

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Robin Bruck	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:	San Francisco
Field Office Director:	Moises Becerra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	630 Sansome Street San Francisco, CA 94111

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Mesa Verde ICE Processing Center
Physical address:	425 Golden State Ave Bakersfield, California 93301
Telephone number:	661-859-1028
Facility type:	Contract Detention Facility
PREA Incorporation Date:	1/23/2015

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 #:	661-859-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Facility POC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	661-859-(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 Mesa Verde ICE Processing Center met 36 standards, had 2 standards that exceeded, had 1 standard that was 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 March 19, 2024, and ended on September 15, 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

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

Number of Standards Exceeded: 0

Number of Standards Met: 2

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

Number of Standards Not Met: 0

PROVISIONS

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

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

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

Notes:

(a)(b): MVIPC policy 11.1.6 states, "MVIPC will ensure detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to sexual abuse and Sexual Harassment; MVIPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those with intellectual disabilities, have limited reading skills, or are blind or have low 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 both receptively and expressively, using any necessary specialized vocabulary." Interviews with the PSA Compliance Manager, an Intake Officer, and five random DOs indicated reasonable accommodations are made to ensure detainees receive notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are LEP staff will utilize the facility language line to interpret the information or a staff interpreter who is proficient in the detainee's preferred language. If a detainee is blind, the staff would read the information to the detainee. If a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. During the on-site audit, the Auditor observed the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet were readily available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'iche' and Vietnamese. In addition, the Auditor observed the facility Handbook, the "Know your Rights" and "Speak Up" PREA video and the TODN flyer, were available in English and Spanish; however, the PSA Compliance Manager indicated for detainees who speak a language other than English and Spanish, they are provided the PREA information from the facility Handbook and the PREA video, through a script that is read to the detainee with the use of the telephone interpreter services. The Auditor observed the scripts of the handbook, the video, and the flyer, and confirmed the material had been translated into other languages with the use of Google Translation. An interview with the PSA Compliance Manager further indicated the facility can provide the detainee a transcript of the information in whatever language is needed to establish effective communication with the detainee and would document how effective communication is established on the Emergency Notification and Property Disposition Form. Interviews with five detainees, including one LEP detainee, confirmed they had received information regarding sexual abuse in a language they could understand.

(c): MVIPC policy 11.1.6 states, "In matters relating to sexual abuse/assault, MVIPC 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 such interpretation is appropriate and consistent with DHS policy. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. Alleged abusers and 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.” MVIPC policy indicates a detainee may be used for interpretation if the detainee expresses a preference for a detainee interpreter and the facility determines such interpretation is appropriate and consistent with DHS policy; however, the standard requires that the Agency determine if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference; however, they could not articulate the standard’s requirement if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs further indicated they were aware of the standard’s requirement not to utilize the alleged abusers, detainees who witnessed the alleged abuse, or a detainee who has a significant relationship with the alleged abuser. A review of six sexual abuse allegation investigation files confirmed there were no instances which included the use of a detainee for interpretation during a sexual abuse investigation.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. MVIPC policy indicates a detainee may be used for interpretation if the detainee expresses a preference for a detainee interpreter and the facility determines such interpretation is appropriate and consistent with DHS policy; however, the standard requires the Agency determine if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference; however, they could not articulate the standard’s requirement if such interpretation is appropriate and consistent with the DHS policy. To become compliant, the facility must implement a process which requires in matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. Once implemented the facility must submit documentation which confirms all applicable staff, including but not limited to facility PREA Investigators have been trained on the implemented process.

Corrective Action Taken:

The facility submitted updated policy 11.1.7. The Auditor reviewed updated policy 11.1.7 and confirmed updated policy 11.1.7 includes “In matters relating to allegations of sexual abuse/assault, MVIPC shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy.” The facility submitted staff training Sign-In Sheets confirming all applicable staff, including PREA investigators and shift supervisors have been trained on the revised 11.1.7 policy. Upon review of all submitted documentation the Auditor now finds the Agency in compliance with subsection (c) of the standard.

§115.65 - Coordinated response.

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

Notes:

(a)(b)(c)(d): MVIPC policy 11.1.6 states, “MVIPC shall develop written 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. MVIPC 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.” The Auditor reviewed the facility

coordinated response plan and confirmed the plan takes a multidisciplinary team approach to responding to sexual abuse. The plan coordinates the actions taken by facility responders to include first responders, medical and mental health staff, investigators, and the facility leadership in response to an incident of sexual abuse. During interviews with the FA, PSA Compliance Manager, HSRM, and the HSA, and the Auditor's review of submitted documentation, there appeared to be confusion on where a detainee victim of sexual abuse would be transported to obtain a SANE or SAFE Exam. The facility provided the Auditor an Independent Contractor's Agreement between the City of Bakersfield and the Kern County Forensic Services, LLC., a memorandum regarding Medical Services for Mesa Verde ICE Processing Center, the arrangement between GEO Group, ICE and Dignity Health/Mercy Hospital, and a memorandum regarding Medical Services for Mesa Verde ICE Processing Center and the arrangement between GEO Group, ICE, and Good Samaritan Hospital. However, during the on-site audit, the HSRM confirmed a detainee victim would be transported to the Adventist Hospital for a SANE or SAFE exam. During the on-site audit the Auditor advised facility staff of the discrepancy who immediately held a staff meeting and provided training to all applicable staff regarding the facility's agreement with Adventist Hospital. Interviews with five random DOs indicated if a detainee reported an allegation of sexual abuse they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. The Auditor reviewed six sexual abuse allegation investigation files and confirmed the facility utilized a coordinated, multidisciplinary response, in responding to each allegation.

Recommendation (a): The Auditor recommends the facility include information regarding the transporting of detainee victims of sexual abuse to the Adventist Hospital for a SANE or SAFE exam in the facility coordinated response plan to ensure all applicable staff are aware of the procedures.

(c)(d): MVIPC policy 11.1.6 states, "If the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred from a DHS facility to a non-DHS Facility, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise." However, the standard requires the PREA Coordinated Response Plan include all requirements of subsection (c) of the standard which states, "If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and subsection (d) of the standard which states, "If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center has not had any detainees transferred to another facility who have been victims of sexual abuse. If we did have one, per policy, the MVIPC Facility Administrator would contact the receiving Facility Administrator within 72 hours to let him/her know that the detainee with the history or sexual abuse is being transferred to his/her facility." In addition, the Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center has not had any detainees transferred from a DHS immigration detention facility to a facility not covered by Standard 115.65 (c)." Interviews with the HSRM, HSA, and the FA confirmed they were aware of the requirements of subsections (c) and (d) of the standard; however, the standard requires the coordinated response plan provide clear direction to all applicable staff regarding a detainee's consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. MVIPC policy 11.1.6, which serves as the facility coordinated response plan states, "If the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, MVIPC shall, as permitted by law, inform the receiving Facility of the incident

and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred from a DHS facility to a non-DHS Facility, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise.” However, the standard requires the PREA Coordinated Response Plan include all requirements of subsection (c) of the standard which states, “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” and subsection (d) of the standard which states, “If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” Interviews with the HSRM, HSA, and the FA confirmed they were aware of the requirements of subsections (c) and (d) of the standard; however, the standard requires the coordinated response plan provide clear direction to all applicable staff regarding a detainee’s consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse. To become compliant the facility must update MVIPC policy 11.1.6, which serves as the facility Coordinated Response Plan, to include clear direction to all applicable staff regarding a detainee’s consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse by including the language “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” and subsection (d) of the standard which states, “If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” Once MVIPC policy 11.1.6 has been updated the facility must submit documentation to confirm all applicable staff, including but not limited to medical, have been trained on the updated coordinated response plan.

Corrective Action Taken:

The facility submitted updated policy 11.1.7 which serves as the facility coordinated response plan. The Auditor reviewed updated policy 11.1.7 and confirmed updated policy 11.1.7 includes “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services.” and “if a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (a) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” The facility submitted staff training Sign-In Sheets confirming 19 out of 25, applicable staff, to include but not limited to medical, have been trained on the revised 11.1.7 policy. The facility submitted documentation indicating four additional employees had been trained on the facility’s revised response plan. In addition, the facility submitted a memorandum indicating the additional staff member would be trained when the employee returns to work from extended leave. Upon review of all submitted documentation the Auditor now finds the Agency in compliance with subsections (c) and (d) of the standard.

AUDITOR CERTIFICATION:

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

Robin Bruck 6/12/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 6/12/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 6/12/2024

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	2/06/2024	To:	2/08/2024
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AUDITOR INFORMATION

Name of auditor:	Robin Bruck	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:	San Francisco
Field Office Director:	Moises Becerra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	630 Sansome Street San Francisco, CA 94111

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Mesa Verde ICE Processing Center
Physical address:	425 Golden State Ave Bakersfield, California 93301
Telephone number:	661-859-1028
Facility type:	Contract Detention Facility
PREA Incorporation Date:	1/23/2015

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 #:	661-859-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Facility POC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	661-859-(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 Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Mesa Verde ICE Processing Center (MVIPC) was conducted February 6, 2024 – February 8, 2024, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility compliance with the DHS PREA Standards. The MVIPC is privately operated by the GEO Group and operates under contract with the DHS, ICE, and Office of Enforcement and Removal Operations (ERO). The facility processes male and female detainees who are pending immigration review, asylum, or deportation; however, the facility has not housed a female detainee since the pandemic. MVIPC is in Bakersfield, California. The audit is the third DHS PREA audit for MVIPC and includes a review of period between February 8, 2023, and February 8, 2024. The facility does not house juveniles.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) (b) (6), (b) (7)(C), provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website, and the facility website. The main policy that governs MVIPC's sexual abuse prevention, intervention and response efforts is policy 11.1.6 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities.

An entrance briefing was held in the MVIPC's conference room on Tuesday, February 6, 2024, at 8:15 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C), opened the briefing and turned it over to the Auditor. In attendance were:

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

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

(b) (6), (b) (7)(C), Acting Assistant Field Office Director (AFOD), ICE/ERO

(b) (6), (b) (7)(C), Acting Supervisory Detention and Deportation Officer (SDDO), ICE/ERO

(b) (6), (b) (7)(C), Chief of Security (COS), GEO

(b) (6), (b) (7)(C), Human Resource Manager (HRM), GEO

(b) (6), (b) (7)(C), Contract Compliance Manager (CCM), GEO

(b) (6), (b) (7)(C), Detention Standards Compliance Officer (DSCO), ICE/ERO

(b) (6), (b) (7)(C), Training Administrator (TA), GEO

(b) (6), (b) (7)(C), Compliance Manager (CM), GEO

(b) (6), (b) (7)(C) Business Manager (BM), GEO

(b) (6), (b) (7)(C) Facility Administrator (FA), GEO

(b) (6), (b) (7)(C) Programs/PSA Compliance Manager, GEO

(b) (6), (b) (7)(C) Health Services Regional Manager (HSRM), GEO

(b) (6), (b) (7)(C) Health Services Administrator (HSA), GEO

(b) (6), (b) (7)(C) Acting Deputy Field Office Director (DFOD), ICE/ERO (via telephone)

(b) (6), (b) (7)(C) SDDO/ICE/ERO (via telephone)

Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

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

An on-site audit of the facility was conducted by the Auditor and key staff from 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, law library, and medical areas. In addition, the Auditors observed the control center, sally port, food service, laundry, and administrative offices. During the on-site audit, the Auditor made visual observations of bathrooms and shower areas, camera locations, and the number of staff assigned in all areas of the facility. There were no notable blind spots within the facility. The Auditor observed PREA information in all common areas of the facility, and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Open-Door Network (TODN) poster, and information for contacting consular officials. The posters were predominately in English and Spanish. During the on-site audit, the Auditors tested the numbers provided for the DRIL, DHS OIG, TODN, and the facility PREA Hotline and confirmed they were in good working order.

MVIPC utilizes (b) (7)(E) to assist with monitoring the detainees. (b) (7)(E)
(b) (7)(E)
(b) (7)(E)
(b) (7)(E). The Auditor reviewed the (b) (7)(E).

A review of the MVIPC PAQ indicated the facility has 124 employees which include 71 Security staff, 23 Medical staff, 2 Mental Health staff, 8 food service staff, 2 maintenance staff, 1 religious service staff, 11 Administration staff, and 6 program staff. There are three primary shifts for staff working at the facility which are 0600-1430, 1400-2230, 2200-0630. The facility does not contract for staff services; however, does utilize the services of two volunteers. During the on-site audit, the Auditor conducted 23 staff interviews which included: 1 SDDO, 1 FA, 1 PSA Compliance Manager, 1 Retaliation Monitor, 1 Classification Manager, 1 Incident Review Team member, 1 COS, 1 Disciplinary Officer, 1 security supervisor, 1 Grievance Officer, 1 TA, 1 HSRM (mental health), 1 HSA (medical), 1 HRM, 1 Registered Nurse (RN), 1 Intake Officer, 1 Investigator, 1 Segregation Officer, and 5 Random Detention Officers (DO). All interviews were conducted in a private setting allowing for confidentiality for those participating in the interview process.

The Auditor attempted to conduct 22 detainee interviews; however, 17 detainees declined to participate. Therefore, the Auditor conducted five detainee interviews. The interviews included one limited English proficient (LEP) detainee, two detainees who reported previous sexual abuse during screening, and two random detainees. The interviews conducted were conducted in a private setting, allowing for confidentiality for those participating in the interview process.

The facility PREA Allegation Spreadsheet indicated the facility had six PREA allegations closed during the

reporting period. The Auditor reviewed all six sexual abuse allegation investigation files. All six sexual abuse allegation investigative files included staff-on-detainee (three unsubstantiated findings and three unfounded findings).

An exit briefing was conducted on Thursday, February 8, 2024, at 10:00 a.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C), TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C), ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C), AFOD, ICE/ERO
(b) (6), (b) (7)(C), COS, GEO
(b) (6), (b) (7)(C), HRM, GEO
(b) (6), (b) (7)(C), CCM, GEO
(b) (6), (b) (7)(C), BM, GEO
(b) (6), (b) (7)(C), FA, GEO
(b) (6), (b) (7)(C), Programs/PSA Compliance Manager, GEO
(b) (6), (b) (7)(C), HSRM, GEO
(b) (6), (b) (7)(C), HSA, GEO
(b) (6), (b) (7)(C), Case Manager, GEO
(b) (6), (b) (7)(C), Case Manager, GEO
(b) (6), (b) (7)(C), Executive Secretary, GEO
(b) (6), (b) (7)(C) DO, GEO
(b) (6), (b) (7)(C) Acting DFOD, ICE/ERO (via telephone)
(b) (6), (b) (7)(C) SDDO/ICE/ERO (via telephone)
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

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

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2

- §115.31 - Staff Training
- §115.43 - Protective Custody

Number of Standards Met: 36

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.32 - 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
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; 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 review
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 2

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.65 - Coordinated Response

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

c): MVIPC policy 11.1.6 states, "It is policy of the Mesa Verde Ice Processing Center (MVIPC) to have zero tolerance toward all forms of sexual abuse and sexual harassment. The facility has established effective procedures that ensure the safety and well-being of all staff and detainees." In review of the facility policy, the Auditor confirmed the policy includes definitions of sexual abuse and general PREA definitions and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through, but not limited to, hiring practices, training, unannounced security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all housing units and programming areas of the facility. Interviews with staff confirmed they were knowledgeable regarding the Agency and the facility zero tolerance policies. Interviews with the FA, PSA Compliance Manager, and the SDDO confirmed MVIPC policy 11.1.6 had been submitted and approved by the Agency.

(d): MVIPC policy 11.1.6 states, "The MVIPC Administrator shall designate a local SA-API PSA Compliance Manager who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse, prevention, and intervention policies and procedures." The Auditor reviewed the facility organizational chart which indicated the PSA Compliance Manager is in a position of authority and reports directly to the FA. An interview with the PSA Compliance Manager confirmed he is the facility point of contact for the Agency PREA Coordinator and the GEO Corporate PREA Coordinator. An interview with the PSA Compliance Manager further confirmed he does have the time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, "MVIPC shall ensure it maintains sufficient supervision of detainees, including appropriate staffing levels and, where applicable, video monitoring to protect detainees against sexual abuse. MVIPC shall develop and document comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of detainee supervision and determining the need for video monitoring, the Facility shall take into consideration: 1) Generally accepted detention and correctional practices. 2) Any judicial findings of inadequacy. 3) The physical layout. 4) The composition of the detainee population. 5) The prevalence of substantiated and unsubstantiated incidents of sexual abuse. 6) The findings and recommendations of sexual abuse incident review reports. 7) Any other relevant factors, including but not limited to the length of time detainees spend in Facility custody. The "Annual PREA Facility Assessment" (see Attachment A), shall be completed by the local PSA

Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Corrections and Detention division. GEO's Secure Services Division, in consultation with the Corporate PREA Coordinator, shall review MVIPC assessments and take appropriate actions necessary to protect detainees from sexual abuse at MVIPC. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator." An interview with the PSA Compliance Manager indicated an assessment of the facility's staffing levels is conducted annually and documented on the Annual PREA Facility Assessment form. The Auditor reviewed the facility's 2022 and 2023 MVIPC Annual PREA Facility Assessments, and confirmed the facility considered all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring to include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody. During the on-site audit, the Auditor reviewed the facility comprehensive detainee supervision guidelines and confirmed the guidelines were last updated on October 6, 2023. In addition, the Auditor confirmed staff are required to review daily and sign an acknowledgment confirming they had reviewed the guidelines. During the on-site audit, there were no notable "blind spots" and the Auditor observed adequate staff and video monitoring in all areas of the facility.

(d): MVIPC policy 11.1.6 states, "MVIPC Management, Department Heads, and Supervisors will conduct and document unannounced security inspections within their respective areas to identify and deter sexual abuse of detainees. Frequent unannounced security inspections shall be conducted to identify and deter sexual abuse of detainees. Inspections will occur on night as well as day shifts. Staff are prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility. The unannounced rounds will be documented on the MVIPC Unannounced SA-API Rounds form and submitted to the PSA Compliance Manager." An interview with the PSA Compliance Manager indicated all supervisors to include the FA, COS, Captains, Lieutenant, Sergeant, PSA Compliance Manager, and the PREA Investigator are required to conduct unannounced security inspections at the facility. Each supervisor will document the unannounced security inspections in the housing unit logbooks in red ink. An interview with the PSA Compliance Manager further indicated the supervisor will complete a MVIPC Unannounced SA-API Rounds form and submit it to the PSA Compliance Manager. An interview with the COS confirmed she was knowledgeable and could articulate unannounced security inspections are conducted to identify and deter sexual abuse of detainees. An interview with the COS further confirmed if a staff member was found alerting other staff of the unannounced security inspections, they could face disciplinary action. During the on-site audit, the Auditor reviewed the housing unit logbooks and confirmed unannounced security inspections are being conducted daily at different times and on all shifts as required by subsection (d) of the standard.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center does not house juveniles or families." [sic] Interviews with the facility FA, the PSA Compliance Manager, and the Auditor's on-site observations confirmed the facility does not house juveniles or family units; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): MVIPC policy 11.1.6 states, “Searches may be necessary to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at MVIPC. Search shall be performed in the following manner: Cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in Exigent Circumstances. MVIPC shall not permit cross-gender pat-down searches of female detainees, absent Exigent Circumstances. MVIPC shall document all strip searches, visual body cavity searches (Refer to GEO Policy on body cavity searches), and cross-gender pat-down searches. (See Attachment N-Cross Gender Pat Search Log). Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety or when performed by Medical Practitioners.” The Auditor reviewed a memorandum to file which states, “Mesa Verde ICE Processing Center has not had any strip searches or cross-gender pat down [sic] searches in this review period. MVIPC does not do visual body cavity searches.” Interviews with the PSA Compliance Manager and five random DOs confirmed they were aware that cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited and are not to be conducted at the facility; however, if there were exigent circumstances 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 five random detainees confirmed they have been subjected to pat-down searches at the facility. Each detainee reported the search had been conducted by male staff in a professional and respectful manner. During the on-site audit, the Auditor observed pat-down searches and confirmed all observed pat down searches were conducted in a professional and respectful manner by staff the same gender as the detainee.

(g): MVIPC policy 11.1.6 states, “MVIPC shall implement policies and procedures which allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent Exigent Circumstances or instances when viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement; MVIPC policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes.” Interviews with five random DOs, which included two female staff, indicated an announcement is made when opposite gender is entering a housing unit. Interviews with five random DOs further indicated when staff of the opposite gender enters the housing unit an announcement is documented in the logbook by the housing unit officer. Interviews with five random detainees confirmed the announcement is made. Interviews with five random detainees further confirmed they could utilize the toilet, shower, and change clothing without being viewed by staff of the opposite gender. During the on-site audit, the Auditor observed female staff announcing their presence when entering the housing units. At the time of the on-site audit there were no female detainees housed at the facility.

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

(i)(j): MVIPC policy 11.1.6 states, “MVIPC shall not search or physically examine detainees solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with 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.” The Auditor reviewed the GEO Searches training curriculum which includes “All pat down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of Officer safety.” In addition, the Auditor reviewed the ICE Cross-Gender, Transgender, and Intersex Searches training curriculum which includes searches of transgender and intersex detainees. An interview with the TA indicated all staff are required to complete the

GEO Searches and the ICE Cross-Gender, Transgender, and Intersex Searches during In-Service training each year. The Auditor reviewed 10 staff files and 4 ICE staff files and confirmed all staff had received the training on an annual basis.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b): MVIPC policy 11.1.6 states, “MVIPC will ensure detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to sexual abuse and Sexual Harassment; MVIPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those with intellectual disabilities, have limited reading skills, or are blind or have low 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 both receptively and expressively, using any necessary specialized vocabulary.” Interviews with the PSA Compliance Manager, an Intake Officer, and five random DOs indicated reasonable accommodations are made to ensure detainees receive notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are LEP staff will utilize the facility language line to interpret the information or a staff interpreter who is proficient in the detainee’s preferred language. If a detainee is blind, the staff would read the information to the detainee. If a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. During the on-site audit, the Auditor observed the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet were readily available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’iche’ and Vietnamese. In addition, the Auditor observed the facility Handbook, the “Know your Rights” and “Speak Up” PREA video and the TODN flyer, were available in English and Spanish; however, the PSA Compliance Manager indicated for detainees who speak a language other than English and Spanish, they are provided the PREA information from the facility Handbook and the PREA video, through a script that is read to the detainee with the use of the telephone interpreter services. The Auditor observed the scripts of the handbook, the video, and the flyer, and confirmed the material had been translated into other languages with the use of Google Translation. An interview with the PSA Compliance Manager further indicated the facility can provide the detainee a transcript of the information in whatever language is needed to establish effective communication with the detainee and would document how effective communication is established on the Emergency Notification and Property Disposition Form. Interviews with five detainees, including one LEP detainee, confirmed they had received information regarding sexual abuse in a language they could understand.

(c): MVIPC policy 11.1.6 states, “In matters relating to sexual abuse/assault, MVIPC 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 such interpretation is appropriate and consistent with DHS policy. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. Alleged abusers and 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.” MVIPC policy indicates a detainee may be used for interpretation if the detainee expresses a preference for a detainee

interpreter and the facility determines such interpretation is appropriate and consistent with DHS policy; however, the standard requires that the Agency determine if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference; however, they could not articulate the standard's requirement if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs further indicated they were aware of the standard's requirement not to utilize the alleged abusers, detainees who witnessed the alleged abuse, or a detainee who has a significant relationship with the alleged abuser. A review of six sexual abuse allegation investigation files confirmed there were no instances which included the use of a detainee for interpretation during a sexual abuse investigation.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. MVIPC policy indicates a detainee may be used for interpretation if the detainee expresses a preference for a detainee interpreter and the facility determines such interpretation is appropriate and consistent with DHS policy; however, the standard requires the Agency determine if such interpretation is appropriate and consistent with the DHS policy. Interviews with five random DOs indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference; however, they could not articulate the standard's requirement if such interpretation is appropriate and consistent with the DHS policy. To become compliant, the facility must implement a process which requires in matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. Once implemented the facility must submit documentation which confirms all applicable staff, including but not limited to facility PREA Investigators have been trained on the implemented process.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. MVIPC policy 11.1.6 states, "MVIPC is prohibited from hiring or promoting anyone (who will have direct contact with detainees) who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. MVIPC 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 years.” MVIPC policy 11.1.6 further states, “MVIPC is prohibited from contracting with anyone (who will have direct contact with detainees) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.” In addition, MVIPC policy 11.1.6 states, “MVIPC shall also impose upon employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes, and during annual performance reviews for current employees.” An interview with the HRM indicated all potential employees and contractors are required to complete an application on-line, an interview, and a background check through Accurant to determine if the potential employee or contractor is suitable for employment with the facility. If suitable, the potential employee will receive an offer letter and complete the ICE packet which contains a DHS 6 Code of Federal Regulations Part 115 form. The Auditor reviewed the DHS 6 Code of Federal Regulations Part 115 form and confirms the form asks, “Have you ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or convicted of engaging or attempting to engage in sexual activity with any person by force, threat of force or coercion or if the victim did not or could not consent? Have you been civilly or administratively adjudicated to have engaged in the activity described above? Have you been found to have engaged in sexual harassment at work?” The DHS 6 Code of Federal Regulations Part 115 form further confirms the participant is required to acknowledge by signature the following statement, “I understand that a knowing and willful false response may result in a negative finding regarding my fitness as a contract employee supporting ICE. Furthermore, should my answers change at any time I understand I am responsible for immediately reporting the information to my Program Manager.” In an interview with the HRM it was further indicated a background check and the DHS 6 Code of Federal Regulations Part 115 form is required to be completed prior to any promotion. In addition, employees will complete the DHS 6 Code of Federal Regulations Part 115 form as part of the annual performance review. The Auditor reviewed 10 staff files which included 5 staff (3 promotions and 2 new employees), 5 medical/mental health staff (4 promotions and 1 new employee) and confirmed an initial background check had been conducted during both the initial hiring process and the promotion process. A review of 10 staff files further confirmed the DHS 6 Code of Federal Regulations Part 115 form had been completed during both the initial hiring process and promotion process. In addition, a review of 10 staff files confirmed employees will complete a PREA Disclosure and Authorization Form Annual Performance Evaluation during an annual performance review. The form includes all required elements of subsection (a) and informs the employee of their continuing obligation to disclose any sexual misconduct. The Auditor submitted 10 files and an additional 4 ICE staff to the PSO Background Investigation for Employees and Contractors and confirmed completed background checks for the 10 submitted files and an additional 4 ICE staff. In addition, a review of the submitted PSO Background Investigation for Employees and Contractors confirmed background investigations had been completed every five years for applicable staff. In an interview with the SDDO it was confirmed there were no ICE staff promoted during the audit period.

(e)(f): MVIPC policy 11.1.6 states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of, employment, as appropriate. Unless prohibited by law, MVIPC shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The Auditor reviewed the DHS 6 Code of Federal Regulations Part 115 form and confirmed a participant is required to acknowledge by signature the following statement, “I understand that a knowing and willful false response may result in a negative finding regarding my fitness as a contract employee supporting ICE.” An interview with the HRM indicated the facility on-line application process informs a potential employee any material omission regarding misconduct or providing false information will be grounds for termination or withdrawal of an offer of employee and should the applicants answers change at any time the applicant understands they are responsible for immediately reporting the information to the Program Manager. An interview with the HRM further indicated if a potential employee has prior correctional experience

additional forms are completed to allow Accurant to obtain information on substantiated allegations of sexual abuse or any resignations during a pending investigation of alleged abuse.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a)(b): MVIPC policy 11.1.6 states, “MVIPC shall consider the effect any (new or upgrade) design, acquisition, substantial expansion, or modification of the physical plant might have on the Facility's ability to protect detainees from sexual abuse. MVIPC shall also consider the effect any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on the Facility's ability to protect detainees from sexual abuse.” The Auditor reviewed two memorandums to the file which states, “There have been no modifications to the our facility [sic] design/physical that had an effect on sexual abuse prevention.” And “Mesa Verde ICE Processing Center has upgraded the video recording system. This update did not effect [sic] any prevention of sexual abuse.” An interview with the FA confirmed the facility has not had substantial expansion or modifications to the physical plant during the audit period; however, the facility upgraded the (b) (7)(E). In an interview with the FA and PSA Compliance Manager it was confirmed both were knowledgeable of the standard's requirement to consider how any upgrades to the system would enhance their ability to protect detainees from sexual abuse.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, “when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.” MVIPC policy 11.1.6 states, “MVIPC will follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles (if applicable) developed in coordination with DHS. MVIPC 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. MVIPC/GEO medical staff shall not participate in sexual assault forensic medical examinations or evidence gather. Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent the facility shall arrange for an alleged victim to undergo a forensic medical examination by qualified health care personnel, including a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) where practicable. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified health care personnel. MVIPC shall establish procedures to make available outside victim services following incidents of sexual abuse. MVIPC will utilize community resources (rape crisis center) and services to provide valuable expertise and support in the areas of crisis

intervention, and counseling. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews.” Interviews with the FA, PSA Compliance Manager, and a facility PREA Investigator indicated the facility is responsible for conducting administrative investigations and the Bakersfield Police Department (BPD) is responsible for conducting criminal investigations. Interviews with the FA, PSA Compliance Manager, and a facility PREA Investigator further indicated the BPD is called to the facility for every allegation reported at the facility. During interviews with the FA, PSA Compliance Manager, the HSRM, and the HAS, and the Auditor’s review of submitted documentation, there appeared to be confusion on where a detainee victim of sexual abuse would be transported to obtain a SANE or SAFE Exam. The facility provided the Auditor an Independent Contractor’s Agreement between the City of Bakersfield and the Kern County Forensic Services, LLC., a memorandum regarding Medical Services for Mesa Verde ICE Processing Center, the arrangement between GEO Group, ICE and Dignity Health/Mercy Hospital, and a memorandum regarding Medical Services for Mesa Verde ICE Processing Center and the arrangement between GEO Group, ICE, and Good Samaritan Hospital. However, during the on-site audit, the HSRM confirmed a detainee victim would be transported to the Adventist Hospital for a SANE or SAFE exam. An interview with a victim advocate from TODN also confirmed a detainee victim would be transported to Adventist Hospital for the exam, at no cost to the detainee, and a victim advocate would accompany the detainee victim through the exam process and investigatory interviews to provide the detainee emotional support, crisis intervention and counseling, and any referrals needed. The Auditor has made several attempts to speak with a SANE at Adventist Hospital and has not received a response at the time of writing this report. The Auditor reviewed six sexual abuse allegation investigation files and confirmed there were no detainee victims who required a SANE or SAFE examination.

(e): MVIPC policy 11.1.6 states, “To the extent that the agency is not responsible for investigating allegations of sexual abuse, the agency or MVIPC shall request that the investigating agency follow the requirements for DHS Standards 115:21 (a-d).” The Auditor reviewed a Memorandum of Understanding (MOU) between the BPD and the GEO Group, INC, dated October 20, 2014, which remains in effect unless any party provides a 10-day notice of termination. During the review of the MOU and interviews with the FA and the PSA Compliance Manager, the Auditor confirmed the facility has not requested the BPD follow the requirements of 115.21 (a)-(d); however, during the on-site audit, the FA sent an email to the Bakersfield Chief of Police and requested that the BPD follow the requirements of §115.21 when investigating an allegation of sexual abuse within the facility.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” GEO policy 5.1.2-F states, “Each facility shall have a policy in place to ensure that each allegation of

sexual abuse is investigated by the facility or referred to an appropriate law enforcement agency with legal authority to conduct criminal investigations. The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. Facilities shall document all referrals. b. Each facility shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU shall also be documented and retained by the facility. c. GEO shall publish this policy on its website in lieu of each facility making their local protocol available to the public. d. When a detainee or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to the ICE Office of Enforcement and Removal Operations (ERO), who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or DHS Office of the Inspector General and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an employee, contractor or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to ERO, who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of the Inspector General. If the allegation is potentially criminal, the facility shall ensure it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation. Ensure that the facility administrator, ICE Field Office, 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.” GEO policy 5.1.2-F further states, “GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.” An interview with the FA indicated all allegations of sexual abuse are reported to the AFOD, the Joint Intake Center (JIC), and ICE OPR. Interviews with the facility PSA Compliance Manager and a facility PREA Investigator indicated all allegations of sexual abuse are immediately reported to the BPD and once BPD has decided if a criminal investigation will continue or if they decline to investigate, the facility will begin an administrative investigation. The Auditor reviewed six sexual abuse allegation investigation files and confirmed all allegations had been reported to the BPD and notifications had been made to the JIC and ICE OPR. The Auditor reviewed the GEO Group, Inc. website <https://www.geogroup.com/PREA> and the Agency website (<https://www.ice.gov/prea>) and confirmed the required protocols are posted and available to the public.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Exceeds Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, “All employees, contractors, and volunteers shall receive initial training on GEO’s Sexual Abuse Assault Prevention and Intervention Program (SAAPI) and annual refresher, thereafter, See Section F for volunteer requirements and Section G for contractor Requirements. Refresher training will include any updates to Sexual Abuse Assault Behavior Prevention and Intervention Program. MVIPC shall train all employees, contractors, and volunteers who may have contact with detainees on 1) Its Zero Tolerance policy for sexual abuse and assault. 2) How to fulfill their responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and Procedures, to include procedures for reporting knowledge 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) Reporting sexual abuse and assault. 6) Definitions and examples of prohibited and illegal sexual behavior. 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 with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. SA-API refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) and the ICE SA-API Certification form that they understand the training they have received. These forms shall be used to document Pre-Service and Annual In-Service SA-API Training.” The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2020 In-Service training curriculum and confirmed the training includes the Agency and the facility’s zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotions signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim’s welfare and for law enforcement or investigation purposes. An interview with the facility TA indicated all employees are required to attend a pre-service training during orientation and In-Service training every year after. Interviews with five random DOs confirmed their knowledge of PREA. The Auditor reviewed 10 employee Annual In-Service Rosters/Sign-In Sheets and 4 ICE staff PREA SA-API Training certificates and confirmed each person had received PREA training for the years 2023 and 2024. Based on the facility’s practice to provide refresher training to all employees, contract employees, and ICE employees on an annual basis the Auditor finds the facility exceeds subsection (b) of the standard.

Corrective Action:

No corrective action needed.

§115.32 - Other Training

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, “All employees, contractors, and volunteers shall receive training on GEO's Sexual Abuse Assault Prevention and Intervention Program. MVIPC shall ensure all volunteers who have contact with detainees are trained on their responsibilities under GEO's sexual abuse and assault prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with detainees, 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 SA-API refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) and the ICE SA-API Certification form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SA-API Training.” MVIPC policy 11.1.6 further states, “All employees, contractors and volunteers shall receive training on GEO's SA-API Program. MVIPC shall ensure all contractors who have contact with detainees are trained on their responsibilities under GEO's sexual abuse/assault 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 and informed how to report such incidents; Contractors who have contact with detainees shall receive annual SA-API refresher training. Medical and Mental Healthcare contractors shall receive the specialized training required in standard 115.35. Contractors shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) and

the ICE SAAPI Certification form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training.” An interview with the PSA Compliance Manager indicated volunteers who receive PREA training prior to beginning services and will receive Annual PREA training annually. An interview with the PSA Compliance Manager further indicated volunteers are provided a Volunteer-Contractor Handbook which includes the facility’s zero tolerance, definitions of sexual abuse and volunteer reporting duties. In addition, an interview with the PSA Compliance Manager indicated volunteers are required to complete the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers. The Auditor reviewed the training and confirmed the curriculum contains the Agency’s zero tolerance, definitions of sexual abuse, first responder duties and reporting duties. The Auditor reviewed training certificates for two volunteers and confirmed they have received the required training. The PSA Compliance Manager indicated volunteers, contractors, and “other” contractors (also known as vendors) are required to read and sign a statement at the facility front desk which states, “Mesa Verde ICE Processing Center, DHS, and the GEO Group Inc. has a zero-tolerance policy regarding detainee sexual abuse and harassment. Contractors and Volunteers have the responsibility to report any such incidents. Reports of sexual abuse and harassment can be made to any staff member.” During the on-site, the Auditor observed two “other” contractors had reviewed and signed into the facility on the Sign-In sheet.

Corrective Action:

No corrective action needed.

§115.33 - Detainee Education

Outcome: Meets Standard

Notes:

(a)(b)(c)(f): MVIPC policy 11.1.6 states, “During the intake process, MVIPC shall ensure the detainee orientation program notifies and informs detainees about the Company's zero tolerance policy regarding all forms of sexual abuse/assault 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/assault, including to any employee, including an employee other than immediate point-of-contact line officer (i.e., the PSA Compliance Manager or mental Health staff), the Detention and Reporting information Line (DRIL) the DHS Office of inspector General, Joint Intake Center, Consular official and if desired, anonymously report these incidents; 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. 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. MVIPC shall maintain documentation of detainee participation in the intake process orientation which shall be retained in their individual files.” Interviews with the PSA Compliance Manager and an Intake Officer indicated during the intake/orientation process, detainees are provided the ICE National Detainee Handbook, DHS-prescribed SAA Information pamphlet, a facility handbook, and are shown the facility “Know your Rights” and “Speak Up” PREA video and receipt confirming orientation was conducted by detainee signature on the Emergency Notification and Property Disposition Form. The Auditor reviewed the Emergency Notification and Property Disposition Form and confirmed the form includes what language materials were issued to the detainee. The Auditor reviewed the ICE National Detainee Handbook and confirmed the ICE National Detainee Handbook includes information on the Agency’s zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse and is available on-site in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'iche' and

Vietnamese. During the on-site audit the Auditor observed copies of the DHS-prescribed SAA information pamphlet in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The Auditor reviewed the facility Detainee Handbook and confirmed the handbook is available in English and Spanish and includes information on the facility's zero tolerance policy, definitions, and examples of detainee-on-detainee sexual abuse, avoiding sexual assault, how to report sexual abuse and assault, reporting sexual abuse will not negatively impact your immigration proceeding, and information regarding counseling through TODN, the National Domestic Violence Hotline and RAINN. In addition, the Auditor reviewed the facility "Know your Rights" and "Speak Up" PREA video and confirmed both videos are available in English, Spanish, and closed caption; however, the Auditor was able to confirm through observation a transcript of the video is available in 15 other languages if needed. Interviews with the PSA Compliance Manager and an Intake Officer indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. Interviews with the PSA Compliance Manager and an Intake Officer further indicated for those detainees who have limited reading skills or are LEP staff will utilize the facility language line to interpret the information or a staff interpreter who is proficient in the detainee's preferred language and if a detainee were blind staff would read the information to the detainee. In addition, interviews with the PSA Compliance Manager and an Intake Officer indicated if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. Interviews with five detainees, and review of 10 detainee files, confirmed all detainees had received the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and watched the PREA videos during intake/orientation. During the on-site audit, there were no incoming detainees to allow the Auditor to observe the intake process; however, the Auditor observed a video recording of a detainee intake/orientation and confirmed the detainee had completed orientation.

(d)(e): MVIPC policy 11.1.6 states, "MVIPC shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice. 2) The name of the PSA Compliance Manager; and 3) The name of local organizations that can assist detainees who have been victims of sexual abuse. MVIPC shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, and the TODN flyer posted in all housing units of the facility. Interviews with the PSA Compliance Manager and an Intake Officer indicated each detainee is provided the DHS-prescribed SAA Information pamphlet during the intake process. Interviews with five detainees, and review of 10 detainee files, confirmed all detainees had received the DHS-prescribed SAA Information pamphlet during intake/orientation.

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. MVIPC policy 11.1.6 states, "Investigators shall conduct investigations into every allegation of sexual abuse at MVIPC. Investigators shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for employees in Section E (1). Specialized training will include but not limited to: Interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, criteria and evidence required for administrative action or prosecutorial referral. MVIPC shall maintain documentation of this specialized training." An interview with the PSA Compliance Manager and review of the facility PAQ indicated the facility has three trained investigators who investigate all allegations of sexual abuse at the facility. An interview with the PSA Compliance Manager further indicated each investigator has completed specialized training on sexual abuse and cross agency coordination offered through the National PREA Resource Center titled "PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting." The Auditor reviewed the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. The Auditor reviewed training PREA Resource Center training certificates confirming all investigators have completed the training. In addition, the Auditor confirmed through employee file reviews each investigator had received the general PREA training as required by the standard.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

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

(b)(c): MVIPC policy 11.1.6 states, "MVIPC shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly at MVIPC on certain topic areas, including detecting signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse, and proper reporting of allegations of suspicions of sexual abuse and assault. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the general training mandated for all employees in Section E (1) or contractors in Section G (1) depending upon their status at MVIPC. This training shall be completed as part of the newly hired pre service orientation. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. MVIPC shall maintain documentation of this specialized training. The agency shall review and approve the facility's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities." Interviews with the HSRM, HSA, and a RN indicated medical and mental health staff are required to complete specialized training and facility general PREA training. The Auditor reviewed the GEO Specialized Medical and Mental Health PREA Training curriculum. The curriculum includes detecting and assessing signs of sexual abuse and sexual harassment, identifying and preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or

suspicions of sexual abuse and sexual harassment. The Auditor reviewed five medical and mental health staff files and confirmed they each had received the specialized training and the general PREA training as required by subsection (b) of the standard. Interviews with the FA, PSA Compliance Manager, and the SDDO confirmed MVIPC policy 11.1.6 had been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(f): MVIPC policy 11.1.6 states, “All detainees at MVIPC shall be assessed during intake and upon transfer to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse by taking steps necessary to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. MVIPC shall use the GEO PREA RISK Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist with the risk assessment. The intake screening shall consider, at a minimum, the following criteria to assess Individuals for risk for sexual victimization: 1) Mental, physical, or developmental disability 2) Age 3) Physical build and appearance 4) Previous incarceration or detainment 5) Nature of criminal history 6) Prior convictions for sex offenses against an adult or child 7) Whether detainee self-identified as LGBTI or Gender Nonconforming 8) Whether detainee self-identified as having previously experienced sexual victimization 9) Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Facility, in assessing the risk of being sexually abusive.” MVIPC policy 11.1.6 further states, “Detainees shall not be disciplined for refusing to answer, or not disclosing complete information in response to the questions on the risk assessment form.” The Auditor reviewed the facility PREA/SAAPI Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee’s criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee’s own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. A review of the facility PREA/SAAPI Risk Assessment further indicated staff must complete the form within 24 hours of arrival. In addition, a review of the PREA/SAAPI Risk Assessment includes the date the assessment was completed and the date the detainee signed the assessment; however, the assessment does not include the time the assessment was completed. Interviews with the PSA Compliance Manager/Classification Manager, and an Intake Officer indicated the completion time is confirmed with the use of a tracking log and the intake process will normally take up to four hours depending on the number of detainees coming into the facility. Interviews with the PSA Compliance Manager/Classification Manager and an Intake Officer further indicated detainees are kept separate from the general population until the completion of the intake process. In addition, interviews with the PSA Compliance Manager/Classification Manager and an Intake Officer indicated during intake a classification officer will take the detainee into a private office to confidentially complete the assessment, detainees are not disciplined if they refuse to answer or disclose information, and staff will utilize the services of a language line for those detainees who are limited in English. During an interview with the PSA Compliance Manager/Classification Manager it was indicated he utilizes the MVIPC SAAPI/PREA AT-RISK ASSESSMENT TRACKING LOG to track all detainees who are potential victims and/or potential abusers. In an interview with the PSA Compliance

Manager/Classification Manager it was further indicated the MVIPC SAAPI/PREA AT-RISK ASSESSMENT TRACKING LOG is shared with classification staff who review the log prior to housing detainees who may be at risk for victimization or abusiveness to ensure they are not housed together. The Auditor reviewed 10 detainee files and the corresponding tracking log and confirmed all detainees had been assessed within 12 hours of entering the facility.

Recommendation (b): The Auditor recommends the facility revise the PREA/SAAPI Risk Assessment to include “Staff must complete this form within 12 hours of arrival” to coincide with facility practice. In addition, the Auditor recommends the facility add a time of arrival and time of completion to the PREA/SAAPI Risk Assessment to more easily document the assessment had been completed within 12 hours of arrival.

(e)(g): MVIPC policy 11.1.6 states, “MVIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility staff shall reassess the detainee’s risk for victimization or abusiveness. MVIPC shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident, abuse, or victimization. Detainees shall not be disciplined for refusing to answer, or not disclosing complete information in response to the following questions on the risk assessment form: 1) Whether the detainee has a mental, physical, or developmental disability; 2) Whether the detainee has any convictions for sex offenses against an adult or child; 3) Whether the detainee self-identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; and 4) Whether the detainee has concerns about his or her physical safety.” MVIPC policy 11.1.6 further states, “MVIPC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure 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 reviewed the PREA Vulnerability Reassessment Questionnaire. The form requires a file review which states, “Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents’ likelihood of being vulnerable to victimization.” In addition, the form inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming, if the detainee has been forced or threatened to engage in sexual activity while at the facility, and if they feel safe. An interview with the PSA Compliance Manager/Classification Manager indicated a reassessment is completed between 60 to 90 days and would be completed if new information is learned or if the detainee was involved in an incident of sexual abuse. The Auditor reviewed 10 detainee files and confirmed a reassessment had been completed for each detainee within 60 to 90 days from the date of the initial assessment. In addition, the Auditor reviewed six investigative files and confirmed each detainee victim had been reassessed after reporting a sexual abuse allegation. In an interview with the PSA Compliance Manager, it was indicated only supervisors have access to the files to the detainee risk assessments. During the on-site audit, the Auditor confirmed, through observation, detainee files, which include the PREA Vulnerability Reassessment Questionnaire, are kept in locked cabinets in an administrative office.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, “Screening information from standard 115.41 Section C (1) shall be used to inform assignment of detainees to housing, recreation and other activities, and voluntary work. MVIPC shall make individualized determinations about how to ensure the safety of each detainee. The PSA Compliance

Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations." Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. PSA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for Transgender and Intersex detainees, MVIPC shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. When operationally feasible, transgender and intersex shall be given the opportunity to shower separately from other detainees. 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." An interview with the PSA Compliance Manager/Classification Manager indicated the facility utilizes MVIPC SAAPI/PREA AT-RISK ASSESSMENT TRACKING LOG to track the location of all detainees who are potential victims and/or potential abusers. An interview with the PSA Compliance Manager/Classification Manager further indicated to ensure an at-risk detainee victim is not housed or assigned to voluntary work or recreation with those detainees who have been identified as being at risk for abusiveness prior to housing a detainee or assigning voluntary work or recreation individualized determinations are made utilizing the information from the initial risk assessment and the MVIPC SAAPI/PREA AT-RISK ASSESSMENT TRACKING LOG. Interviews with the PSA Compliance Manager/Classification Manager further indicated medical and mental health would be consulted on the placement of a transgender or intersex detainee, housing would be determined based on the detainee own self-identification of gender and not by physical anatomy, and consistent with the safety and security of the facility. In addition, the PSA Compliance Manager/Classification Manager indicated a transgender or intersex detainee will be reassessed twice a year to review any threats to safety experienced by the detainee. The Auditor reviewed 10 detainee files and confirmed the use of the MVIPC SAAPI/PREA AT-RISK ASSESSMENT TRACKING LOG was utilized when determining initial housing, recreation and other activities, and voluntary programming. The Auditor confirmed the facility does not have group showers allowing transgender and intersex detainees to have an opportunity to shower separate from other detainees. In an interview with the PSA Compliance Manager, it was confirmed there were no transgender or intersex detainees housed at the facility during the audit period; and therefore, the Auditor did not review a transgender or intersex detainee file or conduct an interview.

Corrective Action:

No corrective action needed.

§115.43 - Protective Custody

Outcome: Exceeds Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, "MVIPC has written procedures governing the management of its Restrictive Housing Unit (administrative segregation unit). These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, must document detailed reasons for placement of a detainee in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Use of administrative segregation to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing, and they shall be made for the least amount of time practicable and when, as a last resort no other viable housing option exists; MVIPC should assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days." Interviews with the FA, PSA Compliance Manager, and a Segregation Officer indicated protective custody would only be utilized if a detainee vulnerable to sexual abuse requests the placement or as a last resort if there were no other viable housing

options. Interviews with the FA, PSA Compliance Manager, and the Segregation Officer further indicated if a detainee were to be assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment would not exceed 30 days and would be documented to include detailed reasons for the placement. In addition, interviews with the FA, PSA Compliance Manager, and the Segregation Officer indicated the detainee vulnerable to sexual abuse would have access to programs, visitation, counsel, and any other services available to the general population. An interview with the Segregation Officer and Auditor observations confirmed there were no detainees vulnerable to sexual abuse housed in the administrative segregation unit during the on-site audit. The Auditor reviewed 10 detainee files and confirmed 2 detainees had been identified at risk for victimization during the initial risk assessment; however, neither detainee was assigned to administrative segregation based on being vulnerable to sexual abuse. Interviews with the FA and the SDDO confirmed MVIPC policy 11.1.6 was developed in consultation with the ICE Field Office Director having jurisdiction over the facility.

(d)(e): MVIPC policy 11.1.6 states, "MVIPC shall implement written procedures for the regular reviews of all detainees held in administrative segregation for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the detainees' placement in administrative segregation to determine whether segregation 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 segregation. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter as necessary. MVIPC shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment. All completed forms shall be reviewed and signed by the Facility Administrator or Chief of Security. MVIPC shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to sexual abuse or assault for review and approval of the placement." The Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center has not placed any detainee in Administrative Segregation due to sexual abuse; however, if the facility has to the Facility Administrator will notify the AFOD by email within 72 hours." Interviews with the FA and the PSA Compliance Manager indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would require immediate notification to the ICE FOD, and the notification would be documented. In addition, interviews with the FA, PSA Compliance Manager, and a Segregation Officer indicated supervisor staff are required to conduct a review within 72 of the detainee's placement in segregation and will conduct an identical review every seven days until the detainee is released to general population. Based on the facility practice of completing administrative segregation reviews every seven days until the detainee is released from administrative segregation the Auditor finds the facility exceeds the standard.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, "MVIPC shall provide multiple ways for Individuals 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. MVIPC shall provide contact information to detainees for relevant consular officials, the DHS Office of Inspector General, or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. MVIPC shall provide detainees contact information on how to report sexual abuse/assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee reports of sexual abuse to Facility or GEO officials, allowing the detainee to remain anonymous upon request; MVIPC shall provide detainees contact information on how to report sexual abuse/assaults to the Facility PSA Compliance

Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.” During the on-site audit, the Auditor observed information in English and Spanish advising detainees how to contact their consular official, the DHS OIG, and the DRIL, to confidentially, and if desired, anonymously report an incident of sexual abuse. The postings were in all common areas of the facility. In addition, each detainee telephone had a mailing label attached to the telephone with contact information for the consular official, the DHS OIG, and the DRIL and instructions for anonymous calling. Interviews with the facility PSA Compliance Manager and five random DOs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with five random DOs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. Interviews with five detainees indicated that they were aware of several ways they could report an allegation, including ways to report anonymously, if needed. During the on-site audit, the Auditor tested all telephone numbers provided to detainees and confirmed they were all in good working order.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): MVIPC policy 11.1.6 states, “MVIPC permits a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. MVIPC does not impose a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse. MVIPC 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/assault. MVIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. MVIPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. The Grievance Coordinator shall send all grievances related to sexual abuse and the Facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. For monitoring purposes, the PSA Compliance Manager shall receive copies of all grievances related to sexual abuse or Sexual Activity.” An interview with the facility GO indicated a detainee can file a grievance alleging sexual abuse at any time and are not required to follow an informal grievance process prior to filing a formal grievance. An interview with the facility GO further indicated detainees can file a paper grievance and deposit into the grievance box available in the housing unit or detainees can file a grievance utilizing the facility tablets. In addition, the GO indicated if a detainee expressed the need for assistance in filing a grievance, she would facilitate the detainee request and ensure he/she received any assistance needed. In an interview with the GO it was further indicated grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety, and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee’s safety, she would inform security and medical staff to ensure immediate action is taken including a medical assessment. An interview with the PSA Compliance Manager indicated all investigative reports, the grievance, and the decision is forwarded to the FOD when completed. During the on-site audit the Auditor tested the grievance process by placing a test grievance into a grievance box within a housing unit and received timely notification the grievance had been received. Interviews with five random detainees confirmed they were aware of how to file a grievance and the grievance process.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): MVIPC policy 11.1.6 states, “MVIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. MVIPC shall make information available to detainees about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available) Open Door Network Outreach Center, 1921 19th Street, Bakersfield, CA 93301, 24-hour hot line 661-327-1091. If local providers are not available, MVIPC shall make available the same information about national organizations. MVIPC 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; MVIPC 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. MVIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The Auditor reviewed the Mesa Verde ICE Processing Center Operational Agreement with The Open-Door Network (TODN) and confirmed the agreement is in effect for a period of three years, beginning January 1, 2024, through December 31, 2026. A review of the agreement further indicates TODN will provide detainees a 24-hour Crisis Hotline for detainee victims of sexual abuse. During the on-site audit, the Auditor observed the TODN Flyer posted in all housing units. The flyer is in English and Spanish and provides the detainees with a mailing address and telephone numbers to access the service. An interview with the PSA Compliance Manager indicated if a detainee prefers a language other than English or Spanish the facility would provide the detainee a flyer in his/her preferred language with the use of Google Translation. A review of the facility handbook confirms detainees are notified all telephone calls are subject to monitoring; however, the Auditor observed postings at each of the detainee phones with instructions for accessing the service anonymously and confidentially. In addition, the detainees are provided instructions for anonymous and confidential access to the National Domestic Violence Hotline (NDVH) and the Rape, Abuse and Incest National Network (RAINN). Utilizing the detainee telephones and the instructions provided, the Auditor successfully called the TODN, NDVH and RAINN. During the call to TODN, there is a recording informing the caller under what circumstances a report to local law enforcement must be made, in accordance with the mandatory reporting laws of California. During an interview with a Victim Advocate from TODN the Auditor confirmed services provided would include emotional support, crisis intervention, accompaniment to provide emotional support during a forensic medical examination, support during investigatory interviews, and information and referrals that may be needed.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting**Outcome:** Meets Standard**Notes:**

MVIPC policy 11.1.6 states, “MVIPC shall post publicly GEO's third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of detainees. Third party reporting posters shall be posted within MVIPC public areas in English and Spanish to include lobby, visitation and staff break areas.” A review of the Agency website (www.ice.gov/prea)

confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website www.geogroup/prea and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator including a phone number. The Auditor tested the reporting function and received a responsive email from the GEO Group PREA Coordinator confirming the test email had been received.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency 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.” MVIPC policy 11.1.6 states, “Employees are required to immediately report in accordance with Agency policy any of the following: a. Knowledge, suspicion, or information regarding an incident of sexual abuse/assault that occurred in a Facility whether or not it is a GEO Facility. b. Retaliation against Individuals or employees who reported such an incident or participated in an investigation about such incident, and c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. 1) Apart from reporting to designated supervisor or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. 2) Employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or Facility Management privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents. 3) Allegations of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local vulnerable persons statute, the Facility shall report to designated State or local services Agencies under applicable mandatory report laws. 4) All allegations of sexual abuse or assault shall be immediately reported to ICE/ERO, and any other required entities based on the nature of the allegation.” Interviews with five random DOs confirmed they were very knowledgeable and could articulate their responsibilities to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. Interviews with five random DOs further confirmed they were aware they cannot reveal information related to an incident of sexual abuse 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, other security, and management decisions. In addition, interviews with five random DOs confirmed they could anonymously report an allegation of sexual abuse through the employee hotline and carried a lanyard which included the contact information for reporting an allegation of sexual abuse through the employee hotline or through the GEO Corporate PREA Coordinator. Interviews with the FA and the PSA Compliance Manager indicated the facility does not house juvenile detainees and if an allegation of sexual abuse involved a vulnerable adult California mandatory reporting laws require a report to be made to Adult Protective Services. An interview with an SDDO

confirmed he was knowledgeable regarding his reporting duties under the Agency policy 11062.2. The Auditor reviewed six sexual abuse allegation investigation files and confirmed the allegations did not involve a vulnerable adult. An interview with an SDDO confirmed MVIPC policy 11.1.6 had been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

MVIPC policy 11.1.6 states, "When an MVIPC staff member has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, he/she shall take immediate action to protect that detainee. Employees shall report and respond to all allegations of Sexually Abusive Behavior. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental." Interviews with the FA, PSA Compliance Manager, and five random DOs confirmed they were knowledgeable on their responsibility to take immediate action should they become aware a detainee is at substantial risk of sexual abuse. The Auditor reviewed six sexual abuse allegation investigation files and confirmed each investigation included an incident report confirming staff took immediate action to protect the detainee by separating the detainee victim from the alleged abuser.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): MVIPC policy 11.16 states, "In the event a detainee alleges sexual abuse occurred while confined at another Facility, MVIPC shall document those allegations and the Facility Administrator or Chief of Security (in the absence of the Facility Administrator) shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification; MVIPC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. Any Facility that receives notification of alleged abuse, it is required to ensure the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." In an interview with the facility FA, it was indicated she would notify the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours, after receiving the allegation. In an interview with the facility FA, it was further indicated the notification would be made by telephone and would be followed up with an email to document the notification. In addition, an interview with the facility FA indicated, if the facility received notice from another facility a detainee has alleged an incident of sexual abuse while housed at MVIPC, she would notify the FOD and ensure the allegation is immediately assigned for investigation. An interview with the PSA Compliance Manager indicated the facility has had one detainee report a sexual abuse which had occurred at another facility. The Auditor was provided email documentation which confirmed notification was made to the facility FA immediately upon learning of the allegation. The Auditor reviewed six sexual abuse allegation investigation files and confirmed none of the allegations had occurred at another facility or had been reported to another facility.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): MVIPC policy 11.1.6 states, “Upon receipt of a report that a detainee was Sexually Abused, or if the employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and abuser. b. Immediately notify the on duty or on call 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 evidence, the first responder shall, request the alleged victim and ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.” MVIPC policy 11.1.6 further states, “If the first responder is not a Security Staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify Security Staff. 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 five random DOs indicated if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser, does not take any action that could destroy physical evidence. Interviews with three non-security first responders indicated they would immediately call for officers, instruct the detainees to separate, request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor of the incident. The Auditor reviewed six sexual abuse allegation investigation files and confirmed each investigation included an incident report which confirmed the detainee victim and abuser were immediately separated and taken to medical for care and observation.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): MVIPC policy 11.1.6 states, “MVIPC shall develop written 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. MVIPC 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.” The Auditor reviewed the facility coordinated response plan and confirmed the plan takes a multidisciplinary team approach to responding to sexual abuse. The plan coordinates the actions taken by facility responders to include first responders, medical and mental health staff, investigators, and the facility leadership in response to an incident of sexual abuse. During interviews with the FA, PSA Compliance Manager, HSRM, and the HSA, and the Auditor’s review of submitted documentation, there appeared to be confusion on where a detainee victim of sexual abuse would be transported to obtain a SANE or SAFE Exam. The facility provided the Auditor an Independent Contractor’s Agreement between the City of Bakersfield and the Kern County Forensic Services, LLC., a memorandum regarding Medical Services for Mesa Verde ICE Processing Center, the arrangement between GEO Group, ICE and Dignity Health/Mercy Hospital, and a memorandum regarding Medical Services for Mesa Verde ICE Processing Center and the arrangement between GEO Group, ICE, and Good Samaritan Hospital. However, during the on-site audit, the HSRM confirmed a detainee victim would be transported to the Adventist Hospital for a SANE or

SAFE exam. During the on-site audit the Auditor advised facility staff of the discrepancy who immediately held a staff meeting and provided training to all applicable staff regarding the facility's agreement with Adventist Hospital. Interviews with five random DOs indicated if a detainee reported an allegation of sexual abuse they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. The Auditor reviewed six sexual abuse allegation investigation files and confirmed the facility utilized a coordinated, multidisciplinary response, in responding to each allegation.

Recommendation (a): The Auditor recommends the facility include information regarding the transporting of detainee victims of sexual abuse to the Adventist Hospital for a SANE or SAFE exam in the facility coordinated response plan to ensure all applicable staff are aware of the procedures. (c)(d): MVIPC policy 11.1.6 states, "If the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred from a DHS facility to a non-DHS Facility, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise." However, the standard requires the PREA Coordinated Response Plan include all requirements of subsection (c) of the standard which states, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and subsection (d) of the standard which states, "If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center has not had any detainees transferred to another facility who have been victims of sexual abuse. If we did have one, per policy, the MVIPC Facility Administrator would contact the receiving Facility Administrator within 72 hours to let him/her know that the detainee with the history or sexual abuse is being transferred to his/her facility." In addition, the Auditor reviewed a memorandum to the file which states, "Mesa Verde ICE Processing Center has not had any detainees transferred from a DHS immigration detention facility to a facility not covered by Standard 115.65 (c)." Interviews with the HSRM, HSA, and the FA confirmed they were aware of the requirements of subsections (c) and (d) of the standard; however, the standard requires the coordinated response plan provide clear direction to all applicable staff regarding a detainee's consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. MVIPC policy 11.1.6, which serves as the facility coordinated response plan states, "If the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred from a DHS facility to a non-DHS Facility, MVIPC shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise." However, the standard requires the PREA Coordinated Response Plan include all requirements of subsection (c) of the standard which states, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and subsection (d) of the standard which states, "If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the HSRM, HSA, and the FA confirmed they were aware of the requirements of subsections (c) and (d) of the standard; however, the standard requires the coordinated response plan provide clear direction to all applicable staff

regarding a detainee's consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse. To become compliant the facility must update MVIPC policy 11.1.6, which serves as the facility Coordinated Response Plan, to include clear direction to all applicable staff regarding a detainee's consent to inform a receiving facility not covered by DHS PREA standards of their potential need for medical or social services following an incident of sexual abuse by including the language "If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and subsection (d) of the standard which states, "If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Once MVIPC policy 11.1.6 has been updated the facility must submit documentation to confirm all applicable staff, including but not limited to medical, have been trained on the updated coordinated response plan.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

MVIPC policy 11.1.6 states, "In cases where there is a serious allegation that a detainee was Sexually Abused, responding supervisory staff shall: Ensure the alleged victim and abuser are properly separated. They should not be allowed to communicate and should be held out of sight and sound of each other. If an employee, contractor, or volunteer is the alleged abuser, the individual will be removed from all duties requiring detainee contact pending the outcome of the investigation." Interviews with the FA, PSA Compliance Manager, and the HRM, indicated staff are removed from contact with detainees pending the outcome of the investigation. The Auditor reviewed six sexual abuse allegation investigation files which included staff-on-detainee and confirmed all alleged staff perpetrators had been removed from detainee contact until the outcome of the investigation.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, "Employees, contractors and volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force; MVIPC 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 MVIPC PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. MVIPC shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigations. A Mental Health staff member or the PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist; Any issues discussed shall be noted on the "Protection from Retaliation Log (see Attachment H)" to include corrective actions taken to address the issue. For at least 90 days following a report of sexual abuse, MVIPC shall monitor the conduct and treatment of detainees who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff and shall act promptly to remedy such retaliation. Items to be monitored for detainees include disciplinary reports and housing or program changes. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another employee, the MVIPC's Human Resources Staff or Facility Investigator as designated by

the Facility Administrator shall monitor the conduct and treatment of the employee who reported the Staff Sexual Misconduct (abuse or harassment) or employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue. Items to be monitored for employees include negative performance reviews and employee reassignments. If any other individual expresses a fear of retaliation, MVIPC shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SA-API incident." An interview with the PSA Compliance Manager, indicated that he is responsible for retaliation monitoring of detainee victims of sexual abuse and the HRM would monitor staff. An interview with the PSA Compliance Manager further indicated when a detainee reports an allegation of sexual abuse, the detainee victim is separated from the abuser, and he will begin monitoring the detainee victim immediately. In addition, an interview with the PSA Compliance Manager indicated if a detainee victim of sexual abuse expresses fears of retaliation for reporting the allegation, or for cooperating with the investigation, he will ensure the detainee victim of sexual abuse is offered emotional support services. An interview with the PSA Compliance Manager further indicated, he will meet with the detainee every week for 90 days, or longer if needed, and will review the detainee's housing record, disciplinary record, or any program changes, which may have occurred. An interview with the HRM indicated staff who express fear of retaliation will be offered emotional support through the EAP and are monitored every 30 days for up to 90 days, or longer if needed, to ensure there has not been negative reviews or reassignments because of reporting an allegation of sexual abuse or cooperating with an investigation. An interview with the HRM further indicated, there has not been a staff member who required retaliation monitoring during the audit period. The Auditor reviewed six sexual abuse allegation investigation files and confirmed all detainee victims who alleged sexual abuse received retaliation monitoring for 90 days as required by subsection (c) of the standard.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): MVIPC policy 11.1.6 states, "MVIPC shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. (See Section K1). Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse; MVIPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours." Interviews with the FA, PSA Compliance Manager, and a Segregation Officer indicated if a detainee victim was placed into segregated housing the ICE FOD would be immediately notified. Interviews with the FA, PSA Compliance Manager, and a Segregation Officer further indicated the detainee victim would be placed in a supportive environment which represents the least restrictive housing available and would not exceed five days. In addition, interviews with the FA, PSA Compliance Manager, and a Segregation Officer Supervisor indicated staff would conduct regular reviews as required by §115.43. In an interview with the PSA Compliance Manager/Classification Manager it was indicated a detainee victim would not be returned to general population until the completion of a reassessment considering the increased vulnerability as a result of the recent sexual abuse. The Auditor reviewed six sexual abuse allegation investigation files and

confirmed no detainee victim had been placed in administrative segregation or protective custody after reporting an incident of sexual abuse.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): MVIPC policy 11.1.6 states, “An administrative investigation shall be completed for all allegations of Sexual Abuse at GEO Facilities, regardless of whether a criminal investigation is completed. All investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within OHS, and the assigned criminal investigative entity.” MVIPC policy 11.1.6 further states, “Such procedures shall govern the coordination and sequencing of the two types of investigations, in accordance with paragraph (b) of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. The agency shall review and approve the facility policy and procedures for coordination and conduct of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations. 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, the MVIPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” An interview with the PSA Compliance Manager indicated each investigator has completed specialized training on sexual abuse and cross agency coordination offered through the National PREA Resource Center titled “PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting.” The Auditor reviewed the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. The Auditor reviewed training PREA Resource Center training certificates confirming all investigators have completed the training. An interview with a facility PREA Investigator indicated all allegations of sexual abuse are reported to the BPD, he will work closely with the BPD during the investigation and will remain in contact with the BPD to follow the investigation’s progress. An interview with a facility PREA Investigator further indicated he will begin an investigation once BPD, and ICE OPR, has indicated he can do so, and the investigation would be completed regardless of if the detainee or the perpetrator is no longer housed or employed at the facility. The Auditor reviewed six sexual abuse allegation investigation files and confirmed all investigations were completed promptly, thoroughly, and objectively.

(c): MVIPC policy 11.1.6 states, “The facility shall develop written procedures for administrative investigations, including provisions requiring: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; and Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.” An interview with the facility PREA Investigator and review of six sexual abuse

allegation investigation files confirmed each investigation was documented in a written report. An interview with the facility PREA Investigator and review of six sexual abuse allegation investigation files further confirmed each file included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse, and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” GEO policy 5.1.2-F states, “Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” An interview with the facility PREA Investigator indicated the facility does not impose a standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse. The Auditor reviewed six sexual abuse allegation investigation files and confirmed the facility did not impose a standard higher than a preponderance of evidence when determining the outcome of the administrative investigation.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

MVIPC policy 11.1.6 states, “At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the Detainee victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded and any responsive action taken. The Detainee shall receive the original completed “Notification of Outcome of Allegations” form in a timely manner and a copy of the form shall be retained as part of the investigation file. The Detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the detainee is still in custody at the facility. The facility’s obligation to report under this section shall terminate if the Detainee is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the Detainee.” An interview with the PSA Compliance Manager indicated notification is made to each victim of an alleged sexual abuse and of any responsive action taken on the case. The Auditor submitted a Notification to Detainee of PREA Investigation Results form to the ERAU TL for confirmation of the notifications and confirmed detainee notifications had been made in all six investigations into allegations of sexual abuse. In addition, during the on-site audit, the Auditor reviewed six sexual abuse allegation investigation files and confirmed the detainee had received and signed the Investigative Finding and Responsive Actions Notification Form.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GEO policy 5.1.2-F states, “Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer. Each facility 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. Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” Interviews with the FA, PSA Compliance Manager, and the HRM indicated staff are subject to discipline, including removal from their position from federal service if they engage in sexual abuse or violate the SAAPI policy. Interviews with the FA and PSA Compliance Manager indicated they would notify any licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. The Auditor reviewed six sexual abuse allegation investigation files and confirmed there has not been a substantiated allegation against a staff member or staff contractor. Interviews with the FA and SDDO confirmed GEO policy 5.1.2-F had been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): GEO policy 5.1.2-F states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Detainees by Contractors or Volunteers who have not engaged in Sexual Abuse but have violated other provisions within these standards.” An interview with the FA and PSA Compliance Manager indicated any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact, law enforcement would be notified, and the incident would be reported to the contractor’s employer and any other licensing bodies. The Auditor reviewed six sexual abuse allegation investigation files and confirmed none of the files involved a contractor or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): GEO policy 11.1.6 states, "Each facility shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Each facility holding detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. The facility shall not discipline a detainee for sexual contact with staff unless there is a finding the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." Interviews with the FA and PSA Compliance Manager indicated detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding that the detainee engaged in sexual abuse. The FA and PSA Compliance Manager further indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred. In an interview with the COS/ Disciplinary Officer, it was confirmed MVIPC has a disciplinary system which includes reviews, appeals, procedures, and documentation procedures. The Auditor reviewed six sexual abuse allegation investigation files and confirmed there were no substantiated allegations which included a detainee perpetrator; and therefore, no disciplinary records were reviewed.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, "If during intake assessment, persons tasked with screening determine a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be referred to a qualified Medical and/or Mental Health practitioner for immediate follow-up as appropriate; When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral; if the practitioner is not a mental health provider, and further referral is necessary, the detainee will be evaluated by a Mental Health Provider within the next business day." Interviews with the PSA Compliance Manager/Classification Manager and an Intake Officer indicated if during a risk assessment, a detainee discloses previous sexual abuse, or has perpetrated sexual abuse, intake staff will immediately send an email to the HSA, PSA Compliance Manager, the Lieutenant, and medical staff. Interviews with the HSA and a RN indicated, the email sent from Intake staff is immediately received by medical and a referral is immediately completed in the Medical Intake System. Interviews with the HSA and a RN further indicated the detainee is then scheduled to be seen by mental health within two days and medical staff within 72 hours. Interviews with two detainees who reported a history of sexual abuse confirmed they had been seen by medical and mental health the following day. A review of the detainees' files confirmed upon completion of the initial risk assessment Intake staff immediately sent an email, medical staff scheduled the detainees for follow-up with medical and mental health staff, and both detainees had been seen by medical staff and a mental health provider within 24 hours.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): MVIPC policy 11.1.6 states, "Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by MVIPC 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 either be transported to Dignity Health for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented." Interviews with the HSA and the HSRM indicated should a detainee be a victim of sexual abuse he/she would be triaged to address any emergency medical issues and would be transported to the Adventist Hospital for a SANE/SAFE exam. The hospital would provide emergency medical treatment, including emergency contraception and sexually transmitted infections prophylaxis. The facility would continue follow-up care once the detainee is returned to the facility. Interviews with the HSA and the HSRM further indicated ICE detainees are not charged for medical services related to sexual abuse. An interview with a victim advocate from TODN confirmed if a detainee was involved in a sexual assault and consented to a forensic exam, he/she would be transported to Adventist Hospital and a victim advocate would be provided at that time. An interview with a victim advocate from TODN further confirmed a victim advocate would accompany the detainee for the exam and during investigatory interviews to provide emotional support, crisis intervention, and counseling. The Auditor has made several attempts to speak with a SANE at Adventist Hospital and has not received a response at the time of writing this report. The Auditor reviewed six sexual abuse allegation investigation files and confirmed each detainee victim was seen by medical and mental health staff after reporting an incident of sexual abuse. A review of six sexual abuse allegation investigation files further confirmed each detainee had been given a TODN flyer for access to their services.

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): MVIPC policy 11.1.6 states, "MVIPC offers medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer to, or placement in other Facilities, or release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services, Victims shall also be offered tests for sexually transmitted infections as medically appropriate; all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MVIPC shall attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those detainee abusers in which a SA-API investigation determined either

administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented.” Interviews with the HSA and the HRSM indicated detainees would receive timely emergency access to medical and mental health treatment that includes as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody in accordance with professionally accepted standards of care. In addition, all treatment is provided at no cost to the victim of sexual abuse. An interview with the HRSM indicated detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning of such abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor has made several attempts to speak with a SANE at Adventist Hospital and has not received a response at the time of writing this report. The Auditor reviewed six sexual abuse allegation investigation files and confirmed the detainee victims were immediately referred to medical and mental health. There were no detainees who were identified as perpetrating sexual abuse against other detainees during the intake process or sexual abuse allegation investigation files with substantiated finding of sexual abuse against a detainee; and therefore, no detainee abuser was referred to mental health.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Meets Standard

Notes:

(a)(b)(c): MVIPC policy 11.1.6 states, “MVIPC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. A written report shall be prepared of the review shall occur within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. The review team shall consist of upper-level management officials, the PSA Compliance Manager, Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A DHS "Sexual Abuse or Assault Incident Review" form (see Attachment J) of the team's findings shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator utilizing the GEO PREA Survey database no later than 30 working days after the review. MVIPC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, MVIPC shall conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If MVIPC has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. MVIPC shall document the review utilizing the "DHS Annual Review of sexual abuse Incidents" form (See Attachment K). The results and finding shall be provided to the Facility Administrator, Field Office Director or his/her designee for submission to the ICE PSA Coordinator, and Corporate PREA Coordinator upon completion.” The Auditor reviewed the Sexual Abuse or Assault Incident Review form and confirmed the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. An interview with the PSA Compliance Manager/Incident Review Team member, indicated the facility has established a review team consisting of upper-level management which allows for input from custody staff, investigators, and medical and mental health practitioners. An interview with the PSA Compliance Manager/Incident Review Team member further indicated, the facility utilizes a Sexual Abuse or Assault Incident Review form to document the review. In addition, an interview with the PSA Compliance Manager/Incident Review Team member, indicated a review is completed within 30 days of the conclusion of the investigation. The Auditor reviewed six sexual abuse allegation investigation files and confirmed each file contained a Sexual Abuse or Assault Incident Review form which included recommendations for improvement and had been completed within 30 days of the conclusion of the investigation. In addition, the Auditor’s review of the Sexual Abuse or Assault Incident Review form

confirmed the review had been forwarded to the FA, the FOD, GEO PREA Coordinator, and the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): MVIPC policy 11.1.6 states, “MVIPC shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. MVIPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the SAPPI/PREA standards and applicable agency policies and established schedules.” An interview with the PSA Compliance Manager indicated all case records associated with allegations of sexual abuse are maintained in his office under lock and key. During the on-site audit the Auditor observed the files and confirmed they were maintained in a secure area in the PSA Compliance Manager’s office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck

3/13/2024

Auditor’s Signature & Date

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

3/13/2024

Program Manager’s Signature & Date

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

3/13/2024

Assistant Program Manager’s Signature & Date