PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	9/13/2022	**To:**	9/15/2022
AUDITOR INFORMATION			
Name of auditor:	Joyce Bridschge	**Organization:**	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Houston Field Office
Field Office Director:	Matthew W. Baker
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive, Houston, Texas 77060
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Montgomery ICE Processing Center		
Physical address:	806 Hilbig Road, Conroe, Texas 77301		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	936-521-4900		
Facility type:	CDF		
PREA Incorporation Date:	7/28/2014		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	002/24/202002/24/202002/24/2020
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Montgomery ICE Processing Center (MIPC), also referred to as the Montgomery Processing Center (MPC), was conducted on September 13-15, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Joyce E. Bridschge (lead Auditor) and [redacted] both 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) [redacted] and Assistant Program Manager (APM), [redacted] also DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards during the audit period of September 15, 2021, through September 15, 2022. The MIPC is privately owned by the GEO Group (also known as GEO) and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at MIPC are from Mexico, Honduras, and El Salvador. The facility does not house juveniles or family detainees. This was the second PREA audit for MIPC. MIPC is located in Conroe, Texas.

On September 13, 2022, Team Lead [redacted] opened the entry briefing at 8:15 a.m. (via conference call). that was held in the conference room at MIPC. In attendance were:

GEO Staff

[redacted] Facility Administrator (FA)
[redacted] Assistant Facility Administrator (AFA)
[redacted] Food Services Compliance Auditor (FSCA)
[redacted] Business Manager
[redacted] Executive Secretary
[redacted] Intake Captain
[redacted] Classification Supervisor
[redacted] Human Resources Manager (HRM)
[redacted] Prevention of Sexual Assault Compliance Manager (PSACM)
[redacted] Compliance Administrator (CA)

ICE Staff

[redacted] Assistant Officer in Charge (AOIC), Field PREA Coordinator
[redacted] Deportation Officer
[redacted] Inspections and Compliance Specialist (ICS), ERAU/OPR

IHSC Staff

[redacted] Health Service Administrator (HSA)

Creative Corrections Staff

Joyce Bridschge, Certified PREA Auditor
[redacted] PM

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

Approximately four weeks prior to the audit, ERAU Team Lead, [redacted] provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, allegations spreadsheet and other pertinent documents through ERAU's SharePoint site. The main policy that provides facility direction for PREA at MIPC is 10.1, Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities. All documentation, policies, and the PAQ were reviewed by the Auditor prior to the site

visit. A tentative daily schedule was provided to the lead Auditor for the interviews with staff and detainees. The Auditor received no correspondence from any detainees, staff, or any other parties prior to the audit or prior to the submission of the report.

MIPC, is a low, medium, and high custody adult male and adult female facility. The facility, with a rated capacity of 1,314 detainees, had 859 (767 male and 92 female) detainees present on the first day of the audit. The average daily population for the preceding year was 563. The facility is in a single building and has 5 single occupancy housing units, 14 open bay/dormitory housing units, 3 multiple occupancy housing units, 96 segregation cells, 2 mental health unit beds, and 26 infirmary beds. The housing units have cameras that are monitored from the central control room 24/7. (b) (7)(E) [redacted] The shower areas in each housing unit, where the detainees are allowed to change their clothes, were not viewable from the control room cameras. All detainees arriving at MIPC enter through the ICE processing office that adjoins the facility. Detainees enter directly into the intake processing unit. The detainee processing unit is a very large area with multiple stations. The detainees remain in this area until they are individually classified and receive a risk assessment and then are placed in the appropriate housing unit.

During the site visit, the lead Auditor observed cross-gender announcements being made as the tour group entered each housing unit. The cross-gender announcements were also notated in a logbook. Auditor's observations during the site visit confirmed there was a female staff member posted in each female unit.

According to the PAQ, MIPC has 506 GEO staff members, of which 194 are GEO security staff (90 male and 104 female). Other GEO employees who have contact with detainees are food service staff, maintenance staff, and religious services staff. At the facility, there are 72 medical staff and 8 mental health staff, which are contracted through ICE Health Service Corp (IHSC) and 2 commissary staff, contracted through Keefe Group. At the time of the site visit, there were no volunteers working with the ICE detainee population due to the COVID-19 pandemic.

At the conclusion of the facility tour, the lead Auditor was provided with staff and detainee rosters. Randomly selected personnel and detainees from each list were chosen to participate in formal interviews. The Auditor interviewed 15 random security staff including first-line supervisors, and 27 specialized staff. The specialized staff included: one FA, one PSACM, one Grievance Coordinator, one Classification Supervisor, two Investigative staff, two medical staff, two mental health staff, one Training Supervisor, two intake staff, one Intake Supervisor, three non-security first responders, three non-security contractors, one HR Manager, one ICE AOIC, one ICE Deportation Officer, one Account Manager, one Transportation staff member, one Intake Captain, and one Control Room staff person. A total of 37 random detainees were interviewed as well. Thirty-three detainees were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA), a language interpretative service provided through Creative Corrections. There were three transgender detainees present at the facility, of which two were interviewed and one declined. There were no detainees that identified as intersex, gay, lesbian, or bisexual, or that disclosed prior sexual victimization during their risk assessment at MIPC. Prior to the audit, the lead Auditor was provided an Excel spreadsheet, by the Team Lead, indicating MIPC had two allegations of sexual abuse during the audit period. One allegation was involving a staff-on-detainee and the other was detainee-on-detainee. The staff-on-detainee allegation was investigated (involved two alleged detainee victims), and the case closed unsubstantiated; the other case is still open. During the site visit, the Auditor also reviewed 12 employee personnel files, 12 employee training files, 10 detainee detention files and 2 detainee medical files.

On September 15, 2022, an exit briefing was held in the MIPC conference room. The Team Lead, (b) (6), (b) (7)(C) opened the briefing, via conference phone, and then turned it over to the Auditor. In attendance were:

GEO Staff
(b) (6), (b) (7)(C) FA
(b) (6), (b) (7)(C) AFA
(b) (6), (b) (7)(C) FSCA
(b) (6), (b) (7)(C) Executive Secretary
(b) (6), (b) (7)(C) PSACM

IHSC Staff
(b) (6), (b) (7)(C) Medical Doctor (MD)
(b) (6), (b) (7)(C) Health Service Administrator (HSA)

ICE Staff
(b) (6), (b) (7)(C) AOIC, Field PREA Coordinator
(b) (6), (b) (7)(C) Deportation Officer

Creative Corrections Staff

Joyce Bridschge, Certified PREA Auditor

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

The Auditor spoke briefly about the staff and detainee knowledge of the MIPC zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit, and that she would need to review her findings from the site visit and interviews conducted with staff and detainees. The Auditor explained the audit report process, timeframes, and thanked all present for their cooperation.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 3
115.15 Limits to Cross-Gender Viewing and Searches
115.17 Hiring and Promotion Decisions
115.54 Third-Party Reporting

Number of Standards Not Applicable: 2
115.14 Juvenile and Family Detainees
115.18 Upgrades to Facilities and Technologies

Number of Standards Met: 36
115.11 Zero Tolerance of Sexual Abuse; Prevention of Sexual Assault Coordinator
115.13 Detainee Supervision and Monitoring
115.16 Accommodating Detainees with Disabilities and Detainees who are Limited English Proficient
115.21 Evidence Protocols and Forensic Medical Examinations
115.22 Policies to Ensure Investigation of Allegations and Appropriate Agency Oversight
115.31 Staff Training
115.32 Other Training
115.33 Detainee Education
115.34 Specialized Training: Investigators
115.35 Specialized Training: Medical and Mental Health Care
115.41 Assessment for Risk of Victimization and Abusiveness
115.42 Use of Assessment Information
115.43 Protective Custody
115.51 Detainee Reporting
115.52 Grievances
115.53 Detainee Access to Outside Confidential Support Services
115.61 Staff Reporting Duties
115.62 Protection Duties
115.63 Reporting to Other Confinement Facilities
115.64 Responder Duties
115.65 Coordinated Response
115.66 Protection of Detainees from Contact with Alleged Abusers
115.67 Agency Protection Against Retaliation
115.68 Post-Allegation Protective Custody
115.71 Criminal and Administrative Investigations
115.72 Evidentiary Standard for Administrative Investigations
115.73 Reporting to Detainees
115.76 Disciplinary Sanctions for Detainees
115.77 Corrective Action for Contractors and Volunteers
115.78 Disciplinary Sanctions for Detainees
115.81 Medical and Mental Health Assessments; History of Sexual Abuse
115.82 Access to Emergency Medical and Mental Health Care for Sexual Abuse Victims and Abusers
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
115.86 Sexual Abuse Incident Reviews
115.87 Data Collection
115.201 Scope of Audits

Number of Standards Not Met: 0

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

Notes:

(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (c). Policy 10.1 states, "MPC shall articulate and adhere to a standard of zero tolerance for incidents of sexual abuse or assault that may occur in the facility. MPC shall articulate and adhere to a zero-tolerance policy towards all forms of Sexual Abuse and Assault and outlining MPC's approach to preventing, detecting, and responding to such conduct. Where any requirements of the DHS PREA standards may conflict with PBNDS 2011, the DHS PREA Standards shall supersede. The agency (i.e., Local Field Office) shall review and approve MPC's written policy and any subsequent changes." MIPC's Policy 10.1 was reviewed and approved by the FA on November 21, 2021, and by the ICE Assistant Field Office Director on November 22, 2021. The zero-tolerance policy is publicly posted on the GEO website at https://geogroup.com/PREA.

(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (d). Policy 10.1 states that, "The FA shall designate a local PSACM who shall serve as the facility point of contact for the DHS PSA Coordinator and the Corporate PREA Coordinator." The facility employs a full-time PSACM who oversees the facility's PREA compliance efforts and implementation process for sexual abuse prevention and intervention policies and procedures. The PSACM reports directly to the FA. The Auditor determined compliance through the review of MIPC Policy 10.1, review of the facility's organizational chart, and an interview with the PSACM. During the interview, the PSACM indicated she reports to the FA and confirmed that she has sufficient time and authority to oversee facility efforts to ensure the facility's compliance with the sexual abuse prevention and intervention policy. She stated that she assists with the gathering of facility statistics and reports on incidents of sexual abuse and assault, assists with the development and revisions of any site specific SAAPI policies, assists with SAAPI training initiatives, assists with PREA facility assessments, prepares an annual report on findings and corrective actions for the facility, and monitors for retaliation. The PSACM was knowledgeable of the DHS PREA Standards and of her responsibilities and duties as well as overall facility operations.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c). Policy 10.1 states, "MPC shall ensure it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. MPC has developed and documented comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs. These guidelines are reviewed at least annually. In determining adequate levels of detainee supervision and determining the need for video monitoring, the facility shall take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and other relevant factors, including but not limited to the length of time detainees spend in facility custody."

During the site visit, the Auditor observed staff posted in all areas occupied by detainees. (b) (7)(E) , (b) (7)(E) (b) (7)(E) The PAQ notes that all cameras are working. The current system was installed in 2018, with new Honeywell software updated in February 2022. Several cameras have the capability to pan, tilt, and zoom. During the site visit the Auditor reviewed where the cameras were mounted, visited the central control room where the cameras are monitored 24/7, and discussed with the FA and PSACM about who has access to these cameras. The recorded footage is stored on a DVR at the facility with approximately 30 days of retention before deletion. In areas that did not have cameras, but had potential blind spots, the facility had installed mirrors to increase staff visibility in these areas and supplemented by staff making more frequent rounds.

The Auditor reviewed staffing rosters for GEO, ICE, and IHSC Medical staff; all MIPC post orders provided; and the MIPC Post Order Annual Review Report 2021, which collectively constitute and memorialize the development and documentation of the comprehensive detainee supervision guidelines. Additionally, the MIPC Post Order Annual Review confirms that the facility has taken into consideration all elements required by subpart (c) of this standard during the guidelines' development. The Auditor interviewed the PSACM and the FA who confirmed their involvement with the development and subsequent review of the staffing analysis and comprehensive detainee supervision guidelines annually, and articulated the considerations made during the review which were consistent with both 115.13 and the facility's policy.

(d) Policy 10.1 states, "MPC has implemented a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced security inspections within their respective areas to identify and deter sexual

abuse of detainees. Such policy and practice shall be implemented no less than once per week for all shifts. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." The PAQ provided by the facility prior to the site visit stated that frequent unannounced security inspections are conducted to identify and deter sexual abuse of detainees; that inspections occur on night and day shifts; and that 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. Interviews with random security staff and first line supervisors confirmed that these inspections occur on a frequent but irregular basis and documented in the area logbook at the time of the inspection. The Auditor reviewed random logbook entries during the facility tour and found that these inspections are documented and that they occur on a basis that is not predictable and that they occur on both night and day shifts.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

MIPC houses no detainees younger than 18 years of age or family detainees. Interviews with the FA, the PSACM, and information provided on the PAQ indicate that MIPC houses only adult male and female detainees. The detainee population roster provided to the lead Auditor during the site visit indicated there were no detainees under the age of 18. During the site visit, the lead Auditor did not observe detainees younger than the age of 18 or any family housing.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(b)(c)(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (b)(c)(d). Policy 10.1 states, "Cross gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time of the pat-down search is required or in exigent circumstances. MPC shall not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. MPC shall document all strip searches, visual body cavity searches and cross-gender pat-down searches."

The facility reported on the PAQ there were no cross-gender pat searches conducted during the audit period. During the site visit, the Auditor observed a pat search in progress when a new detainee was being processed in intake. The pat-search observed was conducted by a staff of the same gender as the detainee being searched. Interviews with staff and detainees, of all genders, indicated that cross-gender pat searches had not occurred, and staff understood that if it is necessary to conduct a cross-gender pat search under exigent circumstances, the search must be documented in accordance with the policy. Since no cross-gender searches had occurred during the audit period, there was no documentation for review; however, the lead Auditor was provided a blank copy of the cross-gender pat-down search log for review. This log includes instructions to document the reason for an opposite-gender search being performed, if one is necessary. MIPC FA submitted a memo stating that "MPC policy prohibits cross-gender pat searches except in exigent circumstances. No instances of staff performing cross-gender pat searches at the MPC during the review period."

(e)(f) Policy 10.1 states, "MPC shall document all Strip Searches, visual body cavity searches and cross gender pat-down searches. Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners." The PAQ, and interviews conducted with the Captain and FA, indicated that MPC did not perform any strip/cavity searches in the last 12 months and if such a search is conducted it would be documented. Interviews with security staff of all genders confirmed their knowledge that cross-gender strip searches are prohibited. They confirmed they understood that if a cross-gender strip search was necessary under exigent circumstances, that it would have to be documented and include the reason for the search. The search would be documented on the Statement of Search form and would require prior approval. Interviews with security supervisors, PSACM, and the FA confirmed that no instances of cross-gender strip searches have occurred during the audit period; additionally, no body cavity searches are permitted. The FA explained that if there was a health safety reason that warranted a body cavity search, a physician would conduct it. Since no cross-gender strip searches or body cavity searches had occurred during this audit period, there was no documentation for review; however, the lead Auditor was provided with a blank copy of the Statement of Search form for review and security supervisors interviews confirmed the form would be completed. Juveniles are not held at MIPC. The Auditor's review of staff rosters and observation of staff present during the site visit concluded that there is adequate staff of all genders available to ensure cross-gender searches of any kind would not be necessary. All detainees interviewed stated that they had never been strip searched while at the facility.

(g) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (g). Policy 10.1 states, "MPC shall allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering an area where detainees are likely showering, performing bodily functions or changing clothes." During interviews, random security staff confirmed that they make opposite gender announcements when they enter a housing unit or when entering an area that a detainee may be undressed. They also indicated that non-security staff are expected to make announcements as well. The security staff posted in each unit logs all announcements in the unit logbook. This was verified by the lead Auditor during the site review by reviewing pages in the logbooks where opposite gender announcements are made, indicating a well instituted practice, which exceeds this standard. Additionally, the Auditor observed these announcements being made when the tour group entered the housing units. Detainee interviews confirmed that these announcements are made with regularity. The bathroom areas on the

housing units are constructed with partial block walls separating the showers and toilets. The facility has taken sufficient action to mitigate opposite gender viewing. The intake holding cells were toured during the site visits and the Auditor did not have any concerns with privacy or cross-gender viewing.

(h) MIPC is not a family residential center; therefore, this provision is not applicable.

(i) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (i). Policy 10.1 states, "MPC shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined by private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner." At time of onsite visit, three transgender detainees were being detained at MIPC. Two were interviewed and one refused the interview. Both transgender detainees interviewed stated that they have not been searched for any reason. Interviews with random security staff and supervisors, and the IHSC Medical staff, all understood that searching a detainee for the purpose of determining his or her gender is prohibited. The facility reports that there were no instances during the audit period where this type of search has occurred. The lead Auditor reviewed documentation from case files of the two transgender detainees and found no indication that a search of this nature had occurred, and both detainees self-disclosed their gender identity.

Recommendation (i): The Auditor recommends that policy 10.1 be revised to prohibit searching or physically examining any detainee, not just transgender or intersex detainees, solely to determine their genital status to align with the DHS PREA standard language in 115.13(i).

(j) Policy 10.1 states, "Security staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety." The lead Auditor reviewed the curriculum used by MIPC to train their officers on cross-gender viewing and searches, which covers the proper procedures for conducting both pat-down and strip searches and explains that a physician only conducts body cavity searches. The Training Supervisor confirmed during interview that all security staff are required to take this training during their pre-service training. Signed and dated PREA training acknowledgement forms and the employees' transcripts for the 2022 Inservice Training were reviewed by the lead Auditor to verify that new employees hired attended this PREA training. Interviews with random security staff and supervisors confirmed that they have been trained on searches to include conducting searches of transgender and intersex detainees and were able to explain to the Auditor proper techniques that would be used. Detainee interviews confirmed that searches are conducted in a professional and respectful manner.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (a). Policy 10.1 states, "MPC shall ensure that 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 facility's efforts to prevent, detect, and respond to sexual abuse and assault. MPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who 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. In matters relating to sexual abuse, MPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and the facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. Alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse." The MIPC Detainee Handbook local supplement was provided in English and Spanish for the Auditor's review. Detainees have access to this information through the ICE National Detainee Handbook, which has been uploaded in all 14 languages to the tablets assigned to the housing units for detainee use. This handbook includes information for the detainee about accessing accommodations for disabilities and explains that access to programs and activities will be provided in the least restrictive setting possible, and to the most integrated setting appropriate to the needs of the detainee with a disability.

MIPC has VRS (video relay service) capabilities through Purple Communications for use by deaf detainees who sign. This program is located on tablets within each housing unit. Once detainees are assigned to a housing unit, upon arrival, security staff provides each detainee with an overview on how to check out and use the tablets, and how to access the ICE National Detainee Handbook. The Auditor was able to observe the functionality of this program. Interviews with two intake officers, the PSACM, and three IHSC Medical staff confirmed that an assessment of a detainee's disability is made upon arrival at the facility and if a disability is identified, the PSACM and HSA are both notified so any accommodations needed for effective communication are met in delivering the SAAPI information during the intake process. Additionally, the risk screening instrument includes a question for the detainee about any disabilities. Intake staff interviewed explained that if a detainee appears to not understand the information based on cognitive limitations, they take extra time with the detainee to ensure the message is conveyed properly and notify the PSACM who will follow-up with the individual to ensure they understand the information provided. According to the HSA, all incoming detainees are seen and

assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. The interviews also confirmed that intake is staffed with bilingual officers. The Lead Auditor interviewed two intake staff who routinely process detainees at time of intake confirming their efforts towards ensuring effective communication with detainees during the intake processing and utilization of the resources available to them as described in this narrative.

(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (b). Policy 10.1 states, "Detainee orientation 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." MIPC Detainee Handbook was reviewed by the lead Auditor, who confirmed it contains information regarding disability rights and language access. The Handbook is available in English and in Spanish and can be translated into other languages as needed. The handbook states, "If you have a disability, you have the right to reasonable access to all programs, activities, and services available to other detainees; and request that the facility provide you with aids or services for effective communication (or other kinds of help) if you have trouble seeing or hearing. You have the right to receive important information in a language or format that you understand or to have someone explain it to you in simpler terms. Advise an officer that you need assistance. Should you require assistance due to being impaired, the tablets in each housing area have an app for hearing impaired detainees. The app is called the Purple app and it requires a password to use." During the facility tour, the Auditor observed the MIPC Detainee Handbooks in English and in Spanish, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, available in 9 of the most prevalent languages encountered by ICE, and the ICE National Detainee Handbook on hand in, either printed or in PDF format, in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The ICE Detainee Handbook has been uploaded to the tablets in all available 15 different languages for detainee access. Upon arrival at MIPC, detainees receive the MIPC Detainee Handbook and the ICE National Detainee Handbook in a language they understand. The MIPC Detainee Handbook contains extensive SAAPI information, including the contact numbers for all reporting methods. During the facility tour, the Auditor observed Zero-Tolerance posters displayed in English and in Spanish in all housing units and other areas in the facility where detainees have access. The posters contain information regarding how to report an incident of sexual abuse and how to get help. Posted in all housing units is the phone number for the Montgomery County Women's Center and Sexual Assault & Abuse Free Environment (SAAFE) House. While onsite, the Auditor telephonically interviewed representatives from the Montgomery County Women's Center and SAAFE House. Both entities stated that they would provide counseling and advocacy services at no cost to the victim. SAAFE House also confirmed that they provide MIPC with a toll-free Hotline number for the detainees to call to report a sexual abuse allegation.

The facility provided an ERO Language Services Resource Flyer for staff to utilize that specifies a 24-hour Language Line and USCIS Language Line to request translation or transcription. The ERO Language Services provides 24-hour access to request translation or transcription; this flyer was observed by the Auditor during the facility tour. According to the intake staff interviewed, PREA information is translated to non-English speaking detainees through the use of language interpretation services, or by bilingual staff at time of intake. During interview with the GEO Account Manager and upon review of the account statements, based on the number of calls and various languages accessed on the invoice, it is evident the facility utilizes the language service.

(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (c). Policy 10.1 states in matters relating to sexual abuse, "MPC 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 MPC determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigation report." The policy further states, "alleged abusers, detainees who witnesses the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse." The Auditor's review of the investigative file found that the two alleged victims spoke Spanish and were able to communicate with staff without the use of an interpreter. Interviews with random security staff, supervisors, and the PSACM confirmed that the interpreter service would be used as needed, and if a detainee requested the use of another detainee to interpret, this may be allowed but would require assessment of appropriateness and approval by the FA.

Recommendation (b): The Auditor recommends that the facility secure the additional 6 languages of the SAA Information pamphlet to have on file for distribution as needed.

§115.17 - Hiring and promotion decisions.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(e) Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive, require collectively to the extent permitted by law, the agency/facility decline to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor, or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. Interviews with the AOIC, FA and the HRM confirmed that no candidate for a position that has contact with detainees, by new hire or promotion, will be considered for employment if they are found to have engaged in sexual abuse, sexual harassment, or any prior sexual misconduct.

The Auditor reviewed samples of the interview questions form that every potential new hire or promotion must complete. The Auditor was able to verify during review of personnel files that three recently promoted staff, who may have contact with detainees, were asked directly in a written application about any previous sexual misconduct prior to their promotion. In an interview with the AOIC, he confirmed no ICE employee promotions during the audit period. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The Auditor reviewed 12 personnel files (contractor and staff) and found this completed form in each file. Employees have a continuing affirmative duty to disclose any such misconduct, and the employee is advised of this during the initial hiring process as well as during the PREA training. Random staff interviewed confirmed a clear knowledge of the continuing affirmative duty to disclose misconduct. Of the 12 personnel files reviewed, none listed prior institutional employment.

(c)(d) ICE Directives 6-7.0 and 6-8.0 require a criminal history be conducted on all staff and contractors having detainee contact every five years. The HRM confirmed that background checks on contractors and employees are conducted every four years, exceeding this standard. The lead Auditor reviewed a tracking spreadsheet maintained by the HRM that prompts the HRM to conduct background checks on all employees on a four-year rotation timeframe. The lead Auditor reviewed 12 personnel and contractor files. Each file contained current and up-to-date background checks. In addition, the Auditor submitted two ICE employee names to PSO to verify the background check process; all were compliant. Documentation also confirmed the due dates for the five-year background rechecks.

(f) Policy 10.1 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." The Auditor confirmed through an interview with the HRM that the facility has not a had a request to provide information on substantiated allegations of sexual abuse involving a former employee during the audit period; however, should the facility receive a request, this practice would be adhered to.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b) Policy 10.1 and interview with the FA confirmed, when designing of the facility and in planning of any substantial expansion or modification, the facility or agency, considers the effect of the design, acquisition, expansion, or modification upon their ability to protect detainees from sexual abuse. The facility has not expanded or modified the facility during this audit period based on the interviews with the FA and the PSACM, and through observation during the facility tour. A memo dated July 7, 2022, by the FA, states that MIPC conducted a standard software upgrade. However, it did not enhance the video/electronic monitoring system or its capabilities.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The agency's Policy 11062.2, 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. The lead Auditor reviewed Policy 10.2, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, and determined that it meets the requirements of provision (a). Policy 10.2 requires when investigating allegations of sexual abuse, MIPC is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate and developed in coordination with the DHS. The FA confirmed that juvenile detainees are never kept at the MIPC, and the facility investigative policy including the uniform evidence protocols was approved by DHS ICE.

(b) MIPC has a signed and dated Memorandum of Understanding with the SAAFE House. Per the MOU, SAAFE House agrees to designate a liaison to serve as a contact person; provide a 24 hour per day, 7 day per week hotline for MIPC and its detainees; provide client with information in their native language; provide follow-up care for clients if requested; provide support and resources pertaining to abuse to staff and clients; make informative and educational materials available; provide free and confidential services; and provide services without regard to race, place of national origin, sex, religious preference, age, or other considerations. The agency also has a MOU with Montgomery County Women's Center to provide a 24/7 toll free sexual abuse hotline number as well as advocacy and counseling services to detainees.

(c)(d) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions (c)(d). Policy 10.2 states that, "Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SANE or SAFE is not available. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting the

forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." MIPC medical department is managed and operated by the IHSC. Facility medical staff are prohibited by this policy to participate in sexual assault forensic medical examinations or evidence gathering. The HSA confirmed forensic exams are not conducted by MIPC staff or at the facility. Those needing examinations are sent to the local hospital (HCA Houston Healthcare) in Conroe, Texas. The PSACM submitted sufficient documentation of efforts made to secure services with HCA Houston Healthcare. HCA Houston Healthcare was contacted in September 2021, and again in July 2022, in regard to a MOU with MIPC. The Auditor spoke with a representative from HCA Houston Healthcare who indicated that they did not have a formal MOU with MIPC; however, they do have an agreement with the local police department that anytime a victim of sexual assault arrives at the local hospital, a SANE or SAFE) medical practitioner will provide a medical examination to the victim free of charge.

(e) MIPC has an MOU with the Conroe Police Department (CPD) to investigate allegations of sexual abuse. The MOU states that, "Both parties agree to comply with the Federal Register 115.21 (a-d) as it pertains to evidence protocols and forensic examinations." The PSACM confirmed that the police department is contacted in every case of sexual abuse alleged at MIPC and would conduct the criminal investigation if it were determined a crime had been committed. The lead Auditor observed during the review of the sexual abuse investigation file that CPD was contacted to investigate.

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

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

Notes:

(a)(b)(c)(d)(e)(f) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions (a)(b)(c)(d)(e)(f). Policy 10.2 requires an investigative report be written for all investigations of allegations of sexual abuse. The policy further states "Allegations of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thighs, or buttocks either directly or through the clothing, shall be referred to outside law enforcement agencies. MPC shall document all referrals. In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, MPC shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation." Interviews with the FA and facility's investigators confirmed the requirement of conducting an investigation on every allegation of sexual abuse. The investigators confirmed the existence and provided an MOU with CPD to conduct criminal investigations occurring at MIPC. They also stated that, by policy, an investigation at the facility must be conducted by a trained investigator with documentation of these investigations being maintained for as long as the alleged abuser is incarcerated or employed by GEO, plus five years. Agency protocols as dictated in Agency policy 11062.2 require that all allegations be reported to the JIC, where the allegation will be assessed to determine if it falls within the PREA purview. The PREA allegations are referred to DHS OIG or OPR. DHS OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused by DHS OIG, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for action, and the agency would assign an administrative investigation to be completed. The investigative case file review determined that the investigation was completed by a trained investigator. CPD declined to investigate. The administrative investigation determined the allegation was unsubstantiated based on the preponderance of the evidence. The protocol for ICE investigations and GEO investigations are found on their respective websites (www.ICE.gov/prea) and (www.geogroup.com/prea). The PSACM confirmed during her interview that the documentation and maintenance of reports and referrals of allegations of sexual abuse are maintained for at least five years. The lead Auditor observed that all sexual abuse investigation files are maintained by the PSACM under a double locking system.

Policy 10.1 requires the facility in which an alleged detainee is alleged to be the perpetrator of detainee sexual abuse or when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reporting to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, GEO PREA Coordinator, as well as the appropriate ICE FOD/designee. The interview with the FA and PSACM confirmed that MIPC notifies the ERO PREA Field Coordinator of the incident. Notifications to JIC, OPR, and DHS OIG are made by ERO PREA Field Coordinator based on his interview. A review of the investigative file confirmed these notifications were made as required by policy and the standard.

§115.31 - Staff training.

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

Notes:

(a) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (a). Policy 10.1 states, "All employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. MPC shall train all employees who may have contact with detainees on its zero-tolerance policy for sexual abuse and assault; 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 suspicion of sexual abuse; recognition of situations where sexual abuse may occur; the right of detainees and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse and assault; definitions and examples of prohibited and illegal sexual behavior; recognition of the physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; ways to prevent such occurrences; how to detect and

respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including LGBTI or gender non-conforming detainees; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement or investigative purposes." The Auditor reviewed 12 staff training files each containing signed acknowledgements. Both GEO and ICE staff interviewed confirmed each had received PREA annual training. An interview with the Training Supervisor and the lead Auditor's review of the staff training PowerPoint "Sexual Abuse and Assault Prevention & Intervention (PREA)" confirmed it to be inclusive of all nine topics required in provision (a). The Auditor interviewed one contracted employee (Keefe) that works in the facility on a daily basis and has contact with detainees, who confirmed she had been informed about the zero-tolerance for sexual abuse policy and their responsibilities should she become aware of an incident.

(b)(c) The Training Supervisor detailed the annual refresher training requirements. The Auditor was also informed that all staff at MIPC received PREA training upon hire and annually thereafter. Based on the 12 staff training records reviewed and interviews with random staff, the facility has a system in place for training staff and maintaining records. The Auditor randomly selected one of the ICE staff for an interview. The ERO PREA Field Coordinator acknowledged that he had received PREA training; however, was unable to provide verification due to PALMS being inactive. He was unable to produce a printed copy of his certificate, however during interview, he was asked to explain PREA in his own words, which he was able to thoroughly explain the intent and purpose of PREA and his responsibilities as the ERO Field PREA Coordinator. All random staff interviewed were knowledgeable about the SAAPI program and had a complete understanding of the agency's zero-tolerance for sexual abuse.

§115.32 - Other training.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c)(d). Policy 10.1 states, "All employees, contractors, and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. MPC shall ensure that all volunteers and contractors 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 and contractors shall be based on the services they provide and the level of contact they have with detainees, but all volunteers and contractors who have contact with detainees shall be notified of GEO's and MPC's zero-tolerance policies regarding sexual abuse and informed how to report such incidents. Volunteers and contractors who have contact with detainees shall receive annual SAAPI refresher training. Volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document pre-service and annual in-service SAAPI training."

The facility submitted a PREA training PowerPoint "Sexual Abuse and Assault Prevention & Intervention (PREA)" that is utilized to train volunteers and contractors. The lead Auditor reviewed a sample of PREA Basic Training Acknowledgment forms signed by contractors. Based on interviews with the PSACM and the Training Supervisor, all volunteers and contractors receive training on the SAAPI and zero-tolerance policy.

§115.33 - Detainee education.

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

Notes:

(a) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (a). Policy 10.1 states, "During the intake process, the MPC detainee orientation program notifies and informs detainees about GEO's zero tolerance policy towards all forms of sexual abuse and assault, and includes instruction on prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including an employee other than immediate point-of-contact line officer, the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." A memo, dated July 6, 2022, submitted by the FA, and interviews with intake staff and PSACM confirmed that detainees are provided with zero-tolerance information via DVD format during intake. The lead Auditor was able to view the video. The video contained all the information required to be provided during orientation. The video was available in closed caption. During the facility tour, the PSACM stated that the PREA video plays in each housing unit; however, at time of audit, technical difficulties prohibited the DVD to be played. Random detainees during interview acknowledged that they were shown a PREA video at time of intake and within their housing units. The intake staff provides this information to each detainee one-on-one, verbally and in writing, in designated areas within the intake area. Language interpretation services and additional interpretive services such as Purple Communications are utilized, when necessary, for detainees that do not speak English or have a disability, all of which is accomplished at intake. During intake, the facility also provides each detainee with a MIPC Detainee Handbook. The MIPC Detainee Handbook covers the topics required to ensure meaningful access to all aspects of the agency and facility's efforts to prevent, detect, and respond to sexual abuse, and contains every topic required by provision (a) of this standard. The MIPC Detainee Handbook is available in English and Spanish. Detainees also have access to zero tolerance information through the ICE National Detainee Handbook which has been uploaded in all 14 languages to the tablets assigned to the housing units for detainee use (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese).

(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (b). Policy 10.1 states, "Detainee orientation 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." During the interviews with two intake staff, PSACM, and the HSA, they confirmed that an assessment of a detainee's disability and any language barrier is made upon arrival at the facility and if a disability or language barrier is identified, the PSACM and HSA are both notified so any accommodations needed for effective communication are met in delivering the SAAPI information during the intake process. Bilingual staff and language line interpreter services are utilized. MIPC has VRS capabilities through Purple Communications for use by deaf detainees who sign. Intake staff interviewed explained that if a detainee appears to not understand the SAAPI information based on cognitive limitations or limited reading skills, they take extra time with the detainee to ensure the message is conveyed properly and notify the PSACM who will follow-up with the individual within 24 hours to ensure they understood the information provided. According to the HSA, all incoming detainees are seen and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. The MIPC Detainee Handbook is published in English and Spanish and the facility's orientation video is available in English and Spanish, as the most common language spoken by detainees is Spanish. The PSAPM stated that the MIPC Detainee Handbook can be translated and printed by facility staff in a language the detainee understands, using Google Translate.

(c) Based on interviews with the intake staff and the PSACM, detainees sign an acknowledgement form indicating their understanding of the PREA information received. Upon a review of ten detainee files, the Lead Auditor verified that a signed MIPC Detainee Orientation Acknowledgement form was in each detainee file and that each form indicated what language it was interpreted in for the detainee.

(d)(e) DHS sexual assault awareness notice containing the name of the PSACM and contact information for ICE's Detention Reporting and Information Line (DRIL), and the DHS OIG was available in English and Spanish. Postings also include the contact information for Montgomery County Women's Center and SAAFE House. While onsite, the Auditor telephonically interviewed representatives from the Montgomery County Women's Center and SAAFE House. Both entities stated that they would provide counseling and advocacy services at no cost to the victim. SAAFE House also confirmed that they provide MIPC with a toll-free Hotline number for the detainees to call to report a sexual abuse allegation. The facility provides copies of the DHS-prescribed SAA pamphlet in English, Spanish, Turkish, and Korean. These pamphlets are available from ICE in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). During the facility tour, designated bulletin boards were located in each housing unit containing PREA-related information. The Auditor's review of the DHS-prescribed SAA information pamphlet found that each detainee is provided a copy when they are issued the MIPC Detainee Handbook. Intake staff interviewed said they have immediate access to print Facility Detainee Handbooks in various languages.

(f) The ICE National Detainee Handbook was observed by the lead Auditor in, either printed or in PDF format, in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The lead Auditor based compliance on this provision after reviewing reporting information found in the ICE National Detainee Handbook and 34 detainee interviews, where all detainees were aware of at least one means to report sexual abuse if they needed to for themselves or someone else. Intake staff confirmed that each detainee receives an ICE National Detainee Handbook at time of intake and in a language they understand.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a) and (b). Policy 10.1 states, "Facility 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). MIPC shall maintain documentation of this specialized training." The primary facility investigator confirmed she received specialized training through GEO, as documented in her training records. The Lead Auditor reviewed the GEO investigator training and found the curriculum provided covers in depth investigative techniques, evidence collections, effective cross-agency coordination, and covers all aspects in conducting an investigation of sexual abuse in a confinement setting. The facility provided "Specialized Training: Investigating Sexual Abuse in Correctional Settings" certificates of attendance for all three facility investigators. 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 Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

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

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

Notes:

(a) The lead Auditor reviewed Policy IHSC 0301, Sexual Abuse and Assault Prevention and Intervention, and determined that it meets the requirements of provision (a). Policy IHSC 0301 states, "All IHSC staff receive training on sexual abuse and assault prevention and intervention (SAAPI) directive, PREA standards, and response protocols during initial orientation and annually thereafter throughout their employment with IHSC." The policy outlines specific topics that are included in this training. Interviews with medical and mental health staff confirm they received specialized training.

(b) The lead Auditor reviewed training curriculum on sexual abuse and found that it contains the topics required of this standard. Certificates of training was provided for the lead Auditor's review of all full and part time IHSC staff.

(c) This provision does not apply to MIPC as IHSC staff are present in the facility.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c)(d). Policy 10.1 states, "All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from 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. MPC will use the GEO PREA Risk Assessment Tool 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 them with risk assessment. MPC shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Mental, physical or developmental disability; Age; Physical build and appearance; Previous incarceration or detained; Nature of criminal history; Prior convictions for sex offenses against an adult or child; Whether detainee has self-identified as LGBTI or gender nonconforming; Whether the detainee self-identified as having previously experienced sexual victimization; and, own concerns about his/her physical safety." Two intake staff interviewed stated that, by policy, they consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to them and the facility through documents provided through ICE in assessing the risk of being sexually abusive. Intake staff stated that detainees are to be kept separate from general population until the assessment and classification processes are completed, but no more than 12 hours. The lead Auditor reviewed 10 MIPC PREA Risk Assessment forms and confirmed that the risk assessment forms were completed on the day of the detainee's arrival and that the form included the 9 criteria required in provision (c) of this standard. The random detainee interviews indicated that the classification and risk assessment were completed within the first few hours of the detainee's arrival. The Intake Supervisor stated detainees remain in the intake area until the risk assessment and classification process are completed. He confirmed the intake process, to include the completion of the risk assessment and classification tools, are typically completed within the first two hours of arrival but never beyond the 12-hour requirement.

(e) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (e). Policy 10.1 states, "Classification staff shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment at the facility, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. These assessments will include a face-to-face interview with the detainee. All reassessments will be documented on the PREA Vulnerability Reassessment form and placed in the detainee's detention file. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions." The interview with the PSACM and Classification Supervisor confirmed MIPC conducts reassessments on all detainees at the facility between the 60–90-day requirement. During the review of ten detainee files, all reassessment timelines were met. Based on an interview with the PSA Compliance Manager and document review, the two detainees involved in the sexual abuse allegation released from the facility prior to OPR's closing of the case; therefore, a reassessment was not completed on either detainee after the alleged incident or prior to their release.

(f) The Classification Supervisor, intake Supervisor and one intake staff confirmed detainees are not disciplined for refusing to answer any of the questions asked during the risk assessment.

(g) The Classification Supervisor confirmed appropriate controls are placed on all detainee records and information, including reassessments, which are maintained in the detainee's detention file and secured in the records room file cabinet under lock and key. The PREA training at MIPC includes the requirement to limit the dissemination of responses to the questions asked during screening to only those personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. Employees acknowledge by signature they have received and understood this training. The random staff interviews confirmed their responsibility of remaining confidential with all information they become knowledgeable about during incidents of sexual abuse, discussing it only with their supervisor or investigator.

§115.42 - Use of assessment information.

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

Notes:

(a) Interviews were conducted with the Classification Supervisor, the PSACM, HSA, mental health providers, shift supervisors, and the FA and collectively these interviews explained how the information gathered during the risk assessment process is utilized to inform

assignment of detainees to housing, recreation, and other activities, and voluntary work. Once the information is collected, any information that may indicate the detainee could be at risk or sexually abusive is immediately forwarded to the PSACM, medical and mental health, and the Classification Supervisor. The PSACM reviews the information and determines if a housing adjustment should be made. The Classification Supervisor reviews the complete detainee file in order to make a permanent housing decision.

(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (b). Policy 10.1 states "Making assessments and housing decisions for transgender and intersex detainees, the facility shall consider the detainees gender self-identification and an assessment of the effects of placement on the detainees health and safety." The facility convenes a multidisciplinary team for the purpose of making informed decisions on placement and needs can be met in the best interest of the individual and the facility. The Lead Auditor reviewed two transgender detainee files. Both files contained a PREA assessment and documentation that a reassessment has occurred within the 60–90-day reassessment period. The PSACM and the Classification Supervisor stated that a reassessment would occur twice a year for all transgender and intersex detainees; however, the two files reviewed by the Auditor indicated that the detainees have not been detained long enough to have a second reassessment completed.

(c) Interviews with random security staff, shift supervisors, intake staff, the Classification Supervisor, PSACM, and the FA confirmed that if a transgender or intersex detainee requests to shower separately from other detainees, accommodations would be made. During the facility tour, the PSACM pointed out areas where detainees would be allowed to shower separately, including the medical area.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (a)(b)(c)(d)(e)(f). Policy 10.1 states, "MPC must document detailed reasons for placement of an individual in administrative restriction on the basis of a vulnerability to sexual abuse or assault. Use of administrative restriction to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. MPC may assign detainees vulnerable to sexual abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If restricted housing is used to protect vulnerable detainees, they shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable. MPC shall follow administrative restriction reviews as defined in policy 10.29, Restricted Housing Unit-Administrative and Disciplinary (RHU). A supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative restriction to determine whether restriction is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative restriction, and every week thereafter for the first 30 days, and every 10 days thereafter. MPC shall utilize the "DHS sexual assault/abuse available alternatives assessment" form to document the assessments. All completed forms shall be reviewed and signed by the FA or Assistant FA upon completion. MPC shall notify the appropriate ICE FOD no later than 72 hours after the initial placement in administrative restriction on the basis of a vulnerability to sexual abuse or assault for review and approval of the placement." The Auditor reviewed a blank copy of the DHS sexual assault/abuse available alternatives assessment form that would be used to document the review of a detainee's placement in administrative restriction and found it to be in compliance with this standard. The interview with the FA indicated that procedures were developed in consultation with the ICE ERO FOD. He also stated that restrictive housing has not been used for any detainees identified as being vulnerable to sexual assault or abuse during this audit period, or after victimization of sexual abuse. He stated that alternative housing, including the use of medical beds, would be utilized. The interview confirmed that facility practices are in alignment with the policy. During a facility tour, the Auditor did not observe any detainee held in protective custody or administrative segregation.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c). Policy 10.1 states, "MPC shall provide multiple ways for detainees to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. MPC shall provide contact information to detainees to reach consular officials, the DHS Office of Inspector General or, as appropriate, another designated office confidentially and, if desired, anonymously, report these incidents. MPC shall provide detainee contact information on how to report sexual abuse or assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee reports of sexual abuse to facility or GEO officials, allowing the detainee to remain anonymous upon request. MPC shall provide detainees contact information on how to report sexual abuse or assault to the PSACM. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested." The Auditor observed that all reporting of sexual abuse and assault information provided to detainees on the housing units were neatly printed and legible and were strategically and uniformly posted in every unit; consistency in the way these informational posters are presented on each housing unit provides increased accessibility, particularly if detainees move from one housing unit to another. The facility has demonstrated meaningful efforts toward ensuring all detainees have equal opportunity to participate in the SAAPI program and multiple ways to communicate with entities outside of MIPC. The

facility submitted a MIPC ICE flyer containing an extensive list of agencies and phone numbers that are free calls to all ICE residents. The flyer contains written instructions in multiple languages on how to access external agencies confidentially and anonymously to contact their consular official, or another designated office to report sexual abuse. The facility submitted a flyer to access the "DHS OIG Hotline." This flyer contains the phone number and mailing addresses for the Hotline. The flyer is in English and Spanish and are located in each housing unit. Additionally, MIPC has established a speed dial number to access ICE DRIL and DHS OIG. According to the PSACM, this flyer can be translated in other languages as needed and is utilized to report suspected criminal violations, misconduct, wasteful activities, and allegations of civil rights or civil liberties abuse. Calls can be made anonymously and confidentially. Calls made through these speed dial numbers are not monitored. While onsite, the lead Auditor tested two of these numbers, CRISIS-Sexual Abuse Hotline-Texas and Human Rights First-Houston. The Auditor was able to speak to a live operator at CRISIS-Sexual Abuse Hotline-Texas to determine services provided, how a detainee can make a report, and how the facility is notified. The lead Auditor completed a test report, and the test allegation was received by the facility the same day. When calling the Human Rights First-Houston contact number, a voice mail was left to contact the FA or PSACM when the message was received. The Auditor did not receive notification prior to the end of the onsite audit that the facility had been notified. Detainees have access to this information through the ICE National Detainee Handbook, which has been uploaded in all 14 languages to the tablets assigned to the housing units for detainee use. Interviews with all staff included discussions about methods detainees can use to make a report. All staff were able to explain the available methods that can be used, including accepting a verbal, written, anonymous, or third-party complaints and promptly documenting any verbal reports received. Detainee interviews also confirmed their awareness of multiple ways to make a report of sexual abuse. Most detainees stated that they would tell a staff member. They were all aware of the many other avenues that the written materials are distributed and were aware of the posters on the wall and bulletin boards. A test call from outside the facility was placed by the lead Auditor to the Rape, Abuse, Incest National Sexual Assault Hotline (RAINN) to report misconduct. A representative from RAINN stated that the entity would notify the facility or the Police Department within 24 hours of receiving the call.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of these provisions. Policy 10.1 states, "MPC grievance policies shall include the following procedures regarding sexual abuse grievances. MPC shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. MPC shall not impose a time limit on when a detainee may submit a grievance regarding [an] allegation of abuse. MPC shall implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety or welfare related to sexual abuse. MPC 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 other parties. MPC shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. MPC shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. The PSACM shall receive copies of all grievances related to sexual abuse or sexual activity for monitoring purposes." The facility reported no grievances were received regarding any reported allegations of sexual abuse or anything else related to sexual abuse during the audit period. This was confirmed through an interview with the Grievance Coordinator, who also explained that detainees are allowed to file a grievance related to sexual abuse at any time and there is no limit imposed on when it may be submitted. In interviews with detainees, all detainees stated that through the MIPC Detainee Handbook, that they are advised of their right to file a grievance related to sexual abuse that assistance may be obtained from others, including another detainee, in preparing the grievance. Detainees that do not speak English or Spanish or that have a disability are provided with language interpretive services or through Purple Communications. Detainees are not required to file an informal complaint prior to filing a formal grievance. Additionally, the facility will provide the detainee with a decision by written response within five working days of receipt and respond of the decision within the three days. Any grievance that involves an immediate threat to health, safety, or welfare will be considered an emergency grievance; and any medical emergencies will be brought to the attention of medical staff immediately. The Grievance Coordinator checks the grievance box daily, Monday through Friday. Detainees are informed through the MIPC Detainee Handbook that an emergency grievance should be reported to a staff member immediately. An interview with the HSA confirmed that detainee medical emergencies are brought to medical without delay. The Grievance Coordinator and the PSACM both confirmed that any sexual abuse grievance will be forwarded to the ICE FOD at the end of the grievance process. The ICE FOD confirmed during his interview that he has received no notification of a sexual abuse grievance within the audit period from MIPC. Detainee interviews confirmed awareness of the grievance process, that they can report sexual abuse through this method, and that they may obtain assistance in preparing the grievance if needed.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c)(d). Policy 10.1 states, "MPC 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 most appropriately address victim's

needs. MPC shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll free hotline numbers where available). If local providers are not available, MPC shall make available the same information about national organizations." The lead Auditor reviewed the MOU between MPC and the SAAFE House, entered February 1, 2022, which provides legal advocacy and confidential emotional support services for immigrant victims of crime. MIPC has established a speed dial number to access the SAAFE House, and instructions are posted on each housing unit and found in the MIPC Detainee Handbook. Detainees that do not speak English or Spanish or that have a disability are provided with language interpretive services or through Purple Communications. These instructions provided to the detainees advise the detainees that calls made through this method are not recorded or monitored. The lead Auditor placed a call to SAAFE House using the speed dial number from a unit phone and the call was answered by a live operator who verified the services provided, as listed in the MOU; additionally, she explained the limitations of confidentiality, as would be done with the detainee caller, and their obligation to report a crime to the local authorities if they are made aware. MIPC also provides a speed dial number to reach the Montgomery County Women's Center, which are also unmonitored calls, which was verified by the lead Auditor based on a test call. The facility also has a MOU with Montgomery County Women's Center to provide detainees with a 24/7 toll free hotline number to report sexual abuse. This entity provides advocacy and counseling services as well. The lead Auditor's review of the one closed investigative case file included documentation indicating the alleged victims were provided advocacy information and offered an advocate. Interviews with two facility investigators and the PSACM verified that the alleged victim was offered advocacy services by the assigned investigator, and that the PSACM, if not the assigned investigator, will also follow up with the alleged victim on the next business day to ensure they have access to confidential community resources if they desire. Random detainee and random staff interviews confirmed their awareness that these services are available and how to access when needed.

§115.54 - Third-party reporting.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of this standard. Policy 10.1 states, "MPC 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 in all public areas in English and Spanish to include lobby, visitation, and staff break areas within facility." The MIPC Detainee Handbook states, "You can have somebody else report on your behalf to the facility, ICE headquarters, or the OIG." A review of the ICE website (https://www.ice.gov) and the MIPC website (https://GEOgroup.com/PREA) confirmed each has a means for the public to report incidents of sexual abuse and harassment on behalf of any detainee. The Auditor placed a note in the grievance box located in one of the housing units and the MIPC Grievance Coordinator notified the Auditor on the same day it was received and explained that the boxes are checked daily Monday through Friday, and she is the only person who has a key to the box. All detainees confirmed during interviews that they are aware of the sexual abuse third party reporting. The DHS OIG has a public reporting line for misconduct at 1-800-323-8603; on website at http://www.oig.dhs.gov; and by mail to 245 Murray Drive, Building 410 Stop: 2600, Washington, DC 20528. While onsite, the Auditor was able to test the toll-free number using a telephone located in a housing unit. A live person answered the phone and was ready to take a report. The facility has established this as a method for the third-party reporting and notices containing this information were observed by the Auditor posted in the entry of the facility, on the housing units, in the visiting areas and other areas throughout the facility. Additionally, the DRIL website provides a method to the public on how to report sexual abuse on behalf of a detainee. The standard requires the facility establish a method, and MIPC has established multiple methods to receive third party reports of sexual abuse, thereby exceeding requirements of this standard.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c)(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c)(d). Policy 10.1 states "employees are required to immediately report, in accordance with agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in a facility whether or not it is a GEO facility; retaliation against detainees or employees who reported such an incident or participated in an investigation about such incident; and, any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement or other security and management decisions. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these type incidents. Allegations of sexual abuse of which the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable persons statute, the facility shall report to designated State or local services agencies under applicable mandatory reporting laws." Interviews with random staff and four contractors confirmed they understand their responsibility to immediately report any allegation they become aware of to the shift supervisor. Random staff were aware that they may go outside of their chain of command to make a report, should they feel it necessary. Policy 10.1 was reviewed and approved by the designated ICE AFOD on November 22, 2021. Random staff interviews and specialized staff interviews all confirmed the importance of limiting distribution of information related to a sexual abuse incident outside of those who need to know for purposes of treatment, investigation, or other local management needs. MIPC houses only adult detainees. The FA and PSACM both confirmed during their interview that if a detainee victim of sexual abuse was considered to be a vulnerable adult, they would notify the ICE FOD, and ICE would make any

required notifications to any other state or service agency. The closed investigative case file reviewed did not involve a vulnerable adult.

§115.62 - Protection duties.

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

Notes:

The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of this standard. Policy 10.1 states, "When an employee or facility staff member has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." In the PAQ, the facility designated the PSACM as the staff who is knowledgeable about protection duties. The PAQ confirms that if staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, staff can take immediate action to protect a detainee. Interviews with random staff, supervisors, PSACM, FA, and the ERO PREA Field Coordinator, all confirmed that immediate action would be taken to protect a detainee who is subject to a substantial risk of imminent sexual abuse. Line staff stated they would keep the detainee with them and then contact their supervisor for further instructions; supervisory/management and executive level staff explained that the same methods used in 115.43 are the methods that would be used to protect a detainee subject to a substantial risk of imminent sexual abuse which are moving them to a different housing unit, transfer to another facility, medical housing, or protective custody.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c). The PAQ confirms and Policy 10.1 states, "In the event that any sexual abuse occurred while confined at another facility, the facility shall document those allegations and the FA or AFA (in the absence of the FA) where the allegation was made shall contact the FA or designee where the abuse is alleged to have occurred and notify the field office as soon as possible, but no later than 72 hours after receiving the notification. The facility 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 PSACM and Corporate PREA Coordinator." The facility submitted a SAAPI Risk Assessment, dated June 23, 2022, indicating that a detainee made a report that she had been approached for sex/threatened with sexual assault and that she was a victim of sexual assault while incarcerated at another facility. The lead Auditor reviewed written correspondence from the Assistant FA to the other agency, dated June 24, 2022, informing them of the allegation of sexual assault that reportedly occurred in their facility. During interview, the PSACM advised the lead Auditor that MIPC will provide notification to the appropriate office of the agency or the FA within 72 hours through written correspondence, and to serve as documentation of this notification.

(d) The PSACM advised the lead Auditor that they have not received any reports of allegations from another facility that occurred at MIPC during this audit period, but if one were to be received, the facility would follow the same protocols for responding to sexual abuse allegations for a detainee housed at the facility and it would be investigated following the same protocols and reported to the ICE FOD. This was also confirmed in the PAQ.

§115.64 - Responder duties.

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

Notes:

(a)(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b). The PAQ confirms and Policy 10.1 states, "Upon learning of an allegation that a detainee was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall separate the alleged victim and abuser; immediately notify the on duty security supervisor and remain on the scene until relieved by responding personnel; preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; if the sexual abuse occurred within 96 hours, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; the alleged victim and abuser should be placed separately in a dry cell or area, where they cannot perform the following washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. If the first responder is not a security staff member the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff. 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. Following a reported allegation of abuse, the PSACM 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." The lead Auditor's review of the investigative case file indicated no physical evidence would be available due to the nature of the allegation, so the evidence preservation instructions were not given by the staff member; however, the file indicated that the detainee was kept separated from contact with the alleged abuser and supervisory staff was notified. Random staff interviewed confirmed all staff are well trained on their first responder duties and the importance of an immediate response to separate the alleged victim and alleged perpetrator.

§115.65 - Coordinated response.

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

Notes:

(a)(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b). The PAQ confirms and Policy 10.1 states, "MPC has developed a written facility plan 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. MPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSACM shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response." The lead Auditor interviewed two members of the sexual abuse response team and found them knowledgeable of their responsibilities, as well as understanding of the established institutional plan to coordinate actions following a sexual abuse investigation. The lead Auditor's review of one closed investigative case file that was reported during the audit period found that MIPC staff responded according to the facility's established coordinated response plan. The first staff member to respond was a security staff member. The Auditor reviewed the facility's coordinated response plan and found that it complies with this standard.

(c)(d) A memo from the FA, dated July 6, 2022, states, "The MPC has transferred no victims of sexual abuse to other facilities within the past 12 months. Should that occur, the FA will advise the receiving FA in writing." The FA and HSA confirmed during interviews that when a detainee victim is transferred to another facility that falls under the DHS PREA standards, the potential need for services will be conveyed by the FA for general services, and the medical staff, if health specific needs, to the receiving facility, and to a facility that is not covered by DHS PREA standards only if the detainee has not requested otherwise, and this information was confirmed in the PAQ.

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

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

Notes:

The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of this standard. The PAQ confirms and Policy 10.2 states, "Employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. Note: A GEO OPR Referral shall be completed for all allegations in which staff is the alleged abuser. MPC shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any detainee pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The interview with the FA confirmed that employees would be removed from all duties requiring detainee contact pending the outcome of the investigation, which may include suspension, and contractors or volunteers would be removed from the facility until the investigation is completed and the ICE FOD would be notified. One closed investigative file was reviewed, and the lead Auditor determined that staff were removed from duties requiring detainee contact pending the outcome of the investigation.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c). The PAQ confirms and Policy 10.1 states, "Employees, contractors and volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. MPC 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. MPC 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 investigators. The PSACM will meet weekly 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. For at least 90 days following a report of sexual abuse, MPC 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." The PSACM is the facility's designated staff for monitoring retaliation, and in her absence, the facility PREA Investigator shall be responsible for monitoring retaliation. During interview, the PSACM explained that she utilizes the "Protection from Retaliation Log" to monitor detainees to see if there are facts that may suggest possible retaliation by other detainees or staff. This form is comprehensive and includes prompts for issues or concerns and corrective action taken. The form also includes signatures of the alleged victim and the person monitoring for retaliation. In review of one closed investigative case file, the lead Auditor reviewed the Protection from Retaliation Logs and determined that weekly monitoring for retaliation occurred between the PSACM and the alleged victim until the time the detainee left the facility (less than 30 days from time of allegation). Random staff interviews confirmed a clear understanding that retaliation is prohibited. The FA confirmed that retaliation against any person involved in a sexual abuse incident is strictly prohibited and explained procedures consistent with the policy as the facility's measures to prevent and respond to retaliation.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b)(c)(d). The PAQ confirms and Policy 10.1 states, "MPC 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. 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. MPC shall notify the appropriate ICE ERO FOD whenever a detainee victim has been held in administrative segregation for 72 hours." Based on interviews with the FA, PSACM, HSA and the ICE FOD and the lead Auditor's review of the one closed investigative case file, no detainee was placed in administrative segregation status based on a reported incident of sexual abuse within the audit period. These interviews further confirmed that detainees are not routinely placed in administrative segregation for protection and that alternative housing arrangements are generally possible. If it is necessary to place a detainee victim in segregation after an allegation of sexual abuse for protection, measures are taken to ensure the least restrictive environment is provided. These interviews also confirmed everyone's knowledge that after a detainee has been held in administrative segregation for 72 hours, the ICE FOD must be notified. The PSACM stated that a proper re-assessment will be completed prior to a detainee victim, who is in protective custody after having been subjected to sexual abuse, is returned to general population and during the re-assessment, increased vulnerability of the detainee as a result of the sexual abuse is taken into consideration.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions (a)(b)(c)(e)(f). The PAQ confirms and Policy 10.2 states, "An administrative investigation shall be completed for all allegations of sexual abuse regardless of whether a criminal investigation is completed. The FA and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. Client notifications shall be documented and maintained as part of the investigative file. When MPC conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. MPC shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. When outside agencies investigate sexual abuse, MPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure. Following receipt of a reported PREA allegation, the FA will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee or staff. MPC shall not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling devise as a condition for proceeding with the investigation of such an allegation. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised of a criminal investigation is pending by either local law enforcement or ICE OPR or DHS OIG. Note: ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest. Allegations of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thigh, or buttocks either directly or through the clothing, shall be referred to outside law enforcement agencies. MPC shall document all referrals. In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, MPC shall being an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation." During interviews with the PSACM, the ERO PREA Field Coordinator, and the FA, it was determined that the facility has three designated investigators who are trained and authorized to conduct administrative investigations. Training for the facility investigators was verified and discussed in 115.34 of this report. The CPD will conduct all criminal investigations.

Policy 10.2 states, "An investigation report shall be written for all investigations of allegations of sexual abuse. MPC shall utilize the investigative report template for all PREA investigations. At the conclusion of every investigation of sexual abuse, the written results shall be reviewed by the FA and promptly forwarded to the Corporate PREA Coordinator for review and approval no later than 60 calendar days after the allegation is reported. The MPC Prevention of Sexual Abuse (PSA) Compliance Manager will request updates via email from the ICE COR of any relative investigations their agency is conducting. The investigation update requests and responses will be maintained in the MPC investigative file. An incident review will be conducted within 30 days from initial submission of the investigation report to the GEO Corporate PREA office for review and approval. All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule. 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."

MIPC has a Mutual Assistance Agreement with CPD and, during interviews with the PSACM, two facility investigators, FA, the ERO PREA Field Coordinator, and review of the investigative case file confirmed the facility notifies the CPD upon every allegation of sexual abuse and waits to conduct the administrative investigation after consultation with the appropriate investigative offices within DHS/ICE/OPR. The facility investigators confirmed they remain in contact with these agencies, providing assistance where needed and the primary point of contact is the PSACM. Additionally, no actions would be taken involving the administrative investigation that may compromise any criminal investigation without coordinating with the investigating entity. These interviews also confirmed that determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews from alleged victims, suspected perpetrator, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; and that the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating an investigation. The lead Auditor's review of

the allegation of sexual abuse reported at MIPC during the audit period found these protocols were followed as described and all were conducted promptly, thorough, objectively, and by a specially trained, qualified investigator.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of this standard. Policy 10.2 states, "MPC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." 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." Interview with the FA confirmed the evidence standard used when determining the outcome of a sexual abuse case is the preponderance of evidence. The two facility investigators interviewed were able to articulate to the Auditor how they evaluate the evidence presented to make a conclusive decision on the disposition of a case. The lead Auditor reviewed one closed investigative case file reported during the audit period and found the outcome of the investigation was based on the preponderance of evidence.

§115.73 - Reporting to detainees.

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

Notes:

The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of this standard. Policy 10.2 states, "At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the FA shall inform the detainee victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The detainee shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative 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 lead Auditor verified in the investigative case file that the form had been completed in the detainee's primary language. The PSACM confirmed during her interview that she had contacted ERO to attempt to obtain the whereabouts and forwarding address for the detainee where she could make the notifications. The lead Auditor completed the Notification of PREA Investigation Result to Detainee prior to the onsite phase of the audit and submitted to the team lead to verify that ERO had made notification of the results of the closed investigation to the victims of the one case reported during the audit period. This form indicated that the detainee was deported March 17, 2022, and the investigation closed on April 14, 2022, with no forwarding address on file.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions (a)(b)(c)(d). Policy 10.2 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. MPC 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. MPC 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." The FA submitted a memo dated July 6, 2022, that states, "The MPC has had no staff terminated, resigned or other sanctions imposed for violating sexual abuse policies within the past 12 months." This was confirmed during his interview, and interviews with the PSACM and the HRM. These interviews also confirmed removal from employment and Federal service would be the presumptive discipline for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or failed to follow the zero-tolerance policy. The FA confirmed that he is responsible for making these notifications when it becomes necessary. He also confirmed all allegations of sexual abuse are immediately reported to the CPD, regardless of if the staff member resigns or not.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions (a)(b)(c)(d). The PAQ confirms and Policy 10.2 states, "Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. MPC 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 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 with contact of detainees pending of investigation. MPC shall take appropriate remedial measures and shall consider further contact with contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards." The FA confirmed that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring

detainee contact pending the outcome of the investigation. He also stated that there were no reported incidents at MIPC requiring the removal of a contractor or volunteer during the audit period. He also stated that if there were, the incidents would be reported to the CPD, ICE FOD, and any relevant licensing body.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f) The lead Auditor reviewed Policy 10.2 and determined that it meets the requirements of provisions. Policy 10.2 states, "MPC 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. MPC 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. MPC shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PSACM shall receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes." The FA submitted a memo, dated July 6, 2022, that states "No detainees have been found to have engaged in sexual abuse at the MIPC within the past 12 months." The FA and PSACM confirmed that the disciplinary process at MIPC allows for progressive levels of reviews, appeals, procedures, and that the entire hearing is documented. They also confirmed that staff assistance is provided upon any detainee's request.

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

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

Notes:

(a)(b)(c) The lead Auditor reviewed Policy IHSC 03.01 and determined that it meets the requirements of provisions (a)(b)(c). Policy IHSC 03.01 states, "ICE has a zero-tolerance policy for any form of sexual abuse or assault. IHSC will provide immediate medical and mental health treatment to all detainees with the current and/or history of sexual abuse." All facilities must, "provide emergency medical and mental health services to detainees who are victims of sexual abuse. Medical referrals must be completed within two working days." Facilities must also, "provide treatment services to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health assessments must be completed within 72 hours of the referral." The lead Auditor reviewed a documented example of a referral resulting from the detainee's disclosure of prior sexual abuse during the risk screening process. The referral to the medical department for mental health follow-up was made on the same day, and the detainee was seen by mental health on the same day. Based on interviews with the HSA and two mental health professionals, and review of the documented referral provided, the lead Auditor concluded that medical and mental health assess detainees right after a referral, but no later than 72 hours after the referral for mental health and 2 days for medical. Interviews with the intake staff confirmed when a detainee answers affirmative to certain questions on the screening form, that they immediately notify the PSACM, medical, and the Classification Supervisor by email, telephone call, or discussion to initiate the necessary follow-up.

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

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

Notes:

(a)(b) The lead Auditor reviewed Policy IHSC 03.01 and determined that it meets the requirements of provisions (a)(b). Policy IHSC 03.01 states that detainees who are victims of sexual abuse are provided an "initial evaluation, ongoing mental health care, examination, and referrals; emergency medical treatment; crisis intervention services including emergency contraception, sexually transmitted infections testing, and prophylaxis; and pregnancy tests for females." The policy also states, "ensure victims of sexual abuse have timely, unimpeded access to services. Mental health assessments must be completed within 72 hours of the referral. Medical referrals must be completed within two working days." The FA submitted a memo, dated July 6, 2022, that states, "Should a detainee require medical and/or mental health services they are provided in a timely manner and without cost to the detainee. No incidents have occurred at the MIPC which required emergency medical and/or mental health services within the past 12 months." Interviews with medical and mental health care staff confirmed that all detainees alleging sexual abuse are seen by medical and/or mental health staff quickly and provided with services that are consistent with community standards, and at no cost to the detainee regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The lead Auditor reviewed one closed sexual abuse case file and found that mental health care services were provided to the victims on the same day that the allegation was reported. Emergency medical services were not warranted due to the nature of the allegation.

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

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

Notes:

(a)(b)(c)(d)(e)(f) The lead Auditor reviewed Policy IHSC 03.01 and determined that it meets the requirements of all provisions. Policy IHSC 03.01 states, "Evaluation and treatment of victims include as appropriate follow up services for sexually transmitted infections; treatment plans and long-term care; and when necessary, referrals for continued care following their transfer, placement in other facilities, or release from custody. IHSC health staff arrange for an alleged victim to undergo a sexual assault forensic medical

examination when required for evidence, or as medically appropriate. When practicable, a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) performs the examinations, and only with the detainee's consent. Detainees incur no cost for the exam." The medical practitioner confirmed any detainee who experiences sexual abuse while in detention would receive medical and mental health services with treatment consistent with the community level of care without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. She also stated her medical department would provide pregnancy and sexually transmitted disease testing and provide medications where appropriate, and once the detainee victim returns from the hospital, they will conduct any medical treatment or medical regiment started at the hospital and administer necessary tests and treatment as prescribed by the medical provider. The Auditor conducted a telephone interview with a representative from HCA Houston Healthcare who confirmed that they would provide forensic medical examinations at no cost to the detainee. The representative also confirmed availability of SAFE/SANE personnel.

(g) The lead Auditor reviewed Policy IHSC 03.01 and determined that it meets the requirements of provision (g). Policy IHSC 03.01 states, "A BHP [Behavioral Health Provider], or physician if no BHP is available, will conduct a mental health evaluation of all known detainee-on-detainee sexual abusers. The BHP, physician … will conduct a mental health evaluation and provide treatment within 60 days of notification of such recent and history of abuse and/or assault." The lead Auditor interviewed the mental health provider who confirmed these procedures and practices, and that there have been no substantiated allegations resulting in a known detainee perpetrator during this audit period. The FA submitted a memo, dated July 6, 2022, that states, "No detainees have been identified as a detainee-on-detainee abuser while at the MIPC within the past 12 months. Should such an event occur, mental health providers would conduct an evaluation of the abuser within 60 days." And this was also confirmed in interview with the FA.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provisions (a)(b). Policy 10.1 states, "MPC will conduct an incident review within 30 days from initial submission of the investigation report to the GEO Corporate PREA Office for review and approval. The review team shall consist of upper-level management officials, the local PSACM, medical and mental health practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A Sexual Abuse or Assault Incident Review Form of the team's findings shall be completed and submitted to the local PSACM and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. MPC shall implement the recommendations for improvement or document its reasons for not doing so." The lead Auditor interviewed two members of the Incident Review Team and the PSACM to confirm the processes and procedures for conducting an incident review is well established. All members were knowledgeable about their responsibilities and the elements that are to be taken into consideration during the review. Each of the members interviewed discussed their participation as a member of the Incident Review Team. The PSACM provided a completed GEO PREA After Action Review/DHS Sexual Abuse or Assault Incident Review Attendance Record and a completed Sexual Abuse or Assault Incident Review Form, which includes consideration of all elements required in provision (b). The completed incident review conducted during the audit period resulted in no recommendations for improvements or changes to policy at MIPC. The FA submitted a memo, dated July 6, 2022, that states, "No changes in policy or practice have been recommended through the sexual incident reviews resulting from investigations conducted at the MIPC within the past 12 months." This was also confirmed during interview with the FA.

(c) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (c). Policy 10.1 states, "Annually, MPC 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 the facility has not had any reports of sexual abuse during the annual reporting period, then the facility will prepare a negative report. MPC shall document the review utilizing the DHS Annual Review of Sexual Abuse Incident form. The results and findings shall be provided to the FA, FOD, or his/her designee, and Corporate PREA Coordinator upon completion." The facility submitted a 2021 Annual Review of Sexual Abuse Investigations & Corrective Action Plan for MIPC, dated December 1, 2021. This report was approved on December 1, 2021, by the GEO PREA Compliance Specialist. The facility reported that there were no allegations of sexual abuse received in 2021. The PSACM discussed her procedures for using this review process to improve the SAAPI program at MIPC. Additionally, the lead Auditor reviewed the email correspondence confirming a copy of this annual report was provided to the FOD and the ICE PSA Coordinator.

§115.87 - Data collection.

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

Notes:

(a) The lead Auditor reviewed Policy 10.1 and determined that it meets the requirements of provision (a). Policy 10.1 states, "MPC shall collect and retain data related to sexual abuse as directed by the corporate PREA Coordinator. MPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and establish schedules. MPC PSACM shall work with the DHS PSA Coordinator on an ongoing basis to share data regarding effective response methods to sexual abuse. MPC PSACM shall be responsible for compiling data collected on sexual activity, sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. In addition to submitting the Monthly PREA Incident Tracking Log, PSACM will ensure that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse and sexual activity as required. Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed." The PSACM

confirmed during her interview and through direct observation of the file records, both paper files and electronic, that files are maintained securely and containing information consistent with requirements of this standard. These records are complete and comprehensive, and the data collection requirements imposed by the facility's policy and PSACM's efforts are comprehensive. She indicated the records are retained for at least five years after the date of the initial collection unless federal, state, or local law requires otherwise.

§115.201 - Scope of audits.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(d) The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.
(e) The Auditor was provided with and allowed to view all relevant documentation as requested.
(i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
(j) Audit notices were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or detainee, or other party correspondence.

AUDITOR CERTIFICATION

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	3
Number of standards met:	36
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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.

Joyce Bridschge 11/15/2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) 11/15/2022
Program Manager's Signature & Date

(b) (6), (b) (7)(C) 11/15/2022
Assistant Program Manager's Signature & Date