

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report



Homeland
Security

AUDITOR INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Los Angeles		
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ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	300 N. Los Angeles St., Los Angeles, CA 90012		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Adelanto Detention Facility		
Physical address:	10250 Rancho Rd., Adelanto, CA 92301		
Mailing address: (if different from above)			
Telephone number:	760-561-6100		
Facility type:	<input type="checkbox"/> SPC <input type="checkbox"/> CDF <input checked="" type="checkbox"/> DIGSA <input type="checkbox"/> IGSA <input type="checkbox"/> FRC <input type="checkbox"/> Other, Describe:		
Facility Leadership			
Name of Official/Officer in Charge:	James Janecka	Title:	Facility Administrator
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Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Aida Aldape	Title:	PSA Compliance Manager
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AUDIT FINDINGS

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 on-site PREA (Prison Rape Elimination Act) audit of the Adelanto Detention Facility (ADF) Adelanto, CA, was conducted May 23-25, 2017, by William Willingham and (b) (6), (b) (7) Nakamoto Group Inc. certified auditors. This was the first PREA audit for this facility. Prior to the on-site audits, the facility provided the auditors with agency and local policy, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. It was noted that the facility is comprised on an East and a West building, however, both are considered the ADF. Both locations share the same administrative and support staff, utilizing the same policies and procedures, and share 295 security and 86 medical staff.

An in-brief meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7) Facility Administrator James Janecka, Assistant Field Office Director (AFOD) (b) (6), (b) (7) GEO Group PSA Coordinator (b) (6), (b) (7) PSA Compliance Manager Aida Aldape, PREA Investigator (b) (6), (b) (7) Chief of Security (b) (6), (b) (7) Assistant Wardens (b) (6), (b) (7) and (b) (6), (b) (7) ICE Compliance staff (b) (6), (b) (7) and other ICE and facility support staff. The facility had an average of 1,557 female and male adult detainees during the audit. A comprehensive tour of both the East and West buildings was completed. The tours included the intake processing areas, all housing units including restricted housing, the medical services departments, recreation, food service, the library, visiting rooms and other facility support areas. During the tour, it was noted that there was sufficient staffing and monitoring technology to ensure a safe environment for detainees and staff. Only female security staff supervise female detainees, who are only housed in the East Building. Signs were posted that indicated that employees of the opposite gender must announce prior to entering areas where detainees are located. Detainees are able to shower, dress and use the toilet facilities privately without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Zero tolerance posters concerning sexual abuse were prominently displayed in all housing units, common areas and throughout the facility. Auditor notifications allowing detainees to write to the auditors were also located in the same areas.

A total of fifty random staff interviews were conducted during the audit. The interviews included food service and security staff (including supervisors) from all shifts. ICE interview forms were used as a guide. Interviews were conducted in private offices or private areas adjacent to the housing units. All staff were aware of the agency's zero tolerance policy and knew of their responsibilities to protect detainees from sexual abuse and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the Facility Administrator, PSA Compliance Manager, GEO Group PSA Coordinator, Director of Nursing, a Psychologist, who also serves as the Retaliation Monitor, the PREA Investigator, the Human Resource Manager, a Classification Officer, the Chief of Security, two religious services volunteers and four medical contractors. No staff refused to be interviewed. All interviewed staff, volunteers and contractors demonstrated an understanding of the PREA and their responsibilities under the PREA, relative to their position at the facility and employment status. A local victim advocate, who provides crisis management services to detainees at the facility, was also interviewed telephonically. Forensic examination services were confirmed through a telephonic interview with San Bernardino Sheriff's Office's (SBSO) Deputy Sheriff, who serves as the criminal investigator for the facility.

Sixty-three detainees were randomly selected, from the housing units in the East and West buildings (including restricted housing, commonly known as the Segregation or Special Management Unit), and were interviewed by the auditors. Interviews were conducted in private offices or private areas adjacent to the housing units. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. Of the detainees interviewed, two self-identified as being Lesbian and two self-identified as being Gay. No detainees self-identified as being Transgender or Intersex. One detainee had previously reported sexual abuse; one was disabled; and 31 were Limited English Proficient (LEP). Certified Languages International (CLI) language interpretation service was used to conduct most of the interviews; the majority of the detainees interviewed, spoke either Spanish or Creole. All detainees interviewed demonstrated a good understanding of the PREA program and the prevention, protection and reporting mechanisms; detainees stated that they felt safe at the facility and would contact staff if necessary concerning a PREA issue. No detainee refused to be interviewed. One detainee requested and was granted an interview with one of the auditors while on-site and no detainees wrote to the auditors in advance of the audit.

The ADF is located in Adelanto, CA and are operated by the GEO Group, Inc., a private corrections management organization. The GEO Group contracts with the city of Adelanto to provide detention services, and the city further contracts with the Department of Homeland Security, Immigration and Customs Enforcement. This contract became effective June 11, 2011. The East building had been originally established to house adult males incarcerated by the California Department of Corrections. The West building was built later as new construction by the GEO Group. ADF is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). Contractors operate the medical and mental health programs at the facility.

There are four housing units located in the West building, each with four pods. Each pod has four or eight person secure cells. Two small recreation areas are located in each unit. The facility also has a male-only Restricted Housing Unit (single or double occupancy cells) for administrative (protective custody) or disciplinary segregation from the general population. Each pod is staffed by (b) (6) security officer at all times who makes irregular "rounds" or inspections and also provide excellent visual supervision from their work station. All detainees have direct contact with the officer to make requests or resolve problems. ICE staff routinely visit the detainees. Each unit has a "bubble", which is a Control Room manned by an officer at all times. This officer electronically controls door locks and can also provide visual supervision of all four pods. Medical, food service, laundry and other program services are located in the building near the housing units. Three recreation fields are also located on the outside of the building. The building also has four courtrooms, where deportation hearings are held by administrative law judges, and offices for fifty-five ICE staff and contractors.

There are two female only housing units, one with three pods and the other with four, located in the East building. The units contain dormitory-style housing on one and two levels. The facility also has a restricted housing unit, for females only, operated in a similar manner as restricted housing in the West building. Each pod is staffed by (b) (6) security officer who makes irregular "rounds" or inspections and has excellent visual supervision from their work station. All detainees have direct contact with the officer to make requests or resolve problems. Each unit has a "bubble", which is a Control Room manned by an officer at all times. This officer electronically controls door locks and can also provide visual supervision of all pods. Medical, food service, laundry and program services are located in the same building near the housing units. Recreation areas are also located between the housing units.

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.

When the on-site audit was completed, a close-out meeting was held with essentially the same staff that attended the in-brief, to discuss audit findings. The facility and ICE staff were courteous, cooperative and professional. Staff morale appeared to be good and the observed staff and detainee interactions were observed to be appropriate. There were no "blind spots" observed during the tours and adequate video cameras supplement the staff monitoring of detainees. The standards used for this audit became effective May 6, 2014. Thirty-nine standards were found to be compliant with the PREA and one was found to be not-applicable. The auditor was provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance. Observations made during the tour and all interviews also supported compliance. All areas of the facility were observed to be very clean and well-maintained. A review was conducted of the investigative files completed during the past 12 months alleging sexual abuse. There were sixteen sexual abuse allegations reported by detainees. Administrative investigations were conducted by the facility investigator and criminal investigations were conducted by the deputy sheriff with the San Bernardino Sheriff's Office. Of the sixteen allegations, two were substantiated, eight were unsubstantiated and six were unfounded. All investigative files were reviewed were very well documented and found to have been completed promptly and thoroughly. At the conclusion of the audit, the auditors thanked the facility and ICE staff for their hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	39 (one standard of 40 was not applicable)
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. If additional space for notes is needed, please utilize space provided on the last page.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities policy (GEO policy 5.1.2-D) and Prevention of Sexual Assault and Abuse policy (ADF policy 11.1.6-A) address the requirements of this standard. Written policy mandates zero tolerance against all forms of sexual abuse and outlines the facility's approach to preventing, detecting and responding to such conduct. The Facility Administrator appointed a PSA Compliance Manager who reports to him on PREA issues. (Continued on last page)

§115.13 – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Policy requires that a comprehensive staffing analysis be completed annually. A review of the staffing plan, organizational chart, post orders and an interview with the Facility Administrator and Human Resource Manager confirmed that the facility has a staffing plan which provides adequate staffing to ensure a safe and secure environment for staff and detainees. Supervision is supplemented by video cameras, and unannounced rounds by ICE staff. The audit included an examination of video monitoring systems, unannounced rounds reports, staff deployment and staff/ detainee interviews. The supervision and monitoring of detainees was found to be compliant to this standard.

§115.14 – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

The facility does not house juveniles or family units.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. The West and East buildings do not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. Additionally, detainees have privacy to shower, change clothes and perform bodily functions without being seen by staff of the opposite gender. (Continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. The West and East buildings take appropriate steps to ensure detainees with disabilities and detainees who are LEP have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, an orientation video, and detainee handbooks are in both English and Spanish. Additionally, the facility has bilingual staff and a contract with an interpretation service to provide services to detainees who are LEP. (Continued on last page)

§115.17 – Hiring and promotion decisions.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. The West and East buildings require all staff to pass a background investigation to ensure compliance with this requirement. The Facility Administrator and Human Resource staff were interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. A tracking system is in place to ensure that updated background checks are conducted when staff are promoted and every five years, which was reviewed by the auditor. Policy clearly states the submission of false information by any applicant is grounds for termination.

§115.18 – Upgrades to facilities and technologies.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

The facility is currently undergoing a substantial expansion. Relevant PREA issues, such as staffing, the placement of cameras and the physical design of the housing, were taken into consideration during the design phase of this expansion. Additional housing is under construction at an area west of and next to the ADFW. Also, there has been the installation of updated video monitoring systems, electronic surveillance systems or other monitoring technology since May 6, 2014. Interviews with staff, observations and an examination of documentation confirm compliance to this standard.

§115.21 – Evidence protocols and forensic medical examinations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. GEO and contract staff, including mental health and medical services staff, were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were also aware that the facility investigator conducts administrative investigations relative to sexual abuse allegations and the SBSO's deputy sheriff conducts criminal investigations. All forensic medical examinations are conducted by a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner (SAFE/SANE) at Kaiser Permanente Fontana Medical Center, a local hospital; two examinations were conducted within the last year. (Continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities policy (GEO policy 5.1.2-F) and ADF policy 11.1.6-A address the requirements of this standard. Administrative and/or criminal investigations are completed for all allegations of sexual abuse. The facility investigator and/or the SBSO's deputy sheriff conduct investigations at the facility. The facility investigator was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. All allegations are reported immediately to ICE staff. (Continued on last page)

§115.31 – Staff training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. The review of training curriculum, training logs, and staff interviews confirmed that all facility and ICE staff received PREA training that includes each training topic required of this standard. This training includes detecting and assessing signs of sexual assault and abuse, preserving physical evidence, responding effectively and professionally to victims and reporting sexual abuse. Staff receive this training when hired and annually as refresher training.

§115.32 – Other training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A outlines the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received PREA training, which includes zero tolerance, responding and reporting requirements. Correct Care Solutions, who provide medical and mental health services at ADF, also have an internal PREA training program. A review of the training records revealed that all contractors and volunteers have received PREA training. The training is documented and copies of training sign-in sheets and other related documents were reviewed by the auditors. Interviews with contractors and volunteers confirmed they receive PREA training annually. Contract staff are also provided with a pocket-sized First Responders Guidelines card.

§115.33 – Detainee education.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook and the ADF Handbook. This information is available in English and Spanish, and translated for detainees needing it in other languages. Detainees sign a form acknowledging receipt of these documents. The pamphlet and handbooks identify the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse and multiple ways to report any such incidents. (Continued on last page)

§115.34 – Specialized training: Investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. The facility investigator completed a specialized investigator training program, provided by the GEO group, which meets the requirements of this standard. The criminal investigator also completed similar training. The auditor reviewed the specialized training curriculum, sign-in sheets and interviewed the investigators which confirmed compliance with this standard.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. All mental health and medical staff are provided specialized training on victim identification, interviewing, reporting and clinical interventions. This training is provided initially and as an annual refresher. The auditor reviewed the training lesson plan, training sign-in sheets and interviewed the Director of Nursing, which confirmed that the staff received the necessary training.

§115.41 – Assessment for risk of victimization and abusiveness.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. The review of medical intake screening documents, as well as interviews with staff and detainees, confirm compliance. All new arrivals are assessed within their first 12 hours. Detainees identified as a risk for sexual victimization or a risk for sexually abusing other detainees are referred to mental health staff for additional assessment. Information received during the assessment is only available to staff with a need-to-know.

§115.42 – Use of assessment information.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. The facility uses a screening instrument (reviewed by the auditors) to determine proper housing and program assignments, as well as risk ratings. The goal of the assessment is to keep detainees who are at risk of being sexually abused separate from those detainees who are at risk of being sexually abusive. Housing and program assignments are made on a case by case basis and detainees are not placed in housing units based solely on their sexual identification or characteristics. The average length of stay for detainees at this facility is 62 days. During the audit, there were two detainees who self-identified as being Lesbian and two who self-identified as being Gay. (Continued on last page)

§115.43 – Protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. The policy states that detainees at risk for sexual victimization shall not be placed in restricted housing unless an assessment of all available alternatives has been made and there is no available means of separating the detainee from the abuser. In these cases, Detainee victims can be transferred to another unit or placed in the medical unit. The detainee are assessed within 72 hours and reassessed every seven days thereafter while in Protective Custody. There were eight detainees at risk of sexual victimization held in Protective Custody status in the past 12 months. Interviews with staff, detainees and an examination of documentation confirm compliance to this standard.

§115.51 – Detainee reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. A review of documentation, as well as staff and detainee interviews, confirm that there are multiple ways (verbally to staff, in writing to the DHS Office of Inspector General (DHS OIG), anonymously, privately or from a third party) for detainees to report sexual abuse. Policy requires staff to document all allegations of sexual abuse. There are posters and other documents on display throughout the facility (observed by the auditors) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly open an investigation. The PSA Compliance Manager and facility investigator were also interviewed concerning this standard.

§115.52 – Grievances.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse, when received by staff, immediately result in opening an administrative and/or criminal investigation. Detainees are not required to use the informal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the allegation. Detainees are also able to request assistance from staff, other detainees and outside sources to file a grievance. There were eight grievances alleging sexual abuse filed in the past 12 months; an investigation was opened for each grievance. (Continued on last page)

§115.53 – Detainee access to outside confidential support services.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. The ICE National Detainee Handbook and the Sexual Abuse and Assault pamphlet, as well as posters found throughout the facility, list support services. The auditors confirmed that the facility has a Memorandum of Understanding with a local victim advocacy agency to provide services if requested by a detainee. Interviews with staff, detainees and a local victim advocate at San Bernardo Sexual Assault Services, support compliance to this standard.

§115.54 – Third-party reporting

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. The ADF has established procedures for third-party reporting which are accepted in accordance with the process listed in standard 115.51. The GEO Group and ICE websites also list procedures and telephone numbers for third-party reporting. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has posters in the Visiting Rooms which provide family and friends of detainees with the procedures for reporting allegations.

§115.61 – Staff reporting duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Staff confirmed during interviews that they are aware of their responsibility to immediately report any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such an incident. Staff may report misconduct outside of their chain of command by calling or writing upper-level management or by contacting the DHS OIG. (Continued on last page)

§115.62 – Protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Interviewed staff were well aware of their duties and responsibilities, as they relate to the staff member having a reasonable belief of a detainee being at imminent risk of sexual abuse. All staff indicated they would act immediately to protect the detainee. Staff are issued a pocket-sized First Responders Guidelines card outlining all actions to be taken. Staff also stated they would separate the victim from the abuser, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. (Continued on last page)

§115.63 – Report to other confinement facilities.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address requirements of this standard. Policy requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred and report the information. The notification must be completed as soon as possible but no later than 72 hours after staff become aware of the allegation and the notification must be documented. An interview with the PSA Compliance Manager and Facility Administrator confirmed their awareness of the requirement in this standard. During the last twelve months, there were no allegations received from a detainee of an incident that occurred at another facility.

§115.64 – Responder duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. All staff interviewed were knowledgeable concerning their required first responder duties, when learning of an allegation of sexual abuse. They stated they would separate the victim from the alleged abuser, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee and immediately notify the PSA Compliance Manager, facility investigator and upper-level management. Staff are issued and carry a pocket-sized First Responder Guidelines card for quick reference and were able to describe all first responder duties when advised that a detainee has been a victim of sexual abuse. (Continued on last page)

§115.65 – Coordinated response.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of management staff, medical and mental health providers, the PSA Compliance Manager, community resources from the local hospital and victim advocate services. Further, the facility has established a PREA checklist to aid in the team's response to allegations of sexual abuse. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. Interviews with the PSA Manager and the facility investigator confirm compliance with this standard.

§115.67 – Agency protection against retaliation.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. A Psychologist is the designated Retaliation Monitor. He stated he follows up on all potential sexual abuse cases to ensure that this protection is being enforced. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews confirmed that they were aware of the prohibition regarding retaliation.

§115.68 – Post-allegation protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of the standard. A detainee that has been placed in Protective Custody status shall not be returned to general population until completion of a proper reassessment. Staff indicated that a detainee would be placed in the most supportive environment to ensure their well-being. ICE staff would be notified of all detainees placed in Protective Custody (Continued on last page).

§115.71 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of this standard. The facility investigator conducts administrative investigations within the facility and refers criminal investigations to the SBCO's deputy sheriff. The facility fully cooperates with any outside agency, normally the SBSO that initiates an investigation. The facility investigator serves as the liaison that provides requested information to the outside agency and provides access to the detainees. There were no criminal investigations or prosecutions during this audit period.

§115.72 – Evidentiary standard for administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of this standard. Administrative investigations impose no standard higher than preponderance of evidence to substantiate an allegation of sexual abuse. Interviews with the PSA Compliance Manager, the facility investigator and an examination of the investigation files confirm compliance with this standard.

§115.73 – Reporting to detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of this standard. The policies indicate that a detainee shall be notified of the result of the investigation and further information required in the standard. All such notifications are documented and placed in the facility investigation file. All notifications in the audit period were made in compliance with this standard. Compliance with this standard was determined through interviews with the PSA Compliance Manager, facility investigator and a review of the investigation files.

§115.76 – Disciplinary sanctions for staff.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to 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. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

§115.77 – Corrective action for contractors and volunteers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to 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. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

§115.78 – Disciplinary sanctions for detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D, 5.1.2-F and ADF policy 11.1.6-A address the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with established disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history of mental disease or defect shall also be considered. (Continued on last page)

§115.81 – Medical and mental health assessment; history of sexual abuse.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for conducting medical and mental health evaluations and has the capacity to provide continued reassessment and follow-up services. Evaluations are completed within two days. The policy also allows for detainees, who perpetrate sexual abuse, to be offered a follow up meeting with mental health staff. Treatment services are offered without financial cost to the detainee. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Correct Care Solutions provides medical and mental health services at the facility. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to Kaiser Permanente Fontana Medical Center, a local hospital, when health care needs exceed the level of care available within the facility. Victim advocacy is offered through an agreement with a local victims advocate provider, San Bernardo Sexual Assault Services. (Continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. Medical and mental health evaluations and treatment to all detainees who have been victimized by sexual abuse is offered immediately and may be ongoing. Services are consistent with a community level of care, without financial cost to the detainee. Detainee victims of sexual abuse, while detained, are offered tests for sexually transmitted infections and lawful and timely pregnancy-related medical services, in accordance with professionally accepted standards of care, where medically appropriate. A review of policy, intake screening forms and interviews with medical/mental health staff, support the finding that the facility is in compliance with this standard.

§115.86 – Sexual abuse incident reviews.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address. The ADF conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, and gender identity or status and/or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The reviews are documented, which was reviewed by the auditors, and placed in the facility investigation file. Interviews with the PSA Compliance Manager and Facility Administrator confirm compliance with this standard.

§115.87 – Data collection.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

GEO policy 5.1.2-D and ADF policy 11.1.6-A address the requirements of this standard. All sexual abuse data collected pursuant to this to this policy shall be maintained for at least 10 years after the date of initial collection. The interview with the PSA Compliance Manager and Facility Administrator support compliance with this standard. The DHS OIG maintains the official investigative files related to allegations of sexual abuse if they complete the investigation.

§115.201 – Scope of audits.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with staff and detainees. Audit notices were posted in each housing unit giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at either the West or East buildings. However, one detainee requested a private interview with an auditor, which was granted.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.11 - The PSA Compliance Manager and PSA Coordinator, for the GEO Group, confirmed they have sufficient time and authority to oversee compliance of the PREA program. Staff receive initial PREA training, when hired, as well as annual refresher training. Security staff are issued a pocket-sized first responder guidelines card to carry for reference. Interviews with staff, volunteers, contractors and detainees confirmed that each was aware of the zero-tolerance policy against all forms of sexual abuse. A review of documentation, observation of zero tolerance posters during the tour and interviews with staff and detainees confirms that the ADF is compliant with this standard.

115.15 - Staff of the opposite gender are required to announce their presence when entering these housing areas. Announcements were observed by the auditors. All security staff received training on the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex detainees. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures, and that pat-down searches are not performed for the sole purpose of determining the genital characteristics of a Transgender or Intersex detainee. The review of training documents and interviews with security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of Transgender and Intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.

115.16 - The facility also provides communication assistance to detainees with disabilities. This may be achieved by way of bilingual staff, translation services or other means for LEP detainees, or in the form of auxiliary aids for detainees with a disability (deaf, blind etc.), including those aids referenced in the standard.

115.21 - Local victim advocacy services were confirmed through an interview with the victim advocate. Interviews with staff, the criminal investigator, victim advocate, observations and an examination of documentation confirm compliance to this standard.

115.22 - The on-site ICE staff have the responsibility of notifying the Joint Intake Center (JIC), ICE Office Professional Responsibility (ICE OPR), and the DHS OIG when necessary. There were 16 sexual abuse allegations reported by detainees. All investigation files were reviewed and found to have been well documented and completed promptly and thoroughly. Of the 16 allegations, two were substantiated, eight were unsubstantiated and six were unfounded.

115.33 - Detainees indicated, at the time of arrival, that they received information about the PREA, their right to be free from sexual abuse, harassment, and retaliation for reporting and multiple ways how to report sexual abuse. This information was also noted in the posters throughout the facility. The tour of the facility confirmed that PREA posters were prominently displayed in all housing units and common areas. Interviews with staff and detainees; as well as an examination of documentation confirm compliance to this standard.

115.42 - These detainees were interviewed and stated they felt safe at the facility.

115.52 - Interviews with staff, detainees and an examination of policy and grievance forms confirm compliance to this standard.

115.61 - Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case to be limited to staff only on a need-to-know basis.

115.62 - In the past 12 months, there were no instances in which the facility staff determined that a detainee was subject to substantial risk of imminent sexual abuse. Interviews with staff and an examination of intake screening logs confirm compliance to this standard.

115.64 - Interviews with staff and an examination of training logs confirm compliance to this standard.

115.68 - There have been no detainees placed in post-allegation protective custody during the last 12 months.

115.78 - Interviews with the facility investigator and a review of detainee disciplinary report logs and the facility's disciplinary policy support a finding that the facility is in compliance with this standard

115.82 - Detainee victims of sexual abuse, while detained, are offered information about sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided at the facility. Compliance with this standard was determined by a review of policy and an interview with the Director of Nursing.

ADDITIONAL NOTES

[Empty box for additional notes]

AUDITOR CERTIFICATION:

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

William Willingham

Auditor's Signature

6-5-2017

Date