

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Houston
Field Office Director:	Bret Bradford
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive, Houston, TX 77060

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Joe Corley ICE Processing Center
Physical address:	500 Hilbig Rd, Conroe, Texas 77301
Telephone number:	936-521-4000
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	7/09/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	Telephone #:	936-521- (b) (6), (b) (7)(C) ext (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	936-521- (b) (6), (b) (7)(C)

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 Joe Corley ICE Processing Center met 36 standards, had 1 standard that exceeded, had 2 standards that were non-applicable, and had 2 non-compliant standards. As a result of the facility being out of compliance with 2 standards, the facility entered into a 180-day corrective action period which began on June 25, 2024, through December 22, 2024. The facility came into full compliance early, ending the corrective action period on August 6, 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: 2

- §115.15 - Limits to cross-gender viewing and searches.
- §115.78 - Disciplinary sanctions for detainees.

Number of Standards Exceeded: 0

Number of Standards Met: 2

- §115.15 - Limits to cross-gender viewing and searches.
- §115.78 - Disciplinary sanctions for detainees.

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 relied 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)(d)(e)(f): JCPC policy 1400.03 states, "Cross-gender pat-down searches of detainees shall not be conducted unless staff of the same gender is not available at the time the pat-down search is required in exigent circumstances. All cross-gender strip searches, visual body cavity searches and pat-down searches shall be documented on the "Cross Gender Pat Search Log" (see Attachment N) and be justified by the facility. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners." The Auditor reviewed memorandums which indicated the facility has not performed any cross-gender pat-searches, strip searches, cross-gender strip search, or visual body cavity searches, during the audit period. Interviews with the PSA Compliance Manager and security officers confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches or visual body cavity searches are strictly prohibited to be conducted at the facility; however, if there were exigent circumstances which required these types of searches, they would be documented on the Cross-Gender Pat Search log or the Cross-Gender Strip Search log. Interviews with 30 detainees confirmed they had been pat searched upon entry into the facility in a professional and respectful manner by a staff member of the same gender and they had not been strip searched by anyone at the facility since. During the onsite audit, the Auditor observed several pat-down searches of male detainees and confirmed the searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched.

(c): JCPC only houses male detainees therefore this provision of the standard is not applicable.

(g): JCPC policy 1400.03 states, "Detainees shall be permitted to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks, or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender are required to announce their presence when entering housing units or any area where detainees are likely to be showering, performing bodily functions, or changing clothes." During the onsite audit, the Auditor did not observe opposite gender staff making opposite gender announcements adequately or not at all each time they entered a housing unit. Several times the Auditor heard staff making an announcement in the hallway prior to entry into the housing unit. The housing units are set up with a door off the hallway leading to a small entrance area. From the entrance area there is a door to the left and one to the right to enter one of two housing units. Staff making the announcement in the hallway is not sufficient as detainees would not be able to hear the announcement through two doors. Interviews with 30 detainees, indicated that the detainees are not always aware when opposite gender staff enter the unit unless they are visually watching the entrance area.

(h): JCPC is not a designated Family Residential Center; therefore, provision (h) is not applicable.

(i)(j): JCPC policy 1400.03 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 conducted in private by a medical practitioner. 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. Special care should be taken to ensure that transgender detainees are searched in private.” The Auditor reviewed the GEO Search training PowerPoint and confirmed the curriculum includes the National PREA Resource Center’s Limits to Cross-Gender Viewing and Searches training curriculum. The Auditor additionally reviewed the U.S. Immigration and Customs Enforcement Best Practices for Cross-Gender, Transgender, and Intersex Searches training certificates for a sample of staff. The Auditor reviewed 12 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches, and searches of transgender and intersex detainees. Interviews with the PSA Compliance Manager and (14) security officers confirmed they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status. Interviews with the PSA Compliance Manager and security officers further confirmed they have received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee.

Corrective Action:

Does not meet (g): Female staff members are not adequately announcing their presence when they enter an area where detainees are likely to be showering, performing bodily functions, or changing clothing. In order to become compliant, the facility must establish and implement a procedure requiring opposite gender staff to make announcements at the housing unit doors and when entering an area where detainees are expected to be unclothed such as the toilet area and showers. The facility must provide documentation to the Auditor that all affected staff have been re-trained on the procedures.

Corrective Action Taken:

The facility submitted a corrective action plan for the Auditor's review establishing that each employee will sign an acknowledgment stating they have received training and understand opposite gender announcements must be made in a manner ensuring they're heard by detainees when entering areas where detainees are likely to be showering, performing bodily functions, or changing clothing. On August 5, 2024, the facility submitted attendance records with signatures and an outline of the refresher information provided to staff to confirm applicable staff have been retrained on PREA standard §115.15 (g) Limits to Cross Gender Viewing. The facility has demonstrated compliance with provision (g) and is now compliant with this standard.

§115.78 - Disciplinary sanctions for detainees.

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): JCPC policy 1400.04 states, “JCPC shall subject detainees 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. Each facility holding detainees in custody shall have a 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. If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate as

a condition of access to programming or other benefits. JCPC shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. JCPC may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced. 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. The PSA compliance manager shall receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes.” The facility submitted a memorandum which stated there has not been any disciplinary sanction for detainees imposed during the audit period. The facility additionally submitted a Disciplinary packet that would be utilized for infractions. Review of the facility detainee handbook confirms that offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction appear to be commensurate with the prohibited act. Of the 11 case files the Auditor reviewed, 10 were allegedly perpetrated by another detainee; 3 cases were substantiated but none contained a detainee disciplinary report. Interviews with the FA, PSA Compliance Manager, DO, and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

Corrective Action:

Does not meet (a): JCPC policy 1400.04 states, “JCPC shall subject detainees to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse.” While the facility's policy aligns with the requirements of the standard, in practice, the facility is not subjecting detainees to disciplinary sanctions following an administrative finding that the detainee engaged in sexual abuse. Of the 11 closed case files reviewed by the Auditor, 3 were substantiated detainee-on-detainee sexual abuse; however, none of the 3 contained a detainee disciplinary report or any indication that the perpetrators were held accountable for their actions. To become compliant, the facility must implement a practice of subjecting a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse.

Corrective Action Taken:

On July 22, 2024, the facility submitted a CAP for the Auditor's review which included a review of all PREA allegations reported during the review period identifying a total of five closed investigations that were substantiated for detainee-on-detainee sexual abuse. Three of five case files showed that the perpetrator was released from custody before the closure date of the investigation. One of five case files showed the perpetrator was released from custody before the incident was reported. One of five case files showed the perpetrator was in custody at the time of case closure and was issued disciplinary sanctions. The Auditor reviewed the file information provided for the five cases by the facility which included the subsequent after-action reviews. The Auditor finds the facility has demonstrated compliance with provision (a) and is now compliant with this standard.

AUDITOR CERTIFICATION:

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

Jodi Upshaw

8/10/2024

Auditor's Signature & Date

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

8/13/2024

Program Manager's Signature & Date

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

8/12/2024

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	4/23/2024	To:	4/25/2024
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AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Houston
Field Office Director:	Bret Bradford
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive Houston, TX 77060

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Joe Corley ICE Processing Center
Physical address:	500 Hilbig Rd, Conroe, Texas 77301
Telephone number:	936-521-4000
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	7/09/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	Telephone #:	936-521- (b) (6), (b) (7)(C) ext (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	936-521- (b) (6), (b) (7)(C)

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 U.S. Department of Homeland Security (DHS) Prison Rate Elimination Act (PREA) audit of the Joe Corley Processing Center (JCPC) was conducted on April 23 – 25, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, (b) (6), (b) (7)(C), Support Auditor, Jodi Upshaw, Lead Auditor, William Pierce, Support Auditor, all employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the 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 to the U.S. Immigration and Customs Enforcement (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. JCPC is operated by GEO and is located in Conroe, TX. This is the facility's third PREA audit.

Approximately six weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS). Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs JCPC's PREA program is 1400.03 Sexually Abusive Behavior Prevention and Intervention Program (PREA). Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.geogroup.com/PREA>). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite.

JCPC houses low, medium, and high custody level male detainees who are pending immigration reviews such as asylum decisions and expedited removal. The facility does not house juveniles or family units. The design capacity for the facility is 1,517. The facility reported that 8,109 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 38 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through JCPC are from Venezuela, Nicaragua, and Honduras. On the first day of the audit the facility reported 841 detainees were housed at the facility. The facility is comprised of 80 open bay/dormitory style housing units with one segregation unit. The medical unit has six cells that houses one detainee in each cell.

The entry briefing was held in the Facility Administrator's (FA) conference room on April 24, 2024. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) PREA Manager, GEO

(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), JCPC

(b) (6), (b) (7)(C) PREA Manager, JCPC

(b) (6), (b) (7)(C), Classification Supervisor, JCPC

(b) (6), (b) (7)(C), Contracting Officer Representative (COR)/Deportation Officer (DO), ICE Enforcement and Removal Operations (ERO)

(b) (6), (b) (7)(C), Assistant Contracting Officer Representative (ACOR)/DO, ICE ERO

(b) (6), (b) (7)(C), Management and Program Analyst/COR, ICE ERO

(b) (6), (b) (7)(C), Acting Section Chief, Inspections and Compliance Specialist (ICS), ICE OPR/ERAU

(b) (6), (b) (7)(C), TL, ICS, ICE OPR/ERAU

(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU

(b) (6), (b) (7)(C), PM, Certified Auditor, Creative Corrections, LLC

Jodi Upshaw, Lead Auditor, Certified Auditor, Creative Corrections, LLC
William Pierce, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the facility tour, provided documentation review, and information obtained from staff and detainee interviews.

An onsite tour of the facility was conducted by the Auditors accompanied by key staff from the GEO Group and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed. This included housing, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditors observed the control center, sally port, and the administrative offices. During the onsite 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 Auditor observed two recreation area restrooms that had direct viewing into toilet areas. The facility immediately corrected this area by installing privacy barriers, and the Auditor was able to observe the correction onsite. The Auditors observed PREA information in all common areas of the facility, and within the detainee housing areas which included the PREA Audit notice, DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Family Time Crisis and Counseling Center poster, and information for contacting consular officials. The posters were predominately in English and Spanish. During the onsite audit, the Auditors tested the numbers provided for DRIL, OIG, Family Time Crisis Center, and the facility PREA Hotline and confirmed they were in good working order. The Auditor recommended the posting of the PREA Audit notice in the visitation area, which the facility immediately posted.

The Auditor was able to observe the detainee intake process. Detainees were brought into the intake area and pat-down searches were conducted. Once the pat-down searches were conducted, detainees were placed in a holding cell and processed one at a time. Detainees are classified during the intake process by Classification staff. During the classification detainees are provided with written PREA education information which consists of a facility handbook, the DHS-prescribed Sexual Abuse Awareness (SAA) pamphlet, and the ICE National Detainee Handbook in a language easily understood by the detainee.

(b) (7)(E) located throughout all areas of the facility. T (b) (7)(E)
The Auditor observed placement of the (b) (7)(E)
(b) (7)(E) to
maximize detainee and staff safety. The Auditor viewed the (b) (7)(E)
[REDACTED]

JCPC employs 147 security officers (65 male and 82 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and Mental Health are employed by GEO and consists of 24 medical and 3 mental health staff. The facility utilizes religious volunteers and additionally employs Keefe contractors for commissary. The Auditors conducted a total of 37 staff interviews which consisted of the FA, PSA Compliance Manager/Investigator/Incident Review Team Member/Retaliation Monitor, Human Resources Manager (HRM), Chief of Security, Training Manager, Intake staff (2), Classification staff (2), Disciplinary Officer, Grievance Officer, Custody First Responder (1), Non-Custody First Responder (1), Supervisor who conducts unannounced rounds (2), Staff that supervise detainees in

segregation (2), Mailroom staff (1), Security Officers (14), Medical staff (1) and Mental Health staff (1) and ICE staff (3). The Lead Auditor also interviewed a counselor with Family Time Crisis Center. The Auditors conducted 30 detainee interviews using the Random Sample of Detainees and the Limited English Proficient (LEP) interview protocols. These interviews included three Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) detainees, one detainee who reported an allegation, and three detainees who disclosed experiencing previous sexual abuse. There were no transgender or intersex detainees housed at JCPC during the onsite to interview.

The facility PAQ reported there are two facility investigators; however, only one conducts investigations of sexual abuse. This investigator has received specialized training on investigating sexual abuse. There were 19 allegations of sexual abuse reported during the audit period; however, 8 were still open. Eleven investigations were closed, and file reviews were conducted on those files.

On April 25, 2024, an exit briefing was held in the FA's conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), Director PREA, GEO
(b) (6), (b) (7)(C), PREA Manager, GEO
(b) (6), (b) (7)(C), PREA Manager, GEO
(b) (6), (b) (7)(C), FA, JCPC
(b) (6), (b) (7)(C), AFA, JCPC
(b) (6), (b) (7)(C), PREA Manager, JCPC
(b) (6), (b) (7)(C), Classification Supervisor, JCPC
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE ERO
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE ERO
(b) (6), (b) (7)(C), COR/DO, ICE ERO
(b) (6), (b) (7)(C), ACOR/DO, ICE ERO
(b) (6), (b) (7)(C), Acting Section Chief, ICS, ICE OPR/ERAU
(b) (6), (b) (7)(C), TL, ICS, ICE OPR/ERAU
(b) (6), (b) (7)(C), ICS, ICE OPR/ERAU
(b) (6), (b) (7)(C), PM, Certified Auditor, Creative Corrections, LLC
Jodi Upshaw, Lead Auditor, Certified Auditor, Creative Corrections, LLC
William Pierce, Certified Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

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: 1

- §115.31 - Staff training.

Number of Standards Met: 36

- §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.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.61 - Staff 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.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.82 - Access to emergency medical and mental health services.
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
- §115.86 - Sexual abuse incident reviews.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

Number of Standards Not Met: 2

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

- §115.78 - Disciplinary sanctions for detainees.

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): JCPC policy 1400.03 states, "JCPC maintains zero-tolerance towards all forms of sexual abuse and assault and this policy outlines JCPC's approach to preventing, detecting, and responding to such conduct. Where any requirements of the DHS Sexually Abusive Behavior Prevention and Intervention Program Standards may conflict with PBNDS 2011 or NDS 2019, the DHS Sexually Abusive Behavior Prevention and Intervention Program Standards shall supersede. The Agency (i.e., ICE Local Field Office) shall review and approve each facility's written policy and subsequent changes." Review of the facility policy confirms it 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 onsite audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all housing units and programming areas within the facility. Interviews with 37 staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided GEO Policy 1400.03 with ICE signature as confirmation the agency has reviewed and approved its PREA policy.

(d): JCPC policy 1400.03 states, "The facility administrator shall designate a local PSA compliance manager for JCPC, who shall serve as the facility point of contact for the DHS PSA coordinator and corporate PREA coordinator. The Compliance Administrator/PREA Manager is designated as the local PSA Compliance Manager and shall serve as the facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." Auditor reviewed the facility Organizational Chart and confirmed the PSA Compliance Manager is in a position of authority and reports directly to the FA. An interview with the PSA Compliance Manager indicated he has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures and serves as the facility point of contact for the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, "JCPC shall ensure it maintains sufficient supervision of detainees through appropriate staffing levels and video monitoring, to protect detainees against sexual abuse. JCPC 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 circumstances where the staffing plan is not complied with, facilities shall document and justify all deviations from the plan. In determining adequate levels of detainee level of supervision and determining the need for video monitoring, the facility shall take into

consideration: 1. Generally accepted facility security practices; 2. Any judicial findings of inadequacy; 3. The physical layout of the 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. Facilities shall assess, determine and document no less frequently than once each year whether adjustments are needed to: 1. The staffing plan; 2. The facility's deployment of video monitoring systems and other monitoring technologies; and 3. The resources the facility has available to commit to ensure adherence to the staff plan." According to the PAQ, JCPC has a total of 147 security staff, consisting of 65 males and 82 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, food service and volunteers. Facility staffing also includes 24 medical and 3 mental health staff. JCPC security staff work two 12-hour shifts: 6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m. The Auditor observed appropriate staffing levels in the booking/intake area, medical unit, and housing units during the onsite audit. (b) (7)(E)

(b) (7)(E)

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(b) (7)(E)

During the onsite audit, the Auditor observed adequate (b) (7)(E). The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and GEO policies. The facility provided post orders for the Auditor's review that confirmed all policies and post orders have been reviewed on an annual basis. The facility further submitted an Annual PREA Facility Assessment – Adult Prisons and Jails for 2023. The completed assessments took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. Interviews with the FA and PSA Compliance Manager confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and the PREA Facility Assessment SA-API Staffing Plan Assessment are reviewed yearly.

(d): JCPC policy 1400.03 states, "JCPC requires the following unannounced PREA rounds to be conducted: 1. Facility Administrator, Assistant Facility Administrator, and/or Chief of Security are required to conduct weekly unannounced PREA rounds to all housing areas to include the Restricted Housing Units (RHU) and work areas of the facility. Unannounced PREA rounds will be document in the security logbooks with red ink (Gender announcement shall be documented in logbooks). 2. Administrative Duty Officer (ADO) and Staff Duty Officer (SDO) are required to conduct weekly unannounced PREA rounds to all housing areas to include the RHU and work areas of the facility. The ADO and SDO will document unannounced PREA rounds in the security logbooks with red ink (Gender announcement shall be documented in logbooks). The SDO will document unannounced PREA rounds on the "SDO PREA Round" form (see Attachment D). 3. All Shift Supervisors are required to conduct weekly unannounced PREA rounds on their shift to all housing areas to include RHU and work areas of the facility, documenting unannounced PREA rounds in the security logbooks with red ink (Gender announcement shall be documented in logbooks in the security logbooks) and on the "Supervisors PREA Round" form (see Attachment E). Unannounced PREA rounds should cover all shifts, day and night, during the week to deter sexual abuse of detainees. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." During the onsite audit the Auditor reviewed facility logbooks and confirmed unannounced PREA rounds are being conducted daily at different times and for the day and night shift. Interview with the PSA Compliance Manager indicated that all supervisors are required to conduct unannounced security inspections at the facility on a daily basis. An interview with the Chief of Security indicated he was knowledgeable and could articulate unannounced

security inspections are conducted to identify and deter sexual abuse of detainees. An interview with the Chief of Security further indicated if a staff member was found alerting other staff of the unannounced security inspections, they could face disciplinary action. Interviews with security staff further confirmed unannounced rounds are conducted and annotated in a designated logbook, and alerting others that the rounds are occurring is prohibited.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): Interviews conducted with the FA, PSA Compliance Manager and security staff confirmed that JCPC does not house juveniles or family units. Observations made onsite and review of the detainee roster further confirmed the facility does not house juveniles or family units; 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)(d)(e)(f): JCPC policy 1400.03 states, “Cross-gender pat-down searches of detainees shall not be conducted unless staff of the same gender is not available at the time the pat-down search is required in exigent circumstances. All cross-gender strip searches, visual body cavity searches and pat-down searches shall be documented on the “Cross Gender Pat Search Log” (see Attachment N) and be justified by the facility. Cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners.” The Auditor reviewed memorandums which indicated the facility has not performed any cross-gender pat-searches, strip searches, cross-gender strip search, or visual body cavity searches during the audit period. Interviews with the PSA Compliance Manager and security officers confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches or visual body cavity searches are strictly prohibited to be conducted at the facility; however, if there were exigent circumstances which required these types of searches, they would be documented on the Cross-Gender Pat Search log or the Cross-Gender Strip Search log. Interviews with 30 detainees confirmed they had been pat searched upon entry into the facility in a professional and respectful manner by a staff member of the same gender and they had not been strip searched by anyone at the facility. Additionally, both security staff and detainee interviews confirmed there have been no strip searches conducted at JCPC during the audit period. Security staff interviews further confirmed their knowledge to document strip searches should one be conducted in the future. During the onsite audit, the Auditor observed several pat-down searches of male detainees and confirmed the searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched.

(c): JCPC only houses male detainees therefore this provision of the standard is not applicable.

(g): JCPC policy 1400.03 states, “Detainees shall be permitted to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks, or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender are required to announce their presence when entering housing units or any area where detainees are likely to be showering, performing bodily

functions, or changing clothes.” During the onsite audit, the Auditor did not observe opposite gender staff making opposite gender announcements adequately or not at all each time they entered a housing unit. Several times the Auditor heard staff making an announcement in the hallway prior to entry into the housing unit. The housing units are set up with a door off the hallway leading to a small entrance area. From the entrance area there is a door to the left and one to the right to enter one of two housing units. Staff making the announcement in the hallway is not sufficient as detainees would not be able to hear the announcement through two doors. Interviews with 30 detainees indicated that the detainees are not always aware when opposite gender staff enter the unit unless they are visually watching the entrance area.

(h): JCPC is not a designated Family Residential Center; therefore, provision (h) is not applicable.

(i)(j): JCPC policy 1400.03 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 conducted in private by a medical practitioner. 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. Special care should be taken to ensure that transgender detainees are searched in private.” The Auditor reviewed the GEO Search training PowerPoint and confirmed the curriculum includes the National PREA Resource Center’s Limits to Cross-Gender Viewing and Searches training curriculum. The Auditor additionally reviewed the U.S. Immigration and Customs Enforcement Best Practices for Cross-Gender, Transgender, and Intersex Searches training certificates for a sample of staff. The Auditor reviewed 12 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches, and searches of transgender and intersex detainees. Interviews with the PSA Compliance Manager and (14) security officers confirmed they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status. Interviews with the PSA Compliance Manager and security officers further confirmed they have received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee.

Corrective Action:

Does not meet (g): Female staff members are not adequately announcing their presence when they enter an area where detainees are likely to be showering, performing bodily functions, or changing clothing. In order to become compliant, the facility must establish and implement a procedure requiring opposite gender staff to make announcements at the housing unit doors and when entering an area where detainees are expected to be unclothed such as the toilet area and showers. The facility must provide documentation to the Auditor that all affected staff have been re-trained on the procedures.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, “Detainee with disabilities (e.g., those who are hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from the facility efforts to prevent, detect, and respond to sexual abuse/assault and sexual harassment. Written materials shall be provided to every detainee in formats or through methods that ensure effective communication with detainee with disabilities, including those who have intellectual disabilities, limited reading skills, or who are blind or have limited vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. Individuals detained in a GEO facility shall not be relied on as readers, interpreters, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could

compromise the individual's safety, the performance of first-response duties [...] or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances. In matters relating to allegations of sexual abuse, 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 a detainee interpreter, and the facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. Minors, alleged abusers, or detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse." During the onsite audit the Auditor observed the DRIL posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, Family Time Crisis Counseling Center posters, ERO Language Services resource flyers and the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance Manager's name and contact information on display. Detainees are provided with the ICE National Detainee Handbook during intake in a language of their understanding. The ICE National Detainee Handbook is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditor observed posters for BIG Language Solutions posted on the walls within the intake area. Review of 15 detainee files confirmed that the language line was utilized, or a staff interpreter was used for translation during the intake process. The Auditor additionally observed detainee tablets which included the SAA pamphlets and ICE National Detainee Handbooks in all available 15 languages. The facility also has printed copies of these publications as well as access to the PDF version of these publications in all 15 available languages if needed for distribution. Interviews with two Intake staff confirmed that BIG Language Solutions would be utilized for translation services. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Interviews with Intake staff further confirmed that should a detainee have a visual disability, intake information would be read to them and if the detainee had a hearing disability, material would be provided in written formats. Interviews with 14 security officers confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and if the agency deems it is appropriate. Interviews with 30 detainees confirmed that ICE National Detainee Handbooks were received at intake in a language easily understood by the detainee.

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 Contractor 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. JCPC policy 1400.03 states, "JCPC is prohibited from hiring or promoting anyone (who will have direct contact with a detainee) 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. JCPC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO facility. JCPC human resources staff 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 record check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks, shall be repeated for all employees at least every five (5) years. Upon request, JCPC shall submit written documentation showing the detailed elements of the facility's background check for each employee and the facility's conclusions. GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees (see Attachment N). GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct. Prior to promoting an employee, the following shall be completed: 1. A new criminal background check is completed; 2. A PREA background check from a corporate authorized background check vendor is conducted (if one does not exist that was conducted upon hire or an earlier promotion) to inquire directly about previous sexual misconduct in another confinement facility; and 3. A PREA Promotions Disclosure form is on file. 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." The Auditor reviewed 10 staff, 1 Contractor, and 1 Volunteer files and confirmed that all had received a background check prior to employment and the required five-year background investigations. None of the files selected required a prior institutional employer check. JCPC staff files also confirmed through signatures that material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. Review of staff files further confirmed that staff recently signed continuing affirmative duty to disclose sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); who has been convicted 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 who has been civilly or administratively adjudicated to have engaged in such activity. Information in staff files were labeled by section and separated by year in chronological order which resulted in the Auditor being able to access and find needed information quickly. Interview with the HRM confirmed new hires must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion process. The HRM also confirmed that JCPC would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer. She further stated that if an applicant disclosed prior institutional experience she would check with the facility about prior misconduct. Should an applicant disclose prior GEO experience she would research the GEO computer system as this information is entered upon resignation or termination.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable

Notes:

A review of the PAQ and interviews conducted with the FA and PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. Therefore, subsections (a) and (b) of the standard are 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. JCPC policy 1400.04 states, "JCPC that are [sic] responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011, and shall be developed in coordination with DHS. JCPC shall offer 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. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. The facility shall document its efforts to provide SAFEs or SANEs. A victim advocate from a rape crisis center shall be made available to accompany the victim through examinations and investigatory interviews. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. Upon request by the victim and with the victim's consent, either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator. JCPC may not utilize facility employees as victim advocates unless the following documentation exists: 1. Documentation is on file that no other alternatives are available in the community; and, 2. Documentation exists that validate designated Employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general." The Auditor was provided with documentation that ICE has reviewed facility policy. The Auditor reviewed a Memorandum of Understanding (MOU) between JCPC and the Montgomery County Sheriff's Office (MCSO) which confirms forensic medical examinations will be conducted by a SAFE/SANE or other qualified medical practitioner with no cost to the

victim. The MOU further confirms that JCPC has requested MCSO follow the requirements of subsections (a) through (d) of the standard. Memorial Herman and CHI St. Lukes Health in The Woodlands, TX are two hospitals that have on-call SANE staff available for JCPC to utilize. The FA provided the Auditor with a memorandum explaining that State law and law enforcement policies ensure victims of sexual assault and sexual abuse will receive examination and treatment at the hospital emergency room; therefore, an MOU or other agreement between the facility and hospital is not necessary. Interview with the PSA Compliance Manager confirmed that JCPC follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles. The Auditor reviewed an MOU between JCPC and Family Time Crisis Center to provide detainees with crisis intervention and counseling. Review of 11 investigation files confirmed that all detainees were offered victim advocacy services after an allegation and that a uniform evidence protocol was followed to the extent required by the incident. None of the incidents required a full SART activation. Interview with the PSA Compliance Manager, who is also the facility investigator, confirmed that MCSO would conduct criminal investigations. The Auditor's review of 11 investigative files found that a uniform evidence protocol was followed.

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).” JCPC policy 1400.04 states, “JCPC shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. JCPC shall document all referrals. JCPC’s policy shall ensure a. Allegations of sexually abusive behavior receive prompt intervention upon report; b. Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution in accordance with GEO policy and federal, state, or local laws; c. Allegations of sexual abuse that include penetration or touching of the genital areas are referred to outside law enforcement agencies. Facilities shall document all referrals. When an ICE detainee of JCPC where an alleged ICE detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to Enforcement and Removal Operations (ERO), who shall ensure the incident is properly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or DHS Office of the Inspector General and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an employee, contractor, or volunteer is alleged to be the perpetrator of sexual abuse against an ICE detainee, the facility shall ensure the incident is promptly reported to ERO, who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of the Inspector General. If the allegation is potentially criminal, the facility shall ensure it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation. JCPC shall attempt to secure a PREA Memorandum of Understanding (MOU) with local law enforcement outlining [sic] the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful

attempts to secure a law enforcement MOU. GEO shall publish such policy on its website and shall make local protocol available to the public. Ensure that the facility administrator, PSA Compliance Manager, Facility Investigator, Corporate PREA Coordinator, and other designated individuals are notified within two (2) hours of the occurrence. If the incident is “potentially criminal,” and involves coercion, force, threats, or intimidation, the facility should promptly contact the local law enforcement having jurisdiction for investigation. [...] If the allegation involves an ICE detainee, ERO is notified within two (2) hours, whether the alleged abuser is a staff member or a detainee.” A review of Agency policy and 1400.04 confirm there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.geogroup.com/PREA>) and confirmed the Agency website includes the Agency’s investigative protocol and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. Interviews with the FA and PSA Compliance Manager (Investigator) confirmed that that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format for at least five years. Interviews further indicated that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify ICE and the appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the COR confirmed notification would be made to the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG; additionally, MCSO would be notified to conduct any criminal investigation. Based on the Auditor’s review of 11 investigation files, all notifications were made appropriately.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Exceeds Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, “All employee shall receive training on GEO’ Sexually Abusive Behavior Prevention and Intervention Program. All employees who may have contact with detainees shall receive training on: 1. The 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 or suspicions of sexual abuse; 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. Definitions and examples of prohibited and illegal sexual behavior; 6. Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; 7. How to detect and respond to signs of threatened and actual sexual abuse; 8. How to avoid inappropriate relationships with detainees; 9. How to communicate effectively and professionally with detainees, including LGBTI or gender non-conforming detainees, and; 10. The requirement to limit reporting of sexual abuse to personnel who need to know to make decisions concerning the victim’s welfare and for law enforcement or investigative purposes. PREA/SAPPI refresher training shall be conducted each year thereafter for all employees. Refresher trainings shall include updates to sexual abuse and assault policies. Employee training shall be tailored to the gender of the detainees at JCPC, and employees shall receive additional training if transferring between facilities that house individuals of different genders. Employees shall document through signature on the “PREA Basic Training Acknowledgement” form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service PREA/SAAPI Training.” The Auditor reviewed JCPC’s training curriculum for staff and confirmed that the training contains all requirements of the standard. The facility provided and the Auditor reviewed electronic transcripts of training completion. The Auditor additionally reviewed 10 staff files which confirmed training had been received at the required time frames. Information in the training files were labeled by section and separated by year in chronological order which resulted in the Auditor being able to access and find needed information quickly. An interview with the Training Manager confirmed staff receive training prior to assuming duties, annually, and

quarterly training is sent out with various topics that include PREA information which exceeds the requirement of the standard. Interviews with three ICE staff additionally confirmed that they had completed the required training and provided certificates of completion for confirmation.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, “All volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. All volunteers who have contact with detainees are to be trained on their responsibilities under GEO’s sexual abuse/assault and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with detainees, but all volunteers who have contact with detainees shall be notified of GEO’s and the facility’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents. Volunteers who have contact with detainees shall receive annual PREA/SAAPI refresher training. Volunteers shall document through signature on the “PREA Basic Training Acknowledgment” form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service PREA/SAAPI Training. All contractors shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. All contractors who have contact with detainees are to be trained on their responsibilities under GEO’s sexual abuse/assault and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with detainees, but all contractors who have contact with detainees shall be notified of GEO’s and the facility’s zero-tolerance policies regarding sexual abuse/assault and sexual harassment and informed how to report such incidents. Contractors who have contact with detainees shall receive annual PREA/SAAPI refresher training. Contractors shall document through signature on the “PREA Basic Training Acknowledgment” form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service PREA/SAAPI Training.” The Auditor reviewed JCPC’s training handbook for contractors and volunteers, a sampling of certificates of completion for the training, and sign in sheets for volunteer training. Review of the curriculum confirms it adheres to all elements required of the standard. The Auditor additionally reviewed one contractor file employed by Keefe and one religious volunteer file and confirmed the facility has maintained written confirmation that volunteers and contractors who have contact with detainees have completed the required training. During the onsite audit the Auditor noticed that contractors were being notified of the agency’s and facility’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents by way of a facility sign in at the front desk. It was observed that contractors were signing into the facility on the wrong sign in sheet and therefore not being notified of the zero-tolerance policies or informed how to report incidents. The facility immediately fixed the discrepancy onsite and provided training to the contractor that was onsite. Interviews with the PSA Compliance Manager and Training Manager confirmed volunteers are required to complete PREA training prior to performance of their duties and are required to sign an acknowledgement of completion for the Prison Rape Elimination Act training.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): JCPC policy 1400.03 states, “During the intake process, the detainee orientation program notifies and informs the detainees about the company’s zero-tolerance policy regarding all forms of sexual abuse/assault and sexual harassment and includes instruction on: 1. Prevention and intervention strategies; 2. Definitions and examples of detainee-on detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; 3. Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (e.g., the PSA compliance manager or mental health staff),and for ICE detainees, 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. The 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. Documentation of detainee participation in the intake process orientation shall be retained in their individual files. In addition to providing such education, JCPC will ensure that key information is continuously and readily available or visible to detainees through posters, inmate handbooks, tablets, or other written formats. The following notices shall be posted in all ICE housing units: 1. The DHS-prescribed sexual assault awareness notice; 2. The name of the PSA compliance manager; and 3. The name of local organizations that can assist detainees who have been victims of sexual abuse. Facilities shall make available and distribute to ICE detainees the DHS prescribed “Sexual Assault Awareness Information” pamphlet.” During the onsite audit the Auditor observed the intake process which included written material that included the ICE National Detainee Handbook, facility handbook, PREA video, and a transcript of the PREA video if needed. Information was given to the detainee in their preferred language. The Auditor observed the PREA video and confirmed that information presented in the PREA video contains all information required of this standard and can be provided in written format for languages other than English or Spanish. Within the Intake area and housing units, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for the Family Time Crisis Center. The ICE National Detainee Handbook is available for printing in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditor was able to observe all handbooks on the computer system. The Auditor was able to view a detainee tablet verified that the ICE National Detainee Handbook and SAA pamphlets in all available languages, and the facility handbook is available in English and Spanish. The facility also has access to the PDF version of the ICE National Detainee Handbook and SAA pamphlet publications in all 15 available languages if needed for distribution. Review of 15 detainee files confirmed that all had signed acknowledgement forms they received a copy of the ICE National Detainee Handbook and SAA pamphlet in a language of their understanding and viewed the video. Interviews with two Intake staff confirmed that BIG Language Solutions or a staff interpreter would be utilized to provide information to detainees as needed. Should a detainee be deaf or have a hearing disability, the video transcript could be printed for the detainee to read. Should a detainee be blind or visually impaired the material would be read to them. Intake staff further confirmed that should a detainee have a cognitive disability they would read the material to them with vocabulary the detainee could understand. Interviews with 30 detainees confirmed that all had received the ICE National Detainee Handbook in a language they could easily understand which included Spanish, Hindi, Arabic, and French.

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. JCPC policy 1400.03 states, “Investigators who conduct investigations into allegations of sexual abuse at JCPC shall be trained in conducting investigations into sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators shall receive this specialized training in addition to the general training mandated for employees. Documentation of this specialized training shall be maintained in the employees' training file.” The facility PAQ indicates the facility has two Investigators who have received specialized training on sexual abuse and effective cross-agency coordination utilizing the National PREA Resource Center training titled “PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings.” JCPC only utilizes one investigator for PREA allegations who has completed the general and specialized training. The Auditor reviewed the training curriculum and confirmed all required elements are included in the training. The Auditor was provided certificates of training completion for the PSA Compliance Manager/Investigator and one other investigator which confirmed they both had completed the required specialized training. In addition, the Auditor verified both investigators had received general PREA training as required by §115.31. Interview with the PSA Compliance Manager/Investigator confirmed they were extremely knowledgeable in conducting investigations and the PREA standards. The Auditor reviewed 11 sexual abuse allegation investigation files and confirmed all investigations had been completed by the PSA Compliance Manager/Investigator.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, “JCPC shall train all full-time and part-time medical and mental health care practitioners who work in the facility or who have any contact with detainees (by phone or via web applications such as tele-psych), on specific topic areas, including detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment. Note: Specialized training is to be completed during newly hired employee preservice training. Medical and mental health care practitioners shall receive this specialized training in addition to the general training mandated for employees or contractors depending upon their status at the facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering.” Policy 1400.03 also requires “Documentation of this specialized training shall be maintained in the employees' training file.” Provision (a) is not applicable to the facility as medical and mental health staff are employed by GEO. The Auditor reviewed the GEO Specialized Medical and Mental Health PREA training curriculum and an electronic transcript of staff training completion. The curriculum contains all topics required under subsection (b). The Auditor additionally verified assigned medical and mental health staff had received the training as required under

standard §115.31. Interviews with one medical and one mental health staff confirmed specialized PREA training and yearly training had been received. The Auditor was provided confirmation of the agency's policy review and approval.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): JCPC policy 1400.03 states, "All detainees shall be assessed in-person, by GEO staff, 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 twelve (12) hours of admission to the facility for all ICE detainees. JCPC shall use the [...] "GEO PREA Risk Assessment Tool-4pt" form for ICE detainees (Attachment H). Note: PREA Risk Assessment refusals should be documented on the "PREA Risk Assessment Refusal" form. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available record (e.g., medical files, or 213/216 remand, etc.) that can assist them with the risk assessment. The facility 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 a detainee self-identified as LGBTI or Gender Nonconforming; 8. Whether a detainee self-identified as having previously experienced sexual victimization; 9. If a detainee has their own concerns about his/her physical safety; and 10. If the detainee is detained solely for civil immigration purposes. 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. JCPC shall use the "GEO PREA Vulnerability Reassessment Questionnaire" form to conduct the reassessment. The [...] ICE detainee's reassessment will be conducted between sixty (60) and ninety (90) days from the initial assessment at the facility, staff shall reassess each detainee's risk for victimization or abusiveness. At any point after the initial intake screening, the detainee shall be reassessed for risk of victimization or abusiveness, when warranted based upon the receipt of additional, or relevant information, or following an incident of abuse or victimization. Disciplining a detainee for refusing to answer or not providing complete information in response to certain screening questions is prohibited. JCPC recognizes the sensitive nature of the responses to questions asked related to sexual victimization or abusiveness and 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 Auditor was able to observe an intake during the onsite audit. All detainees were kept in the intake area until processed and no other detainees were allowed in the area or were able to casually walk through or to the area while the detainee was being processed. The Auditor reviewed an initial PREA Risk Assessment and ICE Custody Classification Worksheet which confirmed all elements of subsections (c) and (d) are evaluated upon intake. Classification Officers conduct this screening in their offices, which are located off of the intake area. The Auditor reviewed 15 detainee files and confirmed all assessments were completed within 12 hours of admission into the facility and all reassessments had been completed within the 60-90-day requirement of the standard. The Auditor reviewed 11 investigation files and all detainees received a reassessment required of subsection (e). Interviews with Intake staff, the Classification Supervisor and the PSA Compliance Manager further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions on the assessment. JCPC utilizes a time clock over the holding cells to keep track of how long detainees have been in the processing area. Interview with the Classification Supervisor additionally confirmed that hard copies of the assessments are kept in detainee files locked in the records office,

which the Auditor observed. Interviews also confirmed that access to any alerts input into the system pursuant to this standard are based on job duties and access is given when hired.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, "Screening information shall be used to inform assignment of detainee to housing, recreation, voluntary work, and other activities. The facility 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 initial PREA Risk 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 that alleged victims and abusers are placed on the "at risk log" as soon as possible, tracked as a potential victim or a potential abuser, and housed separately pending the outcome of the investigation. Individuals tracked on the "at risk log," due to a reported allegation may be removed from the log if the allegation is determined to be unfounded, or the individual is released from custody. If an allegation is determined to be unsubstantiated, the alleged victim(s) and abuser(s) shall remain on the "at risk log." PSA/PREA compliance managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. In making housing and programming assignments for transgender or intersex individuals at JCPC, the facility shall consider on a case-by-case basis whether the placement would present management or security problems, and 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. Housing Guideline for an identified Transgender detainee, the following guidelines will be adhered to: 1. If for security reasons general population housing is not assigned after intake processing, and involuntary segregation is used, the guidelines in Section K (1) of this policy must be followed. Serious consideration shall be given to the individual's own views with respect to his/her own safety. 2. Transgender and intersex detainees may be housed in medical for up to seventy-two (72) hours (excluding weekends, holidays, and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). TCC members shall consist of the facility administrator or assistant facility administrator, chief of security, chief of classification, or a case manager, medical and/or mental health staff, and the PSA compliance manager. The corporate PREA coordinator may also be consulted. 3. Placement into RHU due to a detainee's identification as transgender or intersex should be used only as a last resort and when no other viable housing options exist. The TCC shall at a minimum consider: 1. The detainee's documented criminal history and past/present behavior; 2. The detainee's physical, mental, medical, and special needs; 3. The detainee's self-assessment of his/her safety needs (do they feel threatened or at risk of harm); 4. Privacy issues, including showers, available beds and/or housing; 5. All records and prior assessments of the effects of any housing placement on the detainee's health and safety that have been conducted by a medical or mental health professional; 6. A detainee with a diagnosis of Gender Dysphoria through mental health shall be afforded feminine hygiene products and a sports bra as determined by the committee. The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the "Transgender Care Committee Summary" form for each TCC meeting to include persons attending and conclusions reached. A copy of the notes shall be retained in the detainee's institutional file and a copy forwarded to the corporate PREA coordinator upon completion. The detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Housing and programming assignments for each transgender and intersex detainee shall be reassessed at least twice each year to determine threats to safety experienced by the detainee. Serious consideration shall be given to the individual's own views with respect to his/her own safety. JCPC shall use the "Transgender Care Committee Summary" form to conduct the six-month reassessment on ICE Detainees. [...] When operationally feasible, transgender, and intersex detainees shall be

given an opportunity to shower separately from other detainees. LGBTI individuals at JCPC shall not be placed in housing units solely based on their identification as LGBTI unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment to protect such individuals.” Review of facility documents confirmed that one detainee had identified as transgender during the audit period. Upon arrival the detainee did not self-identify as transgender, but later did. A TCC was conducted that same day and the detainee felt safe in with the current assigned housing unit and was allowed to remain. A PREA Risk Assessment form was completed. The detainee was released from ICE custody soon after the TCC and no further reassessments were completed. Interview with Classification staff confirmed that should a detainee identify as previously experiencing sexual abuse, identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) or identify as having predatory history, housing assignments are reviewed by a supervisor and that detainee is additionally asked about housing preference and where they would feel most comfortable or if they require single housing. Housing will then be based on these considerations along with facility safety and security requirements as well as the information collected on the PREA Risk Assessment form. Interview with the PSA Compliance Manager further confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interviews with Intake staff and Medical staff confirmed that housing assignments are based on several considerations and not on self-identification of a transgender or LGBTQI alone. Fourteen security staff confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or medical, if requested. During the onsite audit there were no transgender or intersex detainees housed at JCPC for interview.

Corrective Action:

No corrective action needed.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): JCPC policy 1400.03 states, “JCPC shall develop and follow written procedures governing the management of its administrative segregation unit. For ICE detainees, 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 an individual in administrative segregation based on 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. The facility should assign detainees vulnerable to sexual abuse or assault to administrative RHU 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 thirty (30) days. If segregation housing does extend past the thirty (30) day period, JCPC shall review the status every 30 days to determine if ongoing involuntary segregation housing is necessary. If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify on the form any restrictions imposed. Justification must include the services restricted, reason for restriction, and duration of the restriction. Involuntary segregated housing may be used only after assessing of all available housing alternatives has shown there are no other means of protecting the individual at JCPC. JCPC shall utilize the “Sexual Assault/Abuse Available Alternatives Assessment” form to document these assessments. If the facility cannot conduct such an assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. JCPC will conduct regular reviews of all detainees held in administrative RHU for their protection as follows: 1. A supervisory staff member shall conduct review within seventy-two (72) hours of the detainee’s placement in administrative RHU to determine whether restricted housing 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 RHU, and every week thereafter for the first thirty (30) days, and every ten (10) days thereafter; 3. JCPC shall notify the ICE Field Office Director no later

than seventy two (72) hours after the initial placement of an ICE detainee in administrative RHU on the basis of vulnerability to sexual abuse or assault for review and approval of the placement. JCPC shall utilize the “Sexual Assault/Abuse Available Alternatives Assessment” form to document the assessments on all detainees in administrative RHU on the basis of vulnerability to sexual abuse or assault. All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion.” JCPC has written procedures developed governing the management of the facility’s administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The Auditor reviewed documentation which confirmed ICE has reviewed this policy. The facility provided a memorandum that stated there has not been any detainee placed into the restricted housing unit due to being vulnerable to sexual assault or victimization. The Auditor reviewed a Restricted Housing Unit Order form which documents formal reviews of a detainee’s special housing status. Interview with the FA and PSA Compliance Manager confirmed that detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The FA further confirmed that notification would be made to ICE by email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault. There were no allegations of sexual abuse during the audit cycle that resulted in the detainee being placed in administrative segregation.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, “JCPC provides multiple ways for detainees to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect, or violations of responsibilities that may have contributed to such incidents. JCPC provides contact information to ICE detainees for relevant consular officials and the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously, reports these incidents. JCPC provides 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 (e.g., 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. JCPC provides detainees contact information on how to report sexual abuse or assault to the facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal report. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the chief of security or upper-level executive privately if requested. JCPC shall provide a method for staff to privately report sexual abuse and sexual harassment of individuals in a GEO facility. Refer to GEO’s employee hotline or third-party reporting hotline.” During the onsite audit, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility's PSA Compliance Manager's contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and poster for the Family Time Crisis Center. The Auditor also observed posters that contained consulate contact numbers. The Auditor was able to test telephone numbers for the OIG, DRIL, and Family Time Crisis Center from a housing unit. All telephone numbers connected successfully. The PSA Compliance Manager confirmed that the ICE DRIL is a way for detainees to report sexual abuse to a public or private entity and they are able to receive and immediately forward detainee reports of sexual abuse to agency officials and the detainee may remain anonymous if they request to do so. Interviews with 14 random security officers confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. The Auditor reviewed 11 case files and confirmed that allegations reported directly to a staff member were forwarded immediately for investigation through their supervisor and then documented the incident in a report.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f): JCPC policy 1400.03 states, “JCPC grievance policies include the following procedures regarding sexual abuse/assault and sexual harassment grievances: 1. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 2. There is no time limit for when a detainee at JCPC may submit a grievance regarding an allegation of sexual abuse or sexual harassment. JCPC may apply otherwise-applicable time limits to any portion of the grievance that does not allege an incident of sexual abuse; 3. Detainees at JCPC have a right to submit grievances alleging sexual abuse or sexual harassment to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint; 4. Third parties (e.g., fellow detainees at JCPC, employees, family members, attorneys, and outside advocates) may assist detainees at JCPC in filing requests for administrative remedies relating to allegations of sexual abuse and sexual harassment and may file such requests on behalf of detainees at JCPC; 5. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to pursue any subsequent steps in the administrative remedy process personally. If the individual declines to have the request processed on their behalf, the facility shall document the individual’s decision; 6. Individuals in a GEO facility are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse and sexual harassment; 7. The facility shall issue an initial response on the grievance within five (5) days of receipt; 8. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse or sexual harassment within 90 days of the initial filing of the grievance. Computation of the 90 days shall not include time consumed by detainees at JCPC in preparing any administrative appeal; 9. Facilities may claim an extension of time to respond (for good cause) of up to 70 days and shall notify the individual of the extension in writing. The facility must provide the individual a date by which a decision will be made; and, 10. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for a reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. Emergency Grievances: 1. Individuals in a GEO facility may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse; 2. After receiving an emergency grievance of this nature, the facility administrator or designee shall ensure immediate corrective action is taken to protect the alleged victim; 3. An initial response to the individual’s emergency grievance is required within 48 hours and a final decision shall be provided within five (5) calendar days; and, 4. The initial response and final decision shall document the facility’s determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse or sexual harassment only when the facility can demonstrate the grievance was filed in bad faith. JCPC shall send all ICE detainee grievances related to sexual abuse and the facilities decision with respect to such grievances to the ICE Field 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.” The Auditor reviewed a section of the facility handbook entitled “Grievances”. The handbook includes information to detainees on how to file a formal grievance related to sexual abuse at time in lieu of lodging an informal grievance or complaint, does not impose a time limit on when a detainee can file a grievance regarding an allegation of sexual abuse, facility timelines on when responses are due to the detainee and notifies the detainee that they may obtain assistance from another detainee or staff to file the grievance. The facility had one PREA grievance filed during the audit period. Review of this grievance confirmed all time limits were met. Interview with the Grievance Officer confirmed that JCPC has implemented written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse, which were reviewed by the Auditor and are included in JCPC policy 1400.03. Interview with the PSA Compliance Manager and Grievance Officer confirmed that detainees are

allowed to file a grievance at any time and there is no time limit imposed for such grievances. Interviews further confirmed that in addition to other detainee and staff, detainees may utilize family members or legal representatives for assistance in preparing a grievance. Both staff members were knowledgeable about issuing a decision within 5 days and a response to an appeal within 30 days. Interviews with 14 security officers confirmed that time-sensitive grievances would be immediately processed, and should the grievance involve a medical issue, it would be forwarded to medical. Staff members were also knowledgeable about allowing family, other detainees, or legal representatives to assist the detainee in preparing the grievance.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): JCPC policy 1400.03 states, “Facilities shall utilize available community resources and services to provide valuable expertise and support in the area of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim’s needs most appropriately. JCPC makes available to detainees information 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, the facility shall make available the same information about national organizations. JCPC 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. JCPC 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. Facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. Attempts should be made and documented at least once annually.” The Auditor reviewed an MOU with Family Time Crisis Center and confirmed this organization provides expertise and support for crisis intervention and counseling. During the onsite audit the Auditor observed posters for Family Time Crisis Center with telephone numbers and address on the walls within the intake areas and all housing units in English and Spanish. The MOU additionally requires Family Time Crisis Center to provide information regarding the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. An interview with the advocate at Family Time Crisis Center confirmed advocacy would include counseling services, support during the SANE/SAFE examination and additional support with follow up care. Thirty detainees were interviewed; however, only five detainees stated they were aware of outside support services. The Auditor does find the facility has made information available to detainees about local organizations by postings for Family Time Crisis Center on the walls throughout the facility. Telephone calls to Family Time Crisis Center are free and detainees are notified by a recording when utilizing the telephones about monitoring.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

JCPC policy 1400.03 states, “JCPC posts GEO’s third-party reporting procedures publicly. 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. JCPC shall have third-party reporting posters posted in all public area in English and Spanish to

include lobby, visitation, and staff break areas within the facility." A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website (www.geogroup/prea) and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator including a phone number. None of the case files reviewed were received from a third-party reporter.

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." JCPC policy 1400.03 states, "Employees are required to immediately report 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 who participated in an investigation about such incident, and; 3. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors 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 upper-level executive privately if requested and may also utilize the employee hotline or contact the corporate PREA coordinator directly to privately report these type incidents. Allegations of sexual abuse in which the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under state or local vulnerable person's statute, the facility shall report to designated state or local services agencies under applicable mandatory reporting law. Facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agencies responsible for investigating these types of incidents." Review of 11 investigation files confirmed that any reported allegations made to staff were reported promptly to supervisors, and staff followed the facility reporting guidelines. Interviews with 14 random security staff confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the GEO Compliance Hotline or email on the GEO website. In addition, interviews also confirmed that they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the PSA Compliance Manager/Investigator confirmed that if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period. The Auditor was provided with documentation of the agency's review and approval of the facility policy.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.**Outcome:** Meets Standard**Notes:**

JCPC policy 1400.03 states, "When an employee or facility 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 the alleged victim." The Auditor reviewed 11 investigation files. In all cases the detainee was immediately removed from the housing unit for evaluation and further investigation. Interviews with the FA, PSA Compliance Manager and 14 security officers confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): JCPC policy 1400.03 states, "In the event a detainee alleges that sexual abuse occurred while confined at another facility, the Facility 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 within seventy-two (72) hours. If a detainee alleges sexual abuse occurred while at another confined facility, notify the ICE Field Office as soon as possible, but no later than seventy-two (72) hours after receiving the notification. The facility shall maintain documentation that it has provided such notification in writing and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. The PSA Compliance Manager will create a PREA Portal Survey for notification only within twenty-four (24) [sic] of receiving the notification. Any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards." The facility reported one detainee disclosed an allegation that occurred at another facility. Review of documents confirmed that proper notifications were completed within 24 hours. Interviews with the FA and PSA Compliance Manager confirmed that should JCPC receive information a detainee was sexually abused while housed at another facility notifications would be made to the facility where the abuse occurred and ICE FOD notification will be made within 72 hours. Should a detainee be transferred and JCPC is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon receiving the allegation. JCPC did not have any reported incidents involving transferred detainees. In addition, the FA and PSA Compliance Manager confirmed that notification would be done by telephone with a follow up email.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.**Outcome:** Meets Standard**Notes:**

(a)(b): JCPC policy 1400.03 states, "Upon learning of an allegation that a detainee was sexually abused, or if the employee sees the 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 or within a time period

that still allows for the collection of physical evidence, the first responder shall: 1. Request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and; 2. Ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The alleged abuser should be placed in a dry cell, or area, where they cannot perform the following: Washing, brushing teeth changing clothes, urinating, defecating, drinking, eating, or smoking; until the forensic examination can be performed. A security staff of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. 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. It is important all contact with the alleged victim be sensitive, supportive, and nonjudgmental. 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." Interviews with 14 security officers confirmed that should they be a first responder to an allegation of sexual abuse, all elements of subsection (a) would be followed to include: separation, preservation, and protection of the crime scene, requesting the victim to not take actions to destroy evidence and ensuring the alleged abuser not take actions to destroy evidence. The Auditor additionally interviewed a mailroom staff who confirmed they would notify security staff immediately and request the alleged victim not take actions to destroy evidence. The Auditor's review of the 11 investigation files found that when the allegation was reported to a staff member; an appropriate response was provided; however, not all incidents required the full implementation of Sexual Abuse Response Team (SART) Protocols.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): JCPC policy 1400.03 states, "Each facility shall develop written facility plans to coordinate the actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. Facilities 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. For ICE detainees: If the victim of sexual abuse is transferred between DHS immigration detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services; and, If the victim of sexual abuse is transferred to a non-DHS facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Facilities shall utilize the Notification of PREA Incident form. JCPC will create a written PREA Coordinated Response Plan that includes responsibilities for medical, mental health and investigators that is separate from this policy." JCPC has a coordinated response plan included in a facility binder. This plan identifies roles that will be assigned to the Sexual Abuse Response Team (SART), assigned duties for each role and coordinating actions. Interview with the FA and PSA Compliance Manager confirmed the facility would use this plan should an incident occur. The auditor's review of 11 case files found that none of the incidents warranted a full coordinated response. The FA further confirmed that should a detainee be transferred to another DHS facility, JCPC would inform the receiving facility of the detainee's need for potential medical or social services. The FA further confirmed that should a detainee be transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

JCPC policy 1400.03 states, "If an employee, contractor, or volunteer is the alleged abuser against an ICE detainee, the individual will be removed from all duties requiring ICE detainee contact pending the outcome of the investigation. [...] Separation orders requiring "no contact" shall be documented by facility management via memorandum within 24 hours of the reported allegation. The memorandum shall be printed and maintained as part of the related investigation file. [...] GEO and JCPC shall not enter into or renew a collective bargaining agreement or other agreement that limits a facilities ability to remove alleged employee sexual abusers from contact with a detainee pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." Interviews with the FA, PSA Compliance manager, and HRM confirmed that staff, contractors, and volunteers are removed from contact with detainees until an investigation has been concluded. There were no closed investigations involving a staff member, volunteer, or contractor for the Auditor to review.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, "Employees, contractors, 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. The facility 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. The facility PSA Compliance Manager or mental health personnel shall be responsible for monitoring detainee retaliation. A mental health staff member or the PSA Compliance Manager, or other employee as designated by the facility administrator shall be responsible for monitoring detainee retaliation. Beginning the week following the incident, the designated staff shall meet 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. Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation. Any issues discussed with an ICE detainees shall be noted on the "Protection from Retaliation Log-ICE" form, to include corrective actions taken to address the issue [...] For at least ninety (90) days following a report of sexual abuse, the facility shall monitor the conduct and treatment of alleged victims 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. Monitoring shall terminate before the 90-day monitoring period only if the allegation is determined unfounded or the detainee is released from custody. When monitoring is terminated within the 90-day timeframe, the reason shall be documented on the "Protection from Retaliation Log". For at least ninety (90) days following a report of staff sexual misconduct (abuse or harassment) by another employee, the facility human resources staff or facility investigator as designated by the facility administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by other and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Designated staff shall meet every thirty (30) days for ninety (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 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” form, 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, the facility shall take appropriate measures to protect that individual as well. Completed monitoring logs shall be retained in the investigative file of the corresponding PREA/SAAPI incident.” There were no grievances filed for retaliation within the last 12 months for the Auditor to review. JCPC had 19 allegations during the audit period. Review of the 11 closed investigation files confirmed all had retaliation monitoring but could not be continued for the full 90 days due to the detainee’s release from custody. The form monitors disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and boxes for the victim and monitor to sign. Interviews with the FA and PSA Compliance Manager/Retaliation Monitor confirmed that retaliation is prohibited, multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring.

Recommendation: The facility’s policy 1400.03 states that retaliation monitoring may be ended prior to 90 days if the case is unfounded; however, this is out of compliance with the requirement of standard 115.67(c). Since there is no evidence that the facility has ended retaliation monitoring early based on a case being unfounded, the Auditor is making this a recommendation instead of a finding of non-compliance. The Auditor recommends that policy 1400.03 be updated to remove the language allowing retaliation monitoring to end if a case is unfounded for cases involving an ICE detainee victim.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): JCPC policy 1400.03 states, “The facility shall take care of placing 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. Any use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse or sexual harassment shall be subject to the requirements of Section K (1) Protective Custody. This requirement is not limited to involuntary segregation and includes individuals who request protective custody because of an allegation of sexual abuse or sexual harassment. Detainee victims shall not be held for longer than five (5) days in any type of administrative RHU, 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 an increased vulnerability of the detainee as a result of the sexual abuse. Facilities shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever an ICE detainee victim has been held in administrative RHU for seventy-two (72) hours.” The facility submitted a memorandum which stated there has not been any detainees placed into administrative segregation for 72 hours, released a detainee from segregation to general population, and has not used segregated housing to protect a detainee of sexual abuse during the audit period.” The facility further provided a blank Restricted Housing Unit Order for the Auditor to review. During the onsite audit the Auditor observed the segregation unit, but no detainee victims were housed in the unit. Interviews with the PSA Compliance Manager and staff that supervise detainees in segregation confirmed that detainee victims would not be held any longer than five days in any administrative segregation except in an unusual circumstance or at the request of the detainee. The PSA Compliance Manager further confirmed that a reassessment would be completed prior to a detainee’s return to general population. An interview with the FA confirmed that should a detainee be placed in administrative segregation due to an incident of sexual abuse, notification would immediately be made to the ICE FOD. The Auditor’s review of 11 case files confirmed that no alleged victim was placed in segregation as based on reporting the allegation.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations.**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(e)(f): JCPC policy 1400.04 states, "JCPC shall use investigators who have received specialized training in sexual abuse investigations, and effective cross-agency coordination. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All cases of alleged sexual contact, in accordance with Joe Corley Processing Center (JCPC) Policy 1400.03, "Sexually Abusive Behavior Prevention and Intervention Program (PREA)," shall be promptly, thoroughly, and objectively investigated. An administrative investigation shall be completed for all allegations of sexual abuse at JCPC, regardless of whether a criminal investigation is completed." Policy 1400.04 also states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Administrative investigations (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse or sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation at least once monthly. The facility shall use the GEO Investigation Follow-up Email and maintain all correspondence related to the progress of the investigation." JCPC has two trained investigators, but only utilizes the PSA Compliance Manager/Investigator for PREA investigations. Review of 11 investigation files confirmed that the administrative investigation was completed promptly, thoroughly, objectively and was conducted by the specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed. An interview with the PSA Compliance Manager/Investigator further confirmed that should an allegation result in a criminal investigation an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. An interview with the FA and PSA Compliance Manager/Investigator confirmed that the facility utilizes Policy 1400.04 for investigation procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigations. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility the investigation would continue until it was finished. Should a criminal investigation need to be conducted, JCPC would remain informed through telephone calls, emails or in person updates with the MCSO.

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." JCPC policy 1400.04 states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. Note: When an investigative report from an external agency is used to close an investigation, the

report must demonstrate the findings were based on a preponderance of evidence.” An interview with the PSA Compliance Manager/Investigator confirmed that there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had 11 allegations during the audit period. A review of the investigatory documentation confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

JCPC policy 1400.03 states, “At the conclusion of an investigation, and where the detainee is still in custody, 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, unfounded, or deemed not PREA. If the alleged abuser was an employee, the victim shall also be informed whenever: a. The employee is no longer posted within the victim’s housing unit/area. See section (A)(2)(b) of this procedure for requirements on reporting staff separation to an alleged victim; b. The employee is no longer employed at the facility; c. The facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. If the alleged abuser was another detainee, the victim shall also be informed whenever: a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” The Auditor submitted the Notification to Detainee of PREA Investigation Results form to the TL. Review of the completed form indicated all detainees still in custody were notified of the results of the investigation. Detainees that were not notified had been released from custody.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): JCPC policy 1400.04 states, “Employees shall be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. 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 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 federal service is the presumptive disciplinary sanction for staff who have engaged in, 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. Termination shall be the presumptive disciplinary sanction for staff who have engaged sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. JCPC 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. JCPC 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.” JCPC did not have any closed investigations involving staff during the audit period. The facility submitted a memorandum that stated no staff members have been terminated, resigned or given other sanctions for violating sexual abuse policies. The facility further provided a Non-Disciplinary Termination Approval form for the Auditor to review. Options on this form include “Failed PREA Requirements” and “Employee Resigned PREA Investigation”. The facility provided documents to confirm the agency has reviewed and approved policy. Interview with the FA and HR confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The FA further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.04 states, Any contractor or volunteer who has engaged in sexual abuse or sexual harassment shall be prohibited from contact with detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. b. Contractors and volunteers suspected of perpetrating sexual abuse against ICE detainees shall be removed from all duties requiring detainee contact pending the outcome of an investigation. c. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with detainees. The facility submitted a memorandum that stated there has not been a contractor or volunteer who has violated JCPC’s sexual abuse policies during the audit period. The facility additionally submitted a memorandum that would be utilized for separation from service should a contractor or volunteer violate policy. The facility further submitted a memorandum that would be sent to licensing agencies as needed. Interview with the FA confirmed that any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. The FA further confirmed that efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions JCPC would review the incident to determine if further detainee contact should be prohibited.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): JCPC policy 1400.04 states, “JCPC shall subject detainees 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. Each facility holding detainees in custody shall have a 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. If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate as

a condition of access to programming or other benefits. JCPC shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. JCPC may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced. 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. The PSA compliance manager shall receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes.” The facility submitted a memorandum which stated there has not been any disciplinary sanction for detainees imposed during the audit period. The facility additionally submitted a Disciplinary packet that would be utilized for infractions. Review of the facility detainee handbook confirms that offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction appear to be commensurate with the prohibited act. Of the 11 case files the Auditor reviewed, 10 were allegedly perpetrated by another detainee; 3 cases were substantiated but none contained a detainee disciplinary report. Interviews with the FA, PSA Compliance Manager, DO, and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

Corrective Action:

Does not meet (a): JCPC policy 1400.04 states, “JCPC shall subject detainees to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse.” While the facility's policy aligns with the requirements of the standard, in practice, the facility is not subjecting detainees to disciplinary sanctions following an administrative finding that the detainee engaged in sexual abuse. Of the 11 closed case files reviewed by the Auditor, 3 were substantiated detainee-on-detainee sexual abuse; however, none of the 3 contained a detainee disciplinary report or any indication that the perpetrators were held accountable for their actions. To become compliant, the facility must implement a practice of subjecting a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 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 experiences prior victimization or perpetrated sexual abuse, the detainee shall be immediately referred to a qualified medical and/or mental health practitioner for medical and/or mental health follow up as appropriate, using the “PREA Medical/Mental Health Referral” form. When a referral for medical follow-up is initiated for an ICE detainee, 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 for an ICE detainee, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral. [...]. Medical and mental health practitioners must obtain informed consent from detainees at JCPC before reporting information about prior sexual victimization that did not occur in an institutional setting.” The facility submitted an email that was sent to medical/mental health listing detainees who identified as a victim that wanted mental health services and those that refused mental health services. The facility additionally submitted a memorandum that stated there has not been any detainees that required medical or mental health services due to perpetration of sexual abuse. During the intake process should a detainee identify as having experienced prior victimization or perpetrating sexual abuse they are given a referral form that indicates their choice to medical or mental health follow up. The detainee must sign this form, which is then forwarded to the PSA Compliance Manager. During intake medical completes an intake questionnaire that also serves to identify detainees who have been sexually victimized or perpetrated sexual abuse. Identified detainees are then referred to medical and mental health as appropriate by an entry into the medical/mental health system. Interview with Classification staff confirmed that an email is sent to medical or mental health and also to the PSA Compliance Manager. Interview with medical staff confirmed that

detainees are initially processed by medical within 12 hours and subsequently receive a thorough evaluation in which sexual victimization or previous perpetrated sexual abuse is evaluated along with other medical history. Interview with a mental health professional further confirmed that referrals are normally seen within 24 hours and always within the 72-hour requirement of subsection (c) which was confirmed through documentation provided by medical staff.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): JCPC policy 1400.03 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 include[s] 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. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition. However, visible injuries shall be documented both photographically and in writing and placed in the victim’s medical record. Medical Staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/abusers shall be transported to a local community facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Assault Nurse Examiner (SANE) or one shall be brought into the facility to conduct the examination. All refusals of medical services shall be documented.” There were 11 allegations of sexual abuse that occurred during the audit period. The Auditor confirmed that appropriate referrals were made to medical and mental health, but no allegations involved transporting a victim for a SANE/SAFE examination. Interview with medical staff confirmed that emergency medical treatment for detainees would be free and conducted at Memorial Herman or CHI St. Lukes Health, both located in The Woodlands, Texas. Medical and mental health staff confirmed that any treatment plans would be continued at the facility and follow up care would be provided as required which would include emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care.

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): JCPC policy 1400.03 states, “JCPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in detention. The evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. 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 test. 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. The facility shall attempt to contact a mental health evaluation on all known detainee-on-detainee

abusers within sixty (60) days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. All refusals for mental health services shall be documented. Note: “known abuser” are those detainee abusers in which a PREA/SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for medical and mental health services shall be documented.” The facility had 11 sexual abuse allegations during the audit period. Review of documentation confirms that all victims were referred appropriately to medical and mental health. Interviews with medical staff confirmed that that detainees are provided services consistent with care in the community. The facility does not house females. Services would include tests for sexually transmitted infections. All treatment would be free of cost to the detainee and regardless of whether or not they cooperate with the investigation. Mental health staff additionally confirmed that detainee care is consistent with care received in the community. There were no detainee-on-detainee abusers housed at the facility during the onsite audit; however, mental health staff did confirm a mental health evaluation would be offered upon learning of the abuse history. There was one detainee who reported an allegation housed at JCPC during the onsite audit that did not involve physical contact. The detainee confirmed that he was offered mental health follow up services.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Notes:

(a)(b)(c): JCPC policy 1400.03 states, "Facilities are required to conduct reviews of sexual abuse incidents: If the incident involves an Ice detainee, JCPC will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. These reviews will be documented on the “DHS Sexual Abuse or Assault Incident Review” form of the teams finding shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator, no later than thirty (30) working days after the review via the GEO PREA Database. The facility shall implement the recommendations for improvement or document its reasons for not doing so. [...] The review team shall consist of upper-level management officials, the local PSA Manager, medical and mental health practitioners, with input from line supervisors, and investigators. The Corporate PREA Coordinator may attend via telephone or in person. Annually, JCPC shall conduct a review of all sexual abuse investigations involving ICE detainees and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If JCPC has not had any reports of sexual abuse involving ICE detainees during the annual reporting period, then JCPC shall prepare a negative report. Facilities shall document the review utilizing the “DHS Annual Review of Sexual Abuse Incident” form. The facility PREA compliance manager shall maintain copies of all completed PREA After Action Review Reports, and a copy shall also be maintained in the corresponding investigative file. For reviews involving ICE detainees, the results and finding shall be provided to the ICE/ERO field office director or his/her designee for transmission to the ICE PSA Coordinator.” The Auditor reviewed 11 investigation files and verified that a Sexual Abuse Incident review was conducted within 30 days on all of them. The facility evaluated whether the incidents were 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. An interview with the FA and PSA Compliance Manager confirmed that reviews are conducted at the completion of any investigation of sexual abuse and the report and response are forwarded to the agency PSA Coordinator. Interviews also confirmed that annual reviews of all sexual abuse investigations are conducted and forwarded to the Field Office Director or designee and the agency PSA Coordinator. The FA and PSA Compliance Manager further confirmed that should there be no reports during the year a negative report is also forwarded to the Field Office Director and the agency PSA Coordinator. The facility provided documentation that the annual review for 2023 was forwarded to Field Office Director or designee and the agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): JCPC policy 1400.03 states, “Each facility shall collect and retain data related to sexual abuse as directed by the corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Facilities shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical, and counseling evaluation findings, and recommendations for post release treatment, if necessary, and/or counseling in accordance with PREA standards and applicable agency policies and established schedules.” Interview with the PSA Compliance Manager confirmed all case records associated with allegations of sexual abuse are maintained in his office under lock and key. During the onsite audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PSA Compliance Manager’s office.

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 onsite audit, the Auditor was able to review available memos and other documentation required to make an assessment on PREA Compliance. Interviews with detainees were conducted in private while onsite. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the onsite 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.

Jodi Upshaw

6/13/2024

Auditor’s Signature & Date

6/14/2024

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

Program Manager’s Signature & Date

6/14/2024

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

Assistant Program Manager’s Signature & Date