

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



**Homeland  
Security**

AUDITOR INFORMATION			
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AGENCY INFORMATION			
<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
<b>Name of Field Office:</b>	San Antonio		
<b>Field Office Director:</b>	Daniel Bible		
<b>ERO PREA Field Coordinator:</b>	(b)(6), (b)(7)(C)		
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INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
<b>Name of facility:</b>	South Texas ICE Processing Center		
<b>Physical address:</b>	566 Veterans Dr., Pearsall, TX 78061		
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	830-334-2939		
<b>Facility type:</b>	<input type="checkbox"/> SPC <input checked="" type="checkbox"/> CDF <input type="checkbox"/> DIGSA <input type="checkbox"/> IGSA <input type="checkbox"/> FRC		
	<input type="checkbox"/> Other, Describe:		
Facility Leadership			
<b>Name of Official/Officer in Charge:</b>	Ray Castro	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	830-334- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
<b>Name of PSA Compliance Manager:</b>	Robert Ballil	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	830-334- (b) (6), (b) (7)(C)

## 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 South Texas ICE (Immigration Customs and Enforcement) Processing Center (STIPC), formally known as the South Texas Detention Complex, was conducted August 8-10, 2017, by William Willingham and Jim Roland, The Nakamoto Group Inc. certified auditors. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided the auditors with agency and local policies, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. The facility has ICE, security and medical staff.

An in-brief meeting was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), Facility Administrator Ray Castro, Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C), Agency (GEO) Assistant PSA Coordinator (b) (6), (b) (7)(C), STIPC PSA Compliance Manager Robert Ballil, PREA Investigator (b) (6), (b) (7)(C), Chief of Security Major (b) (6), (b) (7)(C), Assistant Warden Bridgett Bowers, ERO PREA Field Coordinators (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C), GEO Compliance Staff (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C), Immigration Health Services Corp (IHSC) Health Services Administrator (HSA) (b) (6), (b) (7)(C) and Assistant HSA (b) (6), (b) (7)(C). The population of the facility was 1747 female and male adult detainees during the audit. After the in-brief meeting, a comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, including Restricted Housing Units (RHU), the medical services units, recreation, food service, library, visitation rooms, and other facility support areas. During the tour, it was noted that there was sufficient staffing and video monitoring technology to ensure a safe environment for detainees and staff. Only female security staff supervise female detainees, who are housed in separate units. Signs were posted that indicated employees of the opposite gender must announce entrance to areas where detainees are found. 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 auditor were also located in the same areas. No letters were mailed to the auditors.

A total of thirty-seven random staff interviews were conducted during the audit. The interviews included IHSC medical staff and GEO security staff (including supervisors) from all shifts. Interviews were conducted in private offices or private rooms adjacent to the housing units. All staff were aware of the agency's zero tolerance policy, their responsibilities of protecting detainees from sexual abuse and their duties as first responders as part of a coordinated response. Designee staff were also interviewed, which included the Facility Administrator, PSA Compliance Manager, PREA Investigator, HSA, and the Retaliation Monitor, the Human Resource Manager (HRM), a Classification Officer, the Classification Supervisor, the Chief of Security, one volunteer and four contractors. No staff refused to be interviewed. All interviewed staff, to include the volunteer and contractors, demonstrated an understanding of the PREA and their responsibilities under the PREA, relative to their position at the facility and employment status. The local victim advocate center (San Antonio Rape Crisis Center), who would provide services to the facility if necessary, was also interviewed telephonically. Additionally, a telephonic interview with a Sexual Abuse Nurse Examiner from the local hospital, Methodist Specialty and Transplant Hospital, was conducted to confirm if forensic examination services would be provided when requested.

Thirty-five detainees were randomly selected for interview from all housing units, to include the Restricted Housing Unit (RHU). Interviews were conducted in private offices or private areas adjacent to the housing units. The average length of stay at the facility for detainees is sixty days. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. Of the interviewed detainees, none self-identified to being Lesbian, Transgender or Intersex, two self-admitted to being Bisexual, one self-admitted to being Gay, three were disabled and 23 were limited English proficient (LEP). Certified Languages International Interpretation service and a Nakamoto staff interpreter were used to conduct interviews. Three detainees had previously reported sexual abuse. All detainees interviewed demonstrated a good understanding of the PREA program, (e.g. prevention, protection, and reporting mechanisms), and stated that they felt safe at the facility and would contact staff if necessary concerning a PREA issue. No detainee refused to be interviewed.

STIPC is located in Pearsall, TX, and operated by the GEO Group, Inc., a private corrections management organization. The GEO Group contracts with ICE to provide detention services. This contract became effective in November of 2005. STIPC was originally built as new construction and underwent an expansion in 2012 (administrative offices and the outside recreation yard). The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). IHSC operates the medical and mental health programs at the facility.

There are twenty five dormitory-style general population housing units located in the facility. Small recreation areas are located in each unit. The facility also has a male only and female only RHU (single or double occupancy cells) for administrative (protective custody) or disciplinary segregation, separate from the general population. Each housing unit is staffed at all times by (b) (7)(E) security officers, who make irregular rounds or inspections and also have 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. Medical, food service, laundry and other program services are located in the same building near the housing units. Meals are provided inside the housing units. One very large recreation yard is also located on the outside of the main building.

**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 ERAU Team Lead (b) (6), (b) (7)(C) Facility Administrator Ray Castro, AEOD (b) (6), (b) (7)(C) GEO Assistant PSA Coordinator (b) (6), (b) (7)(C) STIPC PREA Compliance Manager Robert Ballil, Facility PREA Investigator (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Facility Chief of Security Major (b) (6), (b) (7)(C) Assistant Warden Bridgett Bowers, ERO PREA Field Coordinators (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) GEO Compliance Staff (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C), HSA (b) (6), (b) (7)(C) and Assistant HSA (b) (6), (b) (7)(C), to discuss audit findings.

The facility and ICE staff were found to be courteous, cooperative and professional. Staff morale appeared to be good and the interactions between facility staff, ICE personnel and detainees were observed to be appropriate.

There were no blind spots observed during the tour and adequate video cameras and mirrors supplement the staff supervision of detainees. The standards used for this audit became effective May 6, 2014. Thirty-nine standards were found to be compliant to Department of Homeland Security (DHS) PREA Rule, one standard (115.31) exceeded compliance and one standard (115.14) was found to be not-applicable. The auditors were 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. The facility improved detainee privacy when taking a shower or using the toilet, at the suggestion of the auditors. Specifically, additional curtains and block wall barriers were installed in the toilet/shower areas in each unit.

A review was conducted of the investigations completed during the past 12 months alleging sexual abuse (five cases were open at the time of the audit and not reviewed, as they were incomplete). There were seventeen allegations reported by detainees, all resulting in administrative investigations. Administrative investigations are conducted by the ICE Office of Professional Responsibility (OPR). If necessary, criminal investigations would be conducted by OPR. Of the twelve completed investigations, three were substantiated, eight were unsubstantiated and one was unfounded. All investigative files were reviewed and found to have been completed promptly and thoroughly and to be very well documented. 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.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	39 (41 total, one was not applicable)
<b>Number of standards not met:</b>	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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. Written policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency'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. The PSA Compliance Manager and Assistant PSA Coordinator confirmed they have sufficient time and authority to oversee compliance to the PREA. (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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. Policy requires that a comprehensive staffing analysis be completed annually which was reviewed by auditor. A review of the staffing plan, organizational chart, post orders and an interview with the Facility Administrator and HRM confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. Supervision is supplemented by video cameras and approximately ICE staff who routinely visit the units to address detainee issues. The audit included an examination of video monitoring systems, ICE visitation logs, 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:

STIPC Policy and Procedure Manual 2.1.1 outlines the requirements of the standard. The STIPC does 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, when that viewing is not incidental to routine security inspections. (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

STIPC Policy and Procedure Manual 2.1.1 outlines the requirements of the standard. The facility takes appropriate steps to ensure detainees with disabilities and LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, an orientation video, staff reading or writing information (to assist the blind or deaf) and ICE and facility detainee handbooks are published in English and Spanish (primary languages). Additionally, the facility has bilingual staff (Spanish) and a contract with Language Line Solutions to interpret any information (handbooks, forms etc.) in any language for 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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of the standard. The facility requires all staff to pass a background investigation to ensure compliance with this standard. The Facility Administrator and HRM were interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. The auditor reviewed the tracking system which is in place to ensure that updated background checks are conducted when staff are promoted and every five years. 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 has undergone a substantial upgrade (modification) of technology. Relevant PREA issues were taken into consideration during the design phase of this upgrade. There has been the installation of updated video monitoring systems, electronic surveillance systems and other monitoring technology since May 6, 2014. Interviews with staff, observations, an examination of documentation and an inspection of equipment confirm compliance with 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 Corporate Policy and Procedure Manual 5.1.2-F address the requirements of this standard. Facility and IHSC mental health and medical 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 was also aware that OPR conducts administrative investigations relative to sexual abuse allegations, as well as, criminal investigations. All forensic medical examinations are conducted by a Sexual Assault Nurse Examiner (SANE) at the Methodist Specialty and Transplant Hospital in San Antonio, TX (one forensic exam was scheduled within the last year, but the detainee refused). (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 Corporate Policy, Procedure Manual 5.1.2-F and the ICE SAAP Directive address the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse. OPR conducts investigations at the facility. The facility PREA investigator (who doesn't complete investigations OPR does), but is trained to do so) was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. She assists OPR in gathering evidence and maintaining files. She functions in a liaison role. (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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of the standard. The review of training documents/curriculum, training logs, GEO corporate training and training staff interviews confirmed that all staff, ICE employees, IHSC staff, volunteers and contractors received PREA training that includes each element required of the standard. IHSC staff receive additional specialized training that includes detecting and assessing signs of sexual assault and abuse, preservation of physical evidence, responding effectively and professionally to victims and how to report sexual assault/abuse. All staff receive this training when hired and during annual refresher training. (Continued on last page)

### §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:

STIPC Policy and Procedure Manual 2.1.1 the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received PREA training. The IHSC (medical/mental health) staff also have an internal PREA training program. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews with contractors and one volunteer confirmed they receive PREA training annually. Contract and IHSC staff are also provided with a PREA pocket guide.

### §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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of the standard. During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook and the STIPC Handbook. This information is available in English and Spanish, and interpreted for detainees needing it in other languages (using staff translators, read to the blind or the language line). Detainees sign a form acknowledging receipt of these documents. The pamphlet and handbooks identify the key elements of the PREA program and inform detainees of the zero-tolerance policy regarding sexual abuse and assault 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:

STIPC Policy and Procedure Manual 2.1.1 outlines the requirements of this standard. OPR and Pearsall Police Department investigators have completed a specialized investigator training program that meets the requirements of this standard. The facility investigator also completed training provided by GEO. The training covered the required procedures for obtaining, preserving and securing physical evidence, interviewing victims and witnesses and investigating in a detention facility, when sexual abuse is alleged. The auditor reviewed the specialized training documentation and interviewed the facility investigator, ICE staff and the facility training officer, 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:

STIPC Policy and Procedure Manual 2.1.1 and IHSC Medical Protocol Policy 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 for new employees and annually with updates as necessary. The auditor reviewed the training lesson plan, training sign-in sheets and interviewed the HSA, which confirmed the IHSC 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:

STIPC Policy and Procedure Manual 2.1.1 addresses 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 and 60-90 day reviews are completed in accordance with STIPC policy. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Information received during the screening is only available to staff with a need-to-know and no others.

### §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:

STIPC Policy and Procedure Manual 2.1.1 outlines the requirements of this standard. The facility uses a screening instrument (reviewed by the auditor) to determine proper housing and program assignments, as well as risk ratings. The goal of the assessment is to keep detainees who are at high-risk of being sexually abused separate from those detainees who are at a high-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 status. During the audit, there were two detainees who self-identified as being bisexual and one who self-identified as being gay. They were interviewed and stated they felt safe at the facility. Interviews with IHSC staff confirmed compliance with this standard.

### §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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. The policy states that detainees at high-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. Detainee victims could be transferred to another unit or placed in the medical unit. The detainee will be assessed within 72 hours and reassessed every seven days thereafter while in Protective Custody. There were no detainees considered at risk of sexual victimization held in Protective Custody status in the past 12 months. Interviews with security staff/detainees and an examination of documentation confirm compliance with 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:

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. A review of documentation and staff/detainee interviews indicated that there are multiple ways (verbally to staff, in writing via a letter to ICE, to the DHS Office of the Inspector General [OIG], anonymously, privately and from a third party) for detainees to report sexual abuse. Policy requires staff to document all allegations. There are posters and other documents on display throughout the facility (observed by the auditor) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and would initiate the process to promptly open an investigation. The PSA Compliance Manager and facility investigator were 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:

STIPC Policy and Procedure Manual 2.1.1 covers the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse, when received by staff, would immediately result in the opening of an administrative 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 complaint. Detainees are also able to request assistance from staff, other detainees and outside sources to complete their grievance. There were no grievances alleging sexual abuse filed in the past 12 months. Interviews with the Grievance Coordinator, security staff and detainees and an examination of documentation confirm compliance with this standard.

### §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:

STIPC Policy and Procedure Manual 2.1.1 addresses 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 auditor also confirmed that the facility has an agreement with San Antonio Rape Crisis Center to provide victim advocacy services if requested by a detainee. Interviews with staff, detainees and a staff member from San Antonio Rape Crisis Center (telephonic interview) support compliance with 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:

STIPC Policy and Procedure Manual 2.1.1 meets the requirements of this standard. The facility has established procedures for third-party reporting which are accepted in accordance with the process listed in standard 115.51. The GEO 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 visitation room which allow family and friends of detainees to note 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:

STIPC Policy and Procedure Manual 2.1.1 addresses 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 concerning such an incident. Staff may report misconduct outside of their chain of command by calling or writing upper-level management or as indicated on the posters throughout the facility (contact the OIG). 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 – 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:

STIPC Policy and Procedure Manual 2.1.1 addresses 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 that a detainee is at imminent risk of sexual abuse. All staff indicated they would act immediately to protect the detainee. Staff are issued a PREA pocket guide which outlines all actions to be taken. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow 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:**

STIPC Policy and Procedure Manual 2.1.1 addresses the 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 or from another facility concerning an incident at the STIPC.

**§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:**

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. All staff interviewed were knowledgeable concerning their required first responder actions, when learning of an allegation of sexual abuse. They stated they would separate the victim from the perpetrator, 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, ICE staff, the facility investigator and upper-level staff. Staff are issued and carry a pocket-sized PREA first responder card for quick reference and were able to describe all first responder actions 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:**

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach for responding to sexual abuse. In addition to first responders, the team consists of facility management officials, ICE staff, IHSC 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 (San Antonio Rape Crisis Center advocate and Methodist Specialty and Transplant Hospital SANE staff) 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:**

STIPC Policy and Procedure Manual 2.1.1 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 Compliance Manager, the Facility Administrator 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:**

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. STIPC policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. An Assistant Warden is the designated Retaliation Monitor. When interviewed, she stated she would follow 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 also confirmed 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:**

STIPC Policy and Procedure Manual 2.1.1 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 risk reassessment. Interviewed security staff indicated that a detainee would be placed in the most supportive environment to ensure their safety and well-being. ICE staff would also be notified of all detainees placed in Protective Custody. There have been no detainees placed in post-allegation Protective Custody during the last 12 months.



**§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:**

According to South Texas ICE Processing Center (STIPC) policy number 2.1.1 Sexual Abuse/Assault Prevention and Intervention Programs, facility staff will conduct an initial finding inquiry as part of the sexual abuse/assault prevention and intervention program to determine if the allegation is in fact related to PREA. ERO's PREA Field Coordinator will assist the facility's PREA Investigator during this process. In the event the investigation is potentially criminal, local law enforcement, Pearsall Police Department is notified, however; they do not conduct the investigation. ERO would notify OPR who in turn investigates all administrative and criminal cases that are deemed PREA that occur at STIPC. (Continued on last page)

**§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:**

STIPC Policy and Procedure Manual 2.1.1 address the requirements of this standard. Administrative investigations impose no standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse or assault. Interviews with the PSA Compliance Manager and the facility investigator 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 Corporate Policy and Procedure Manual 5.1.2-F address the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and of further information required in the standard. All such notifications are documented and placed in the facility investigative file. All notifications during the auditing period were made in compliance with this standard. Compliance with this standard was also determined through interviews with the PSA Compliance Manager, facility investigator and a review of the investigative 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 Corporate Policy and Procedure Manual 5.1.2-F 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 or licensing 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 an interview with the Human Resource Manager.

**§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 Corporate Policy and Procedure Manual 5.1.2-F address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse at either facility. Compliance with this standard was determined by a review of policy, documentation and an interview with the facility investigator.

**§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 Corporate Policy and Procedure Manual 5.1.2-F 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:**

STIPC Policy and Procedure Manual 2.1.1 address the requirements of this standard. Interviews with IHSC medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information 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 report being sexually abusive to be offered a follow-up meeting with IHSC mental health staff. All information is handled confidentially and interviews with IHSC 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:**

STIPC Policy and Procedure Manual 2.1.1 address the requirements of this standard. IHSC staff provide medical and mental health services to detainees. 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 a health care facility in the community, when health care needs exceed the level of care available within the facility. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the detainee for any sexual abuse related incident, related medical or mental health care or advocacy services, regardless of whether the victim names the abuser or cooperates with the incident investigation. (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:**

STIPC Policy and Procedure Manual 2.1.1 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. Mental health evaluations will be attempted on known abusers. A review of documentation and interviews with IHSC medical/mental health staff support the finding that this 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:**

STIPC Policy and Procedure Manual 2.1.1 address the requirements of this standard. The STIPC 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, 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 or modify staff supervision. The reviews are documented (reviewed by auditor) and placed in the 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:**

STIPC Policy and Procedure Manual 2.1.1 addresses the requirements of this standard. All sexual abuse and assault data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. The interview with the PSA Compliance Manager, Facility Administrator and other staff support compliance with this standard. The DHS OIG maintains the official investigative file related to claims of sexual abuse.

**§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 auditors were able to access and observe all areas of the facility. The auditors were provided with all relevant documents and conducted private interviews with staff/detainees. Audit notices were posted in each housing unit, giving the detainees an opportunity to confidentially correspond with the auditors. The auditors did not receive any correspondence from the detainees at the facility. All staff were helpful, cooperative and professional. All requested documentation was accurate and promptly provided.

## ADDITIONAL NOTES

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

115.11 - Staff received initial PREA training and annual training, as well as updates throughout the year when needed. Security staff are issued a pocket-sized PREA Standards/First Responder Guideline card to carry for reference. Interviews with staff, the volunteer, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. A review of documentation, observation of zero tolerance posters during the tour and interviews with staff and detainees confirms the facility is compliant with this standard.

115.15 – Additional curtains and wall extensions were installed in the toilet/shower areas in each unit to enhance and ensure privacy when detainees perform bodily functions. Staff of the opposite gender are required to announce their presence when entering 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. Security 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 status 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 via bilingual staff, interpretation services or other means for LEP detainees or in the form of auxiliary aids (TTY access, staff reading information, detainee assistants etc.) for detainees with other disabilities (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 from the San Antonio Rape Crisis Center. Interviews with staff, the criminal investigator (confirmed the forensic examination procedures) and victim advocate, observations and an examination of documentation confirm compliance with this standard.

115.22 - All allegations are reported immediately to the on-site ICE staff. There were 17 sexual abuse allegations reported by detainees during the rating period. Twelve investigations were completed and five cases were still open. All closed investigative files were reviewed and found to have been completed promptly and thoroughly and to be well documented. Of the twelve, three were substantiated, eight were unsubstantiated and one was unfounded.

115.31 - The facility provides a daily briefing, in writing and verbally, to security staff which covers PREA issues. A PREA compliance pocket guide is also provided to all staff. Quarterly refresher training and other reminders of the importance of PREA compliance are also provided to security staff. Security supervisors have also been trained to be investigators. This additional training and the excellent knowledge level of security staff supports the facility exceeding compliance concerning this standard.

115.33 - Detainees indicated at the time of arrival, they received information about the PREA; their right to be free from sexual abuse, harassment and retaliation; and multiple ways of how to report abuse. This information was also noted on the posters throughout the facility. The tour of the facility confirmed that PREA education 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 with this standard.

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 security and medical staff and an examination of documentation confirm compliance with this standard.

115.64 - Interviews with staff and an examination of documentation confirm compliance with this standard.

115.71 - Based on review of facility policy and during this audit review there were no PREA allegations or investigations that required the facility to conduct a fact-finding administrative investigation review.

115.78 – Detainees sexually abused by staff (consensual) would not be disciplined. Interviews with the facility investigator and a review of documentation support a finding that the facility is in compliance with this standard.

115.82 - Detainee victims of sexual abuse, while detained, would be 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 HSA.

**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**

10-19-2017

**Date**