemed necessary by medical providers. This access includes: timely information about and timely access to sexually transmitted infections prophylaxis, where medically appropriate. All services will be provided without cost to the detainee." Interviews with an RN and an LCSW indicated, if a detainee was a victim of sexual abuse, he would be triaged to address any emergency medical issues or crisis intervention and would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE exam. The interviews further indicated the hospital would provide emergency medical treatment, including emergency contraception, and sexually transmitted infections prophylaxis and he would receive follow-up care by the facility medical and mental health staff upon his return to the facility. Detainees are not charged for medical services related to sexual abuse even if they do not name the abuser. An interview with a St. Francis Cabrini Hospital emergency room nurse indicated the hospital does have a SANE Unit. In the event a detainee victim was received in the emergency room, the detainee would receive medical treatment and crisis intervention services to include emergency contraception and sexually transmitted infections prophylaxis regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Auditor reviewed four investigative files and confirmed each detainee victim was seen by medical and mental health staff after reporting an incident of sexual abuse; however, none of the detainees alleging sexual abuse required a SANE or SAFE exam.

**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): CLIPC policy 10.1.1 states, "CLIPC 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 should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer to, or placement in other Facilities, or release from custody. 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 incarcerated 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. CLIPC 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 in which a SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be

documented.” IHSC Directive 03-01 states, “Timely, unimpeded access to treatment and services. This includes: Emergency medical treatment. IHSC qualified health care staff offers crisis interventions services, including emergency contraception, sexually transmitted infections, and other infectious diseases (e.g., HIV, hepatitis B and C) testing, and prophylactic treatment to all victims in accordance with NCCHC 2018 standards. Pregnancy tests, for female detainees who experience vaginal penetration by a male abuser while incarcerated. Victims receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Ongoing medical and mental health care. Evaluations and treatment of victims include, as appropriate: Follow up services for sexually transmitted infections; treatment plans and long-term care; and when necessary, referrals for continued care following their transfer; placement in other facilities; or release from custody.” Interviews with an RN and LCSW indicated detainees would receive timely emergency access to medical and mental health treatment to include 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. Interviews with an RN and LCSW further indicated the treatment the detainees receive at the facility is consistent, if not better than, the community level of care. In addition, interviews with an RN and LCSW indicated all medical and mental health treatment is provided at no cost to a detainee victim of sexual abuse. An interview with the LCSW indicated detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning about the detainee’s sexual abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed four sexual abuse allegation investigation files and confirmed the detainee victims were immediately referred and seen by medical and mental health. A review of the investigation files further confirmed there were no substantiated findings of sexual abuse; and therefore, no abuser had been referred to mental health.

**Corrective Action:**

No corrective action needed.

**§115.86 - Sexual abuse incident reviews.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): CLIPC policy 10.1.1 states, “CLIPC is required to 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 PSA Compliance 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 (see Attachment J) 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. CLIPC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, CLIPC shall conduct a review of all Sexual Abuse investigations and resulting incident reviews to assess and improve Sexual Abuse intervention, prevention, and response efforts. If there have not been any reports of Sexual Abuse during the annual reporting period, then CLIPC shall prepare a negative report. CLIPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form (See Attachment K of Corporate Policy 5.1.2-D). The results and finding shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion.” An interview with the PSA Compliance Manager, a review team member, indicated the facility has established a review team consisting of upper-level management and allows for input from custody staff, facility Investigators, and medical and mental health practitioners. An interview with the PSA Compliance Manager further indicated the facility utilizes a Sexual Abuse or Assault Incident Review form to document the review which is completed within 30 days of the conclusion of the investigation. The lead Auditor reviewed the Sexual Abuse or Assault Incident Review form and confirmed the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, or

intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. During the on-site audit the lead Auditor reviewed four sexual abuse allegation investigation files and confirmed each file contained a Sexual Abuse or Assault Incident Review form with recommendations for improvement. A review of the investigation files further confirmed the reviews had been completed within 30 days of the conclusion of the investigation. During the on-site audit the lead Auditor reviewed the facility annual PREA review for 2023 and confirmed the report and incident reviews had been forwarded to the FA, GEO PREA Coordinator, the Agency PREA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection.**

**Outcome:** Meets Standard

**Notes:**

(a): CLIPC policy 10.1.1 states, “CLIPC shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. CLIPC shall maintain in a secure area all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” During the on-site audit, lead Auditor observations and an interview with the facility PSA Compliance Manager confirmed all case records associated with allegations of sexual abuse are maintained in the office of the facility PSA Compliance Manager under lock and key.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of audits.**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the lead Auditor was able to observe all areas of the facility and review all available policies and procedures, memos, and other relevant documentation required to make an assessment on PREA Compliance. Interviews with staff and detainees were conducted in private while on-site and remained confidential. The lead 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* 6/10/2024

**Auditor's Signature & Date**

**(b) (6), (b) (7)(C)** 6/10/2024

**Program Manager's Signature & Date**

**(b) (6), (b) (7)(C)** 6/10/2024

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



U.S. Immigration  
and Customs  
Enforcement

## Office of Professional Responsibility

(b) (7)(E)

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