PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	2/1/2022	**To:**	2/3/2022
AUDITOR INFORMATION			
Name of Auditor:	Mark McCorkle	**Organization:**	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(661) 618-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(772) 579-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Atlanta		
Field Office Director:	Jarvis McMillar		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	3026 HWY 252 Folkston, GA 31537		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Folkston ICE Processing Center and Annex		
Physical address:	3026 HWY 252, Folkston, GA 31537		
Mailing address: (if different from above)			
Telephone number:	(912) 496-6905		
Facility type:	D-IGSA		
PREA Incorporation Date:	12/16/2016		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(912) 496-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PREA Compliance Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(912) 496-(b) (6), (b) (7)(C)
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	02/24/2020		
Notes:	Click or tap here to enter text.		

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Folkston Ice Processing Center (FIPC) and Annex was conducted from February 1, 2022, through February 3, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Mark McCorkle, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is the previous 12 months: February 2021 through February 2022. FIPC is operated by The GEO Group, Inc.

The ERAU Team Lead (b) (6), (b) (7)(C) forwarded the audit notification poster to the facility. The poster included the dates of the audit, the purpose of the audit, the Lead Auditor's contact information through Creative Corrections LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all housing units, and all common areas. The Auditor verified the placement of the audit notification poster during the facility tour, and the detainee and staff interviews. The Auditor received no correspondence from detainees at the facility prior to the onsite audit.

On February 23, 2022 (three weeks after the onsite audit), the Auditor was provided correspondence from a detainee who had alleged sexual abuse by a staff member at the facility. The Auditor had already interviewed this detainee during the onsite audit and spoke to him about the investigation. Additionally, the Auditor reviewed the investigative file thoroughly, including examining the video and photographic evidence. The correspondence was forwarded to the ERAU Team Lead for a follow-up with the facility.

The facility employs a total of 130 security staff members: 59 males and 71 females. There are 22 medical staff and 1 mental health staff member. The FIPC houses adult male detainees with a design capacity of 512. The Annex also houses only adult male detainees, with a capacity of 268. At the time of the audit, 558 detainees were housed in the main FIPC and the Annex. The average time in custody for FIPC and the Annex is 31 days. In the previous 12 months, the facility booked/processed 4,087 detainees. The FIPC and Annex house low, medium and high security detainees.

On February 1, 2022, at approximately 8:00 a.m., the Auditor arrived at the facility and established a working area in the secure conference room of the main FIPC Administration Building.

At approximately 8:15 a.m., Team Lead (b) (6), (b) (7)(C) telephonically moderated an entry briefing conducted by the Auditor. In attendance at the briefing were the following:

- (b) (6), (b) (7)(C) Facility Administrator, FIPC
- (b) (6), (b) (7)(C) Assistant Facility Administrator, FIPC
- (b) (6), (b) (7)(C) Facility Business Manager, FIPC
- (b) (6), (b) (7)(C) Health Services Administrator (HSA), FIPC
- (b) (6) Compliance Administrator, FIPC
- (b) (7)(C) PSA Compliance Manager, FIPC
- (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO
- (b) (6), (b) (7)(C) Detention Standards Compliance Officer, (DSCO), ICE/ERO
- (b) (6), (b) (7)(C) Supervisory Detention & Deportation Officer (SDDO), ICE/ERO
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
- Mark McCorkle, Auditor, Creative Corrections LLC

The entry briefing provided an opportunity for all parties to establish a positive working relationship and outline the proposed schedule for the three onsite audit days. At the completion of the entry briefing, the Auditor was provided a complete tour of the FIPC and Annex by the PSA Compliance Manager, the Facility Administrator, and the Assistant Facility Manager.

The main compound consists of three buildings: a building that contains all administrative offices, kitchen, intake, main entrance, and medical area. There are two housing buildings in the main compound, similar in design, one unit has dormitory pods and the other cells. Entrance to the facility is controlled by secured fences, and doors. The GEO Detention Officers working in main control operate the locked main entrance doors and control all access to the facility. One GEO Detention Officer is stationed in the lobby; anyone entering the facility is subject to search and must pass through a metal detector. All property, including bags and briefcases, are placed in a belt-driven x-ray machine, and cleared by the officer assigned to the lobby station.

The main compound intake area, where the detainees are processed into the facility, has multi-occupancy cells that are utilized when detainees are entering and leaving the facility. These cells have toilets located within the cells, the toilet is behind a wall, and the windows are partially painted which provides privacy while using and are not visible from outside the cell. The medical departments in both the main compound and annex have multi-occupancy cells; these are also treated in the same manner.

The A housing unit is a dormitory style unit with eight pods. The B housing unit is a celled unit with five pods with cells for housing. The main entrance door to the housing unit is secured access; the unit is controlled by the housing unit officers who will unlock the door upon verification of the persons entering. A control room is elevated in the center of the building to provide an overview of all pods. The A housing unit has the showers and bathrooms located on the rear wall of each pod. The showers and toilets have curtains and walls to block view by opposite gender staff members and provide overall privacy. The B Housing unit has the toilets within the cells and the showers on the rear wall of the pod. The cell doors limit the view of the toilet, and the showers have curtains.

Each housing area contains multiple video monitoring cameras that allow the building control officer multiple views in each unit. At the time of the onsite audit all cameras were operational. The Auditor viewed the camera angles from each of the housing units and confirmed that none of the views contained images that would violate the privacy of detainees, specifically in the toilet and shower areas.

The annex consists of two buildings as a self-contained facility with all of the same amenities as the main compound, except the meals are delivered from the main compound. The entrance is secured, and the main building contains offices, visitation, intake, and medical. The C housing unit is constructed in the same manner as the other buildings in the main compound, with a non-operational central control room and six pods. Five of the pods are cell pods, and one is a dormitory pod.

All the pods have a telephone available to the detainees. Posted by the telephones is the information on DHS Office of Inspector General (OIG) Poster, ICE Detention Reporting and Information Line (DRIL) Poster, including addresses and phone numbers, the instructions on how to report to the OIG using the telephone, and consulate information. The Satilla Advocacy Services information is also posted; they provide victim advocacy services for the detainees.

The kitchen in the main compound prepares all the meals for the facility and detainees eat their meals within the housing units. Due to the COVID-19 pandemic, detainee workers are not involved with meal preparation, or delivery.

The facility had three closed PREA allegations in the past 12 months. One involved an allegation of staff-on-detainee, which was determined to be unfounded. The other two were detainee-on-detainee allegations, with one being substantiated and the other unsubstantiated. All three were investigated by the specially trained facility investigator. The Folkston Police Department was notified in all cases but declined to respond until evidence of a crime was determined by the facility. In all three cases, the facility determined no criminal activity had occurred.

At the conclusion of the facility tour, the Auditor began detainee interviews. The Auditor interviewed detainees in the FIPC and the Annex and was able to speak to detainees from all but one pod, which was under COVID cohort protocols.

The random detainees and those who were limited English proficient (LEP) were selected by the Auditor from a roster of all detainees housed at FIPC. In the instances when a detainee was not available to be interviewed, the Auditor randomly selected another detainee from the roster provided.

Detainees in the following categories were interviewed:

Interview Type	Number
Random Detainee Interviews	11
Detainees who are Limited English Proficient	19
Detainees Who Identify as Gay, Lesbian, or bisexual	1
Detainees who Reported Sexual Abuse/Assault	2
Detainees who filed a grievance re: PREA	1
Total Detainee Interviews	**34**

All detainee interviews were conducted privately in either the visiting room of the Annex or in a private office in the FIPC. The Auditor had access to language interpreter services for the 19 detainees who did not speak English. Translation services were needed for the following languages: Spanish, Portuguese and Russian.

There were several targeted detainee populations not being housed at the facility at the time of interviews. Those included detainees with a cognitive or physical disability, detainees who reported sexual abuse history, and transgender or intersex detainees.

The Auditor conducted the interviews with all detainees in the same manner; a prefacing statement was made to each detainee with the Auditor explaining the purpose of the interview, how they were selected, and that they did not have to speak with the Auditor if they chose not to. No detainees refused to speak with the Auditor. All detainees were asked questions utilizing the Detainee Interview Guides for Immigration Detention Facilities. During the interviews, the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, which includes the ICE National Detainee Handbook, Folkston ICE Processing Center Supplement to the National Detainee Handbook, and the DHS prescribed Sexual Abuse and Assault Awareness pamphlet. The Auditor further utilized a blank copy of the acknowledgment form they would sign for the PREA information received at intake. These materials were used to visually stimulate the detainee's recollection of their initial intake process.

Staff interviews were conducted over the three days of the onsite audit. All interviews were conducted in private settings between the Auditor and staff member. GEO Detention Officers and supervisors were selected randomly from a list of all employees assigned to the facility. The auditor interviewed a total of 26 individual staff members, 12 randomly selected and 14 specialized. The PSA Compliance Manager was also the trained investigator interviewed for this audit. Staff from the following categories were interviewed by the Auditor:

Interview Type	Number
GEO Detention Officers	12
GEO Supervisors	2
Medical/Mental Health Staff	4
Intake Staff	2
PSA Compliance Manager/Investigative Staff	1
Human Resources	2
Facility Administrator	1
Assistant Facility Administrator	1
Training Manager	1
Total Staff Interviews	**26**

The Auditor conducted the interviews with all staff in the same manner, with a prefacing statement to the interview relayed to the staff member explaining the purpose of the interview, how they were selected, that they did not have to speak with the Auditor if they chose not to. No staff refused to speak with the Auditor. The Auditor asked all interviewed staff questions utilizing the various staff Interview Guides for Immigration Detention Facilities.

The Auditor also randomly selected 10 personnel records, 10 staff training records, and 10 detainee files.

After the onsite audit, an exit briefing was conducted by the Auditor, with Team Lead (b) (6), (b) (7)(C) telephonically moderating. In attendance at the briefing were:

- (b) (6), (b) (7)(C) Facility Administrator, FIPC
- (b) (6), (b) (7)(C) Assistant Facility Administrator, FIPC
- (b) (6), (b) (7)(C) PSA Compliance Manager, FIPC
- (b) (6), (b) (7)(C), Compliance Administrator, FIPC
- (b) (6), (b) (7)(C) HSA, FIPC
- (b) (6), (b) (7)(C) DSCO, ICE/ERO
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
- Mark McCorkle, Auditor, Creative Corrections LLC

At the exit briefing, the Auditor provided an overview of the audit findings. The Auditor expressed that all staff members interviewed possessed an excellent grasp of not only the PREA standards, but specifically how they are applied by staff at the facility. He also conveyed that nearly all detainees interviewed expressed at least basic knowledge of PREA and the resources available to them, if needed. Even with the multitude of languages spoken by detainees, nearly all understood the basic concepts of sexual safety at ICE detention facilities.

The Auditor expressed that an inspection of randomly selected detainee records indicated that 100% of the records reflected detainees had received the required educational material and orientation required by the standards. It was evident to the Auditor that tremendous strides had been made in the area of PREA education to the detainees. Detainee Handbooks are available in a multitude of languages, and when a specific language may not be on hand, processing staff has access to PDF files to print in the needed language (further context will be provided in the related standard's narrative below).

It was evident in interviews with detainees, that the PREA acronym is not easily understood by those who are non-English speaking. However, when specific questions were asked by the Auditor regarding sexual safety, and information extracted by officers at Intake, the detainees understood the subject matter.

The Auditor conveyed to those in attendance that at the time of the exit briefing there were no outstanding documents, and that there were no standards that were not in compliance; however, a thorough review of all documentation and interview results were necessary to make a final determination on each standard.

In the preparation of this audit report, the Auditor conducted a thorough review of FIPC policies, related ICE policies, documentation provided by the facility, a complete review of investigative reports, interviews with staff, detainees, and contractors, all coupled with his observations and inspections during the three days of the onsite audit, to make a determination of compliance with each of the 41 DHS PREA Standards for a Subpart A facility.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 3

§115.17 Hiring and promotion decisions
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training

Number of Standards Met: 37
§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.18 Upgrades to facilities and technologies
§115.21 Evidence protocols and forensic medical examinations
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 post-allegation protective custody
§115.71 Criminal and administrative investigations
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 0

Number of Standards Not Applicable: 1
§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

Policy and Document Review:

- The GEO Group, Inc. Folkston ICE Processing Center Policy and Procedure Manual Chapter: Security and Control Title: Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities Number 10.1.1, (henceforth referred to as FIPC Policy 10.1.1)
- Folkston ICE Processing Center Organizational Chart
- GEO Group, Inc. Organizational Chart
- GEO Group PREA Policy 5.1.2
- GEO Group PREA Investigations Policy 5.1.2-E

Interviews:

- PSA Compliance Manager

(c): The GEO/FIPC policies 5.1.2 and 10.1.1 mandate zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The policies furthermore define sexual abuse and sexual harassment. The entirety of FIPC Policy 10.1.1 was reviewed and fully approved by the PSA Compliance Manager, the Facility Administrator, the GEO Corporate PREA Director and the local ICE Field Office on December 8, 2021.

(d): The facility employs a PSA Compliance Manager who is responsible for overseeing policies and procedures related to the PREA standards and ensures facility compliance and serves as the facility point of contact for the agency PSA Coordinator. He stated that he had sufficient time to dedicate to PREA and the Auditor found him to be extremely knowledgeable of the facility's PREA policies and procedures and his responsibilities for coordinating the facility's efforts to comply with the PREA standards. The PSA Compliance Manager was thoroughly engaged throughout the audit process.

§115.13 - Detainee supervision and monitoring.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- Facility Administrator
- PSA Compliance Manager

(a)(c) FIPC Policy 10.1.1, states, "In determining adequate levels of detainee supervision and determining the need for video monitoring, FIPC shall take into consideration: 1) Generally accepted detention and processing practices; 2) Any judicial finding of inadequacy; 3) The physical layout of each facility; 4) The composition of the detainee population; 5) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 6) The finding and recommendations of sexual abuse incident review reports; 7) Any other relevant factors, including but not limited to the length of time detainees spend in facility custody." In their interviews, the Facility Administrator and PREA Compliance Manager expressed that the staffing plan was reflective of the seven criteria stated in the aforementioned policy. Both stated that the results of incident reviews following PREA allegation investigations were important factors in determining if staffing issues need to be addressed. According to both, staffing was not an issue in any of the three investigations in the past 12 months. The Auditor's observations confirmed that staffing levels were appropriate for the existing conditions and makeup of the detainee population.

(b) The FIPC provided its post orders, which were inspected by the Auditor and found to be highly detailed and provided the requisite guidance necessary for staff to satisfactorily complete their duties, with the sexual safety of detainees being at the forefront. Additionally, the facility provided email correspondence showing that the post orders had been reviewed by GEO staff in December 2021. All staff members interviewed said they had read and understood their post orders.

(d) Policy 10.1.1 also says that intermediate and high-level supervisors shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees. The policy goes on to say that the inspections must occur at least once per shift.

The facility provided three log sheets from each shift demonstrating the unannounced rounds Additionally, during the facility tour, the Auditor inspected the logbooks in each pod and found each to contain entries for supervisors conducting unannounced rounds. In their interviews with the auditor, supervisory staff expressed their responsibilities in conducting unannounced rounds and that the purpose was to ensure the sexual safety of the detainee population at the facility.

§115.14 - Juvenile and family detainees.
Outcome: Not Applicable (provide explanation in notes)
Notes:

The FIPC does not house juvenile detainees, which was articulated in a memo prepared by the PREA Compliance Manager and confirmed during interview while onsite.

§115.15 - Limits to cross-gender viewing and searches.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- Sample of Security Staff
- Sample of Medical Health Care Staff
- Random Sample of Detainees
- Training Manager

(b) FIPC Policy 10.1.1, Section I, Searches and Observations goes into extensive detail regarding searches at the facility. It says specifically, "Searches may be necessary to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity and to promote security, safety, and related interest at immigration detention facilities."

The policy goes on to say that "cross-gender pat-down searches of male detainees shall only be conducted by staff of the same gender, unless exigent circumstances occur, or reasonable diligence has been exercised. The policy also articulates that cross gender strip-searches, body cavity searches and pat-down searches must be documented. Strip and body cavity searches are limited to exigent circumstances in consideration of officer safety, and when performed by medical practitioners." A total of 34 detainees were interviewed regarding this standard. In regard to pat-down searches, all 34 stated that they had not been searched by a staff member of the opposite gender, and none said they had been the subject of a strip and/or visual body cavity search.

(c) The facility does not house female detainees; therefore, this subpart is not applicable.

(d)(f) FIPC Policy 10.1.1 states, "All strip searches, visual body cavity searches and cross-gender pat-down searches shall be documented using Attachment N, Cross-Gender Pat Search Log." The facility provided a memorandum from the PSA Compliance Manager stating there have been no cross-gender pat-down searches, or visual body cavity searches conducted during the audit period. The Facility Administrator and PSA Compliance Manager confirmed this in their interviews. During the onsite audit, the Auditor had the opportunity to review completed strip search forms for the past 12 months and found them to be thorough and contain all the required information and notifications to satisfy the standard.

(e) FIPC Policy 10.1.1 states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners." This procedure was confirmed through interviews with the PSA Compliance Manager and security staff, and there have been no searches of this type within the audit period.

(g) FIPC Policy 10.1.1 states, "FIPC shall implement policies and procedures which allow detainees to shower, change clothes and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes. PREA announcement are to be documented in the housing unit log." The same policy addresses detainees who have been placed on constant observation and requires that a "staff member of the same gender be assigned to those duties."

(h) FIPC is not a family residential facility; therefore, this subpart is not applicable.

During the tour of the facility, nearly all the housing areas were being supervised by female staff members. However, in each instance during the tour, an announcement was made by female staff members when entering a dorm, or housing unit. During interviews with security staff, all 14 were aware of the PREA requirement for announcements by opposite gender staff when entering a housing unit.

Of the 34 detainees interviewed, 32 said they had sufficient privacy to shower, use the restroom and change clothes. One said there was not sufficient privacy. When asked to explain, he said that staff can see him showering, or using the restroom when they make rounds. The Auditor inquired as to whether staff was attempting to violate his privacy, but he said it was likely incident to their duties in conducting security checks. As it pertained to staff announcements regarding opposite gender staff entering a housing unit, 27 of the 34 had said they had heard the announcement. Three said announcements are never made, and three said that announcements may be made, but they have not been paying attention.

(i) The policy states, "Staff shall not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. If gender is unknown, it may be determined during conversations, or by reviewing medical records. It may also be determined as part of a standard medical examination."

During the onsite audit, the Auditor interviewed four medical staff members, who each stated that gender of a detainee is determined through conversations with the detainee and a review of medical records. All said there has never been an instance where a medical exam was necessary to determine gender.

The Auditor also interviewed 12 randomly selected staff and two supervisory staff. Each said at no time would staff conduct a physical search or examination of a detainee to determine gender. Eleven of the 12 randomly selected staff specifically said that if they could not determine the gender of a detainee through conversations that medical detainee records could be used to make a determination. One staff member said the detainee would be referred to medical but could not elaborate on how the determination would be made.

(j) The policy states, "Security staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety." FIPC provided the curriculum and electronic records for 188 employees who successfully completed the electronic "GEO ICE PREA Web Training." The curriculum was reviewed by the Auditor and contained all the elements required to satisfy the training requirements. The electronic records contained the full name of the employee, their username for the web-based training system, along with the date and specific time of day the training was completed.

A total of 14 security staff (including supervisors) were interviewed and all had a thorough understanding of the facility's cross-gender pat-down search policy. Of the 14, 12 stated that strip and/or visual body cavity searches would be conducted only under exigent circumstances and two said they would never be conducted at the facility.

Two medical staff members were interviewed specifically on the topic of strip/visual body cavity searches, and both had a full understanding of the standard and the facility policy. Both indicated that typically, a strip search would be conducted if a detainee was to be placed in suicide watch protocols, and both were aware of the required documentation.

The Auditor interviewed the facility Training Manager and found him to be very knowledgeable about PREA training, and specifically the curriculum regarding searches. Training records are maintained electronically and in a locked office of the training center, which is approximately one-quarter mile from the main facility. The Auditor randomly selected ten staff records for inspection and found all contained required PREA training certificates and attendance records. The Auditor additionally selected the training files of the PSA Compliance Manager and the Facility Administrator and found both to be complete as it relates to PREA training requirements.

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

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- Facility Administrator
- Random Sample of Staff
- Detainees who are Limited English Proficient
- Sample of Intake Staff

(a) FIPC Policy 10.1.1, Section D, Detainee Orientation and Educations requires that "detainees with disabilities (deaf, hard of hearing, blind, low vision, intellectual, psychiatric or speech) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect and respond to sexual abuse and assault." The policy also requires that, "FIPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those who have intellectual disabilities, limited reading skills or whoa are blind or have low vision." This policy also includes language that considers detainees who have vision and hearing issues, assuring there are methods for staff to communicate with detainees and vice versa. FIPC Policy 10.1.1 states, "The facility shall provide communication assistance to [detainees] with disabilities [….] which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters and note takers, as needed."

The Auditor interviewed the PSA Compliance Manager, Facility Administrator and an intake staff member relative to this standard. Each stated that there have been no detainees who met the definition of "detainees with a disability," and that there were no records to review. In their interview with the Auditor, the intake staff member stated that if a detainee with low vision were to be processed, the intake staff member would read the transcript of the PREA education slide show / video to the detainee and ensure comprehension. They said the same would be done for detainees with a cognitive disability. In the case of a detainee with limited or no hearing, they would have the detainee read each section of the transcript and confirm they understood the contents.

The Facility Administrator and PSA Compliance Manager confirmed this process in their interviews.

(b)(c) FIPC Policy 10.1.1 states "the facility shall provide communication assistance to [detainees] who are limited in their English proficiency (LEP) [through use of] bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities." The same policy requires that detainees have access to in-person, telephonic or video interpretive services. It also requires impartial interpretive services for detainees pertaining specifically for matters relating to sexual abuse, "…by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and the Facility determines that such interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." FIPC provided a copy of the GEO Group Supplement to the National Detainee Handbook in both English and Spanish, which included areas pertaining to PREA and sexual abuse highlighted. The facility also provided the DHS PREA posters in English and five other foreign languages, each containing the name of the PSA Compliance Manager.

During the onsite audit and tour, the DHS PREA Posters were placed prominently in all housing areas of the facility, and all had the name of the PSA Compliance Manager printed on the first page of the poster.

Additionally, FIPC provided the ERO Language Services Resources Flyer. This flyer provides resources for use by staff to ensure effective communication with detainees. These resources include a 24-hour Language Line and translation or transcription services.

While touring the intake processing area, the Auditor spoke at length to an intake officer, who walked through the intake process with the Auditor, including demonstrating the access to language services via telephone. The intake officer only spoke English and said that she routinely uses interpretive services to complete the intake process for detainees. In a separate visit to the intake area, the Auditor observed the processing of an LEP detainee. The intake officer accessed interpretive services via telephone and conducted the process with an interpreter and detainee. The intake officer demonstrated superior knowledge of the process and covered each area of the required information, ensuring the detainee understood. The entire intake process for this detainee took 22 minutes to complete.

In his interview, the Facility Administrator emphasized the need for reliable interpretive services because such a small percentage of detainees are English-speaking. He was confident that all of the staff at the facility were familiar with accessing interpretive services and that they are utilized every day. In interviews with the 14 randomly selected staff, all had knowledge of not only the interpretive services available to staff and detainees, but each were able to acknowledge the presence of the PREA postings and ERO language service information in the housing units.

Of the 19 detainees interviewed which were LEP, 15 said they received information in writing regarding PREA that they could understand. Initially, four said they did not receive the information, but after the Auditor proposed different questions, and showed them exemplars of documents distributed at intake, two of the four remembered receiving the information. The other two detainees stated they did not receive any written information. However, the Auditor was able to acquire their individual detainee files, which showed what appeared to be authentic signatures acknowledging receipt of the written information. In both cases, Spanish language interpretive services were documented as being used during the intake process. The Auditor requested that staff make sure the information was provided again to the detainees. That same day, the PSA Compliance Manager confirmed to the auditor that the handbooks were provided to the detainees.

Of the three allegations reviewed, files were documented that one detainee spoke English and the other two Spanish. The files of the Spanish speaking detainees clearly indicated that an interpreter was used, and their written statement were translated.

§115.17 - Hiring and promotion decisions.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Policy and Document Review:

- 5 CFR 731, E.O. 10450
- ICE Directive 6-7.0, ICE Personnel, Security and Suitability Program
- ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel
- FIPC Policy 10.1.1
- Staff Employee Files

Interviews:

- Human Resources Manager
- Assistant Human Resources Manager

(a)(b)(c)(d) In her interview with the auditor, the Human Resources Manager said that the facility utilizes the ICE OPR Personnel Security Operations (PSO) to conduct the background investigations on any applicant, employee, or contractor with the agency. The facility conducts a criminal history background check for all prospective applicants which is the first level of clearance. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity.

According to the Human Resources Manager, each new employee candidate is required to complete an application and an attestation to having not engaged in the sexual assault and abuse behaviors outlined in this standard. Additionally, the Human Resources Manager stated that during the application process, if any prospective employee provides information which indicates they have engaged in any of those behaviors, they would not be submitted to ICE for hire. These factors are in compliance with the ICE Directives 6-7.0 and 6-8.0.

During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard; these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews.

During staff interviews at the facility, the Auditor confirmed that all contractors and employees were asked these questions prior to being hired. The facility imposes a continuing affirmative duty to disclose any misconduct, whether it is related to sexual misconduct or not. FIPC Policy 10.1.1 addresses the utilization of this process in the promotional system. After reviewing the above policies, and during the PSA Compliance Manager and Human Resources interviews, the Auditor confirmed if any prospective employee or contractor were involved in any misconduct of this nature, they would not be offered employment by GEO; any employee involved in misconduct of this nature would be terminated.

The Auditor completed a PREA Audit: Background and Investigation for Employees and Contractors DHS Facilities form. This form was submitted to the OPR PSO. 5 CFR 731, and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor confirmed the background investigations and five-year reinvestigation for 10 randomly selected staff members at the facility. All of the backgrounds were in the specified time limit of five years.

During this hiring process, and subsequent background investigation, the investigator asks questions related to character, integrity, and overall suitability for employment. The Auditor confirmed during the staff interviews at the facility that all interviewed staff had been asked the same questions during the background investigation process.

(e)(f) FIPC Policy 10.1.1 states that candidates for employment and existing employees have a duty to report any misconduct related to the behaviors in this standard, and that any omissions or false information will be grounds for termination, or denial of an offer of employment. The Human Resources Manager confirmed this policy and practice in her interview with the Auditor.

The Unit Chief of OPR PSO informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law.

The prevention of sexual abuse in any agency begins with the hiring process and initial background investigation. ICE utilizes a system where not only current misconduct is identified, which will make the applicant, employee, or contractor unsuitable for employment, but continually monitors their employees and contractors for any misconduct or behavior that will make them unsuitable in the future. Due to the nature of the work DHS performs, this process is necessary to create a safe environment for detainees who are held in their custody or detained at a contracted facility. The process exceeds the language in the standards, they not only are considering sexual misconduct, but any misconduct, dishonesty, alcohol abuse, or any other behavior or activity that is considered unsuitable.

The Auditor randomly selected 10 employee files and inspected each for appropriate documentation regarding this standard. The Auditor observed that all contained the pre-employment PREA screening acknowledgement and the acknowledgement attached to the annual review.

The Auditor discussed the hiring and promotional processes with the Facility Administrator and the PSA Compliance Manager. Each demonstrated a thorough knowledge of the policy and confirmed that anyone who has any substantiated finding in a case regarding

sexual abuse, sexual assault, or sexual harassment would automatically be disqualified from the hiring process. In his visual inspection of randomly selected personnel files, the Auditor found that every file was impeccable. Neatly organized and all documentation to verify this standard was easily located. The Human Resources Manager and Assistant Resources Manager were extremely knowledgeable in their interviews and understanding of the requirements for hiring and promotion.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- Facility Administrator
- PSA Compliance Manager

(a)(b) FIPC Policy 10.1.1, Item B, GEO PREA, Personnel, Physical Plant and Supervision, subsection #6, Facility Upgrades and Technology, states that FIPC shall, "consider the effect any (new or upgrade) design, acquisition, substantial expansion, or modification of the physical plant might have on our ability to protect detainees from sexual abuse.

"FIPC shall also consider the effect of any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on our ability to protect detainees from sexual abuse."

Since its last audit, and per a memorandum provided by the PSA Compliance Manager, the facility expanded the court room area, adding additional court rooms for additional proceedings. (b) (7)(E) [redacted]

The Auditor inspected the courtroom area with the PSA Compliance Manager and was advised at no time are detainees allowed in the area without the presence of security staff. (b) (7)(E) [redacted]
The Auditor determined that the process for the upgrade took into consideration all the factors required in this standard.

In his interview, the Facility Administrator said that careful consideration was given to PREA in planning the expansion, and that steps were taken to ensure the sexual safety of detainees, staff and others who may be present in the courtroom area.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1-A, Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities

Interviews:

- PSA Compliance Manager
- Sample of Medical Healthcare Staff
- Detainee who Reported Sexual Abuse

(a-d) FIPC Policy 10.1.1-A, Section D, Evidence Protocol and Forensic Medical Examinations says that "FIPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be…developed in coordination with the Department of Homeland Security (DHS)."

As it relates to facility medical staff, the policy says they "…shall not participate in sexual assault forensic medical examinations or evidence gathering." The policy states that "SAFE/SANE examiners shall conduct these examinations at an offsite qualified facility."

This same policy also states that, "an outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals." These support resources, per the policy, shall be allowed during a forensic exam and investigatory interviews. The policy goes on to say that "the advocate may not obstruct or interfere with the course of the investigation and will not serve as a translator. The FIPC is prohibited from using facility employees as victim advocates, unless documentation is on file that no other alternatives are available in the community and that documentation exists that validate the designated employees have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic exam issues in general." The policy also says that all these services shall be provided at no cost to the detainee.

FIPC provided a memorandum of understanding (MOU) with the Satilla Advocacy Services to provide advocacy services. In his interview with the Auditor, the PSA Compliance Manager said that advocacy services would be offered to a detainee or would be provided upon their request. He also said that the advocate, if utilized, would be available to the detainee during the forensic

examination process following an alleged sexual abuse, and for investigative interviews. The Auditor spoke to a representative from Satilla Advocacy Services by telephone, who confirmed their role in a sexual assault allegation.

Additionally, the MOU provides for the placement of an informational placard with instructions to detainees on how to access Satilla Advocacy Services. The placement of the placards was confirmed by the Auditor in each of the facility housing areas, including the Annex. FIPC also agreed to provide training to all employees, volunteers, and contractors to ensure they are aware of GEO's zero-tolerance policy and the availability of these emotional support services. The Auditor reviewed training curriculum and found that FIPC met the requirements of not only the PREA standards, but also the MOU language. Correspondence was provided by the facility to demonstrate the attempt to obtain an MOU for SANE services from HCA Healthcare Services. Because HCA is a nonprofit, they declined to enter into an MOU, but agreed to provide services when necessary. The Auditor spoke to a SANE nurse by telephone at the healthcare services center and she confirmed their center would provide services and articulated her responsibilities in the event that a forensic exam was necessary.

In her interview with the Auditor, a random healthcare staff member stated that at no time would the facility perform a forensic medical exam and that any detainee requiring such services would be transported to an appropriate medical facility for those services. She said the only responsibility of facility medical staff would be to triage any injury sustained that was deemed to be serious and that a delay in treatment would have significant negative results.

The PSA Compliance Manger said in his interview that the facility takes seriously its responsibility to treat detainees not only for their medical well-being, but also in regard to their mental health. He said any inmate who alleges to be the victim of a sexual assault will be provided access to mental health services at the facility and advocacy services if a forensic medical exam is required.

The Auditor interviewed a detainee who had alleged sexual abuse by another detainee (the case was still active at the time of the onsite audit). The detainee said staff responded immediately, but that he refused mental health and advocacy services.

(e) In December of 2021, FIPC entered into an MOU with the Charlton County Sheriff's Department for mutual assistance for the investigation of alleged crimes, including sexual assault and abuse. Prior to this date, FPD was the external law enforcement entity responsible for criminal investigations of sexual abuse/assault.

In his interview with the Auditor, the PSA Compliance Manager stated that a change in investigative responsibility was made, and an MOU was signed with the Charlton County Sheriff's Department. The Auditor interviewed a sheriff's department investigative supervisor by telephone, who explained that the investigative responsibilities of his office extended to any criminal activity at the facility, including sexual abuse and sexual assault investigations. He stated that a trained sexual abuse investigator would be assigned to the investigation and that they would follow all protocols required undier this standard.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1-A
- FIPC POLICY 10.1.1
- Investigative Files
- ICE Website
- GEO Website
- Immigration Options for Victims of Crimes Brochure

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Investigative Staff

(a)(d) FIPC Policy 10.1.1-A states "all criminal allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. Upon a staff member receiving an allegation, they will immediately report the allegation to their supervisor, which will begin the investigative process. All investigations are immediately referred to the facility investigator and PSA Compliance Manager, who will notify the AFOD and the ICE staff at the facility."

The PSA Compliance Manager stated that they would immediately begin the investigation. All investigations are reviewed by the OPR. The Facility Investigator stated that OPR would review all cases to determine if an investigation is required by OIG. All allegations involving staff, volunteers, and contractors are investigated by OPR. ICE policy 11062.2 outlines the Agency's evidence and investigation protocols. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If the OPR investigators do not conduct the investigation, the facility investigators will.

The Auditor reviewed the three closed investigations from the past 12 months at the facility, which were all conducted by the facility investigator. The PSA Compliance Manager stated that the Folkston Police Department is notified of all investigations, although they

declined to respond unless evidence of a crime was discovered. As of December 22, 2021, the Charlton County Sheriff's Office will conduct any criminal investigation related to sexual abuse. While reviewing the investigations, the Auditor confirmed the investigation process, including the notifications to OPR, and the Folkston Police Department. The Auditor telephoned the Charlton County Sheriff's Office and spoke with an investigative supervisor, who confirmed the agreement with FIPC to investigate PREA related allegations which may be criminal in nature.

(b) FIPC Policy 10.1.1 outlines the responsibilities of the facility and other investigative agencies. The PSA Compliance Manager stated that he is notified of every allegation and will follow the policies to ensure the investigative steps are being followed. He is also a trained investigator and conducted the three investigations at the facility in the past 12 months. He also indicated that per policy, all investigations are stored and maintained for at least ten years. The PSA Compliance Manager stated that the investigations are stored in his office in a locked file cabinet.

(c): The Auditor reviewed the GEO website at www.geogroup.com/PREA. The same type of information is also available on the ICE website, and easily accessible by the public. The websites have pages dedicated to PREA, policies and are available to the public for review. The pages contain the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process that states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The ICE website, www.ice.gov/prea includes PREA overview, PREA policies, reporting methods with addresses and phone numbers, SAAPI standards, ICE Detainee Handbook, ICE PREA poster, and ICE PREA pamphlet.

(e)(f) FIPC Policy 10.1.1 indicates that all incidents are promptly reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD. If the incident is potentially criminal and a staff member, contractor, volunteer, or detainee is alleged to be the perpetrator of sexual abuse, the incidents are now reported to the Charlton County Sheriff's Office for investigation. The PSA Compliance Manager stated that the notifications are being made as per policy, which was confirmed by the Auditor in his review of the investigative files.

The Auditor also interviewed the Facility Administrator regarding this standard. The Auditor found that he was extremely knowledgeable about the investigative process, but keenly familiar with notification protocols. He said that he and the PSA Compliance Manager speak regularly about any open PREA investigations, and that the PSA Compliance Manager does an excellent job of keeping him apprised of all investigations.

Based on a review of the three investigations, coupled with interview of the PSA Compliance Manager (investigator), the facility has committed itself to thorough administrative investigations. Each of the cases reviewed by the Auditor was well-organized, with excellent investigative techniques and use of evidence (video surveillance footage) to help support their findings. All notifications were made well within the prescribed policies and the review processes were thorough and complete.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- GEO Employees training PowerPoint and training rosters
- Training PowerPoints for Cross-gender, Transgender, and Intersex Searches

Interviews:

- PSA Compliance Manager
- Training Manager
- Random Staff and Contractors

(a) The facility has provided training to all employees, contractors, and volunteers who may have contact with detainees. The Auditor reviewed the curriculum, and it provides the following content in regard to fulfilling their responsibilities under these standards, this training included:

• GEO's zero-tolerance policy for all forms of sexual abuse and assault.
• The right of detainees and staff to be free from sexual abuse or assault.
• Definitions and examples of prohibited and illegal behavior.
• Dynamics of sexual abuse and assault in confinement.
• Prohibitions on retaliation against individuals who report sexual abuse or assault.
• Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including:
• Common reactions of sexual abuse and assault victims.
• How to detect and respond to signs of threatened and actual sexual abuse or assault.
• Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and

• How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault.
• How to avoid inappropriate relationships with detainees.
• Accommodating limited English proficient individuals and individuals with mental or physical disabilities.
• Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations.
• Procedures for fulfilling notification and reporting requirements under this Directive.
• The investigation process; and
• The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

(b) Training is completed annually, and quarterly refresher training is also provided. The training was verified by the Auditor through interviews with the Training Manager and reviewing signed training certification forms, both electronic and hard-copy training files. The PREA training requirements are outlined in FIPC Policy 10.1.1.

(c) The facility documents the training on a roster; they further provide quarterly refresher training to ensure that all employees understand GEO's and ICE's current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials; these were provided to the Auditor during the pre-audit process. The Auditor further reviewed the training retention schedule for the facility, which indicates the records are retained for five years. This was confirmed during the review of the electronic training records that dated back five years. All of the hard-copy training records are maintained in the Training Center, approximately one-quarter mile from the main detention facility.

During the staff interviews, the Auditor verified that all 14 interviewees had received the requisite PREA training. Each was able to verify that they had viewed the training, or received education in person, and were able to articulate their responsibilities under the standards.

It was evident after the review of documentation and interviews that the facility has done an extraordinary job of educating its staff maintaining proper documentation.

§115.32 - Other training.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy: 10.1.1

Interviews:
- Facility Training Manager
- Random Sample of Contractors

(a)(b)(c) FIPC Policy 10.1.1 requires all volunteers and contractors to "receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program." The facility provided a memorandum stating that the facility does not currently utilize volunteers which was confirmed during interviews with PSA Compliance Manager. The facility has trained all contractors who may have contact with detainees on their responsibilities under the facility's zero-tolerance policy, and their obligation to immediately report such incidents. The training is dependent upon the level of service they provide and the level of contact they have with the detainees.

The training is documented by the facility Training Manager, and the contractor acknowledges receipt of the training. During the interview with the Training Manager, he confirmed that the training took place and provided the Auditor with the signed acknowledgment forms. During the onsite audit, the Auditor interviewed two contractors who confirmed they received the training and understood their responsibilities under the policy 10.1.1.

§115.33 - Detainee education.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy 10.1.1

Interviews:
- PSA Compliance Manager
- Random Sample of Detainees
- Detainees who are LEP
- Intake Officer

(a)(b)(c) FIPC Policy 10.1.1 outlines the facility intake process that ensures all detainees are notified of the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators, definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual

activity. The facility also informs detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC. This includes the prohibition against retaliation, an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

During the intake process, policy states, "detainees are provided comprehensive education regarding PREA and reporting mechanisms." According to Intake staff, the vast majority of LEP detainees speak Spanish and the orientation video is produced in English and Spanish.

In their interview with the Auditor, an intake staff member stated that in the event a detainee does not speak English or Spanish, or has a disability (cognitive, hearing, sight), a transcript of the video is provided in a manner the detainee can understand. In the event the detainee has a visual impairment, the transcript would be read to the detainee in a language they could understand, using telephonic interpretive services, if necessary.

(d) The facility has posted notices on all housing units of the DHS-prescribed sexual assault awareness notice; the PSA Compliance Manager contact information; and name of local organizations that can assist detainees who have been victims of sexual abuse. These postings are in limited languages and cannot be read by detainees that do not read Spanish and English. However, this information is available to detainees through the FIPC detainee handbook, which has been translated into seven languages as observed by the Auditor.

(e) The facility provides the DHS-prescribed Sexual Assault Awareness Information pamphlet in English and Spanish. This pamphlet is available in seven other languages, other than English and Spanish. During the onsite audit, all nine languages were available in pamphlet form. According to intake staff, if they did not have an ample supply to the pamphlets, they do have access to PDF files, which can be printed on an individual basis.

In the 34 interviews with detainees, 29 said they had received the materials required in this standard. However, there appears to be a disconnect in associating the term PREA, or the words "Prison Rape Elimination Act." The acronym and full phrase were not recognizable to 17 of the 19 LEP detainees interviewed. When a deeper explanation was provided (through translation services), the information was understood, and the detainees acknowledged they had received the information.

The Auditor randomly selected 10 detainee files for inspection and found all ten to contain authentic signatures acknowledging receipt of the Sexual Assault Awareness pamphlet and the detainee handbook, which also contains sexual awareness information and the availability of support services.

As stated earlier in this report, the Auditor observed the intake of a Spanish-speaking detainee. The intake officer was clearly familiar with the interpreter process and took great care in explaining the information to the detainee through the interpreter. After each portion requiring a detainee signature she asked, "do you understand?" and awaited a response before presenting the document for signature. At the conclusion of the process, the intake officer asked the detainee through the interpreter, "do you have any questions," to which the detainee stated he did not.

(f) The ICE National Detention Handbook is available in a multitude of languages, many of which are kept on hand in the intake area. If a language is spoken by a detainee and the facility does not have that detainee's handbook in a language they can understand, the facility has access to electronic PDF files which is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) and can print a copy for the detainee. Of the 19 LEP detainees, 17 indicated they had received the detainee handbook in a language they could read. One of the two said he had not received a handbook, and the last stated he received a handbook, but did not understand the language. In both cases, detainees were provided handbooks in languages they could understand following their interviews by facility staff. The Auditor requested and reviewed the files of these two detainees, and each indicated that they had received handbooks during the intake process, and each attested receipt with their signatures.

§115.34 - Specialized training: Investigations.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- Training certificates
- GEO Investigators Training PowerPoint

Interviews:

- Facility Investigator

(a)(b) FIPC Policy 10.1.1 states that the allegations at the facility must be investigated by qualified facility investigators. The investigator participated in an online five-hour training course that provides them the information on how to investigate sexual assault and harassment, interacting with traumatized victims, and evidence collection and retention. The investigator provided a certificate indicating completion of the training.

The Auditor interviewed one of the facility investigators during the onsite audit and viewed his training certificates. The investigator interviewed had conducted the three PREA allegation investigations closed in the past 12 months. He clearly understood the process of investigations, which was further evident in the completed investigative reports. The PSA Compliance Manager stated that there is now an additional trained investigator at the facility; however, they were not available for interview during the onsite audit. The Auditor reviewed the training certification of the second investigator and found them to be in compliance with the training standards.

The facility investigator, through the completion of his investigative reports, demonstrated beyond what is required his knowledge of the investigative process. Each of the reports was very thorough, well organized and left no question that all documentation and evidence were in place to support the finding.

The agency provides rosters of trained agency investigators on the ICE SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

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

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- IHSC Directive 03-01
- Training materials for Specialized Medical and Mental Health PREA Training
- Training records and certificates for contract and facility medical and mental health staff

Interviews:

- IHSC Assistant Health Care Administrator
- Facility Health Care Administrator
- Random Medical Staff

(a)(b)(c) ICE Health Services Corps (IHSC), U.S. Public Health Services (USPHS), staff are assigned only to the Annex portion of the facility, and IHSC Directive 03-01 outlines the specialized training requirements for them and the contract health service workers in the Annex. Specialized PREA training is provided to them through the" IHSC Sexual Abuse and Assault Prevention and Intervention" course and the "ICE Health Services Corps Prison Rape Elimination Act (PREA)" training through the ICE Performance and Learning Management System (PALMS). Each of the training curriculum includes all topics delineated in subpart (b). Electronic training records were made available to the auditor for those Annex medical staff interviewed. The auditor found the training records to be complete.

The auditor reviewed the training materials stated above and found that the lesson plan meets the requirements of provision (b) of the standard. This was further confirmed during the interview with the facility Training Manager, who provided the Auditor with the training certificates for medical and mental health staff. The facility's policy 10.1.1 was reviewed and approved by the agency on August 7, 2018.

The facility provided a memorandum stating that IHSC staff are present at the Annex only.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- GEO Folkston ICE Processing Center PREA Risk Assessment
- Detainee Risk Assessment Files

Interviews:

- PSA Compliance Manager
- Sample of Detainees
- Sample of Intake Officers, Including Supervisor

(a)(b) FIPC Policy 10.1.1 outlines the process utilized to assess a detainees' risk of victimization or abusiveness. The facility screens all detainees within twelve hours of arrival utilizing the GEO Folkston ICE Processing Center PREA Risk Assessment to identify those likely to be sexual aggressors or sexual victims and houses detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger.

Based on interviews and conversations with Intake and Medical Staff, the normal process is to have the detainee screened by medical following the initial intake process and if this does not occur the detainees are kept separate from the general population in an intake pod until this process has taken place. The facility medical personnel confirmed during interviews that they utilize the Language Line Services for LEP detainees.

The Auditor was only able to observe one initial intake process due to the lack of detainee arrivals during the visit. Prior to observing the one intake process, an intake officer reviewed each of the documents with the Auditor, explaining their meaning and how individual questions could impact housing decisions. During the one observed intake process, the officer diligently covered each of the questions (which were all answered negatively) with the detainee. The Auditor reviewed both initial screening documentation that was provided prior to the onsite audit and verified that both are taking place within the specified timeframe. While onsite, the Auditor reviewed 15 randomly selected completed screening tools and reassessment documentation in the detainee files. The Auditor interviewed a total of 34 detainees, with 30 stating they had been assessed at intake.

(c) The GEO Folkston ICE Processing Center PREA Risk Assessment tool takes into consideration the following:

- Whether the detainee has a mental, physical, or developmental disability.
- The age of the detainee.
- The physical build and appearance of the detainee.
- Whether the detainee has previously been incarcerated.
- The nature of the detainee's criminal history.
- Whether the detainee has any convictions for sex offenses against an adult or child.
- Whether the detainee has self- identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the detainee has self- identified as having previously experienced sexual victimization; and
- The detainee's concerns about his or her physical safety.

(d) Intake staff also take into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. This was confirmed through interviews with intake staff, and the Auditor observing the intake process for a detainee. The initial screening documents used by intake staff were reviewed by the Auditor and contain specific questions regarding all aspects of subsection (d).

(e)(g) The PSA Compliance Manager and case managers at the facility confirmed during interviews that the GEO PREA Vulnerability Questionnaire is utilized to reassess the detainees between 60 and 90 days or if warranted based upon receipt of additional information. He also confirmed that the information is not available to the general staff, and is limited to medical, mental health, and case managers. The Auditor reviewed screening and reassessment documentation from 10 randomly selected detainee files during the onsite audit and verified that both are taking place within the specified timeframe. Of the 34 detainees interviewed, 11 had been at the facility for more than 60 days. Nine of those indicated in their interviews with the Auditor that a reassessment had been completed. One was unsure, because he speaks to his case manager regularly, but does not always remember the topics of conversation. One said he had not been reassessed. The Auditor requested and reviewed the file of the detainee who stated he had not been reassessed; the file indicated he had and within the required time frames.

(f) The PSA Compliance Manager stated that no detainee is disciplined for refusing to answer, or for not disclosing complete information in the screening process.

§115.42 - Use of assessment information.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- PSA Compliance Manager
- Random Medical Staff
- Sample of Security Staff
- Sample of Intake Staff

(a) FIPC Policy 10.1.1 states that "the information from the GEO Folkston ICE Processing Center PREA Risk Assessment is utilized to inform the assignment of detainees to housing, recreation, activities, and voluntary work. The PSA Compliance Manager stated in his interview that these determinations are made on an individual basis." While onsite, the Auditor reviewed 15 completed screening tools and reassessment documentation in the detainee files and found each to be in order.

(b) The PSA Compliance Manager stated that when making an assessment and housing decision for a transgender or intersex detainee, they consider the detainee's gender self-identification and how any placement will affect the detainee's health and safety at the facility. Detainees can be housed in the medical area until they can conduct a Transgender Care Committee meeting to determine the best housing option. The placement of a transgender or intersex detainee is reassessed at least twice each year to review any threats to safety experienced by the detainee. The facility has not housed any transgender or intersex detainees in the last 12 months where a reassessment needed to take place, per a memorandum provided by the facility. The PSA Compliance Manager confirmed this in his interview.

The PSA Compliance Manager also confirmed that the placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of his/her gender and self- assessment of safety is always taken into consideration, and all placements are consistent with the facility's safety and security.

The medical staff conducts initial assessments and consults with mental health; this was confirmed during interviews with medical and mental health staff. Intake also conducts assessments for the same information. Based on their interviews with the Auditor, intake staff and medical staff stated that when detainees arrive at the facility, they are split into groups. Some are seen by medical first, and others are seen by intake staff. All, however, will be screened by both medical and intake staff during the assessment process.

(c) Through policy review and random staff interviews, the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. They would have the detainee shower during count time when the other detainees were locked down, or they have the option to allow the detainee to shower in medical. They also confirmed that they assign a female detention officer to the pod where a transgender detainee would be housed, when concerns of cross-gender viewing of any developed female anatomy may arise.

§115.43 - Protective custody.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Security Staff who Supervise Administrative Segregation

(a)(e) FIPC Policy 10.1.1 governs the management of the administrative segregation unit. These procedures were developed in consultation with the ERO FOD. The PSA Compliance Manager stated that they would document specific details for the placement of an individual in administrative segregation on the basis of vulnerability to sexual abuse or assault, and as per policy notify the ICE AFOD within 72 hours.

(b)(c) Policy 10.1.1 states that "the use of administrative segregation to protect vulnerable detainees is restricted to those instances where reasonable efforts have been made to provide appropriate housing and would be for the least amount of time practicable, and when no other viable housing options exist, as a last resort." The facility would assign detainees to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged; this would not last more than 30 days. The detainees would be provided access to programs, visitation, counsel, and other services available to the general population. The Auditor interviewed an officer assigned to the administrative segregation unit at the facility. The officer was able to articulate in which circumstances a detainee would be housed in the unit, including detainees who may be vulnerable to sexual abuse.

(d) Attachment G of 10.1.1 Sexual Abuse/Assault Available Alternatives Assessment is completed within 24 hours by a supervisor and emailed to the PSA Compliance Manager, and the status is reviewed within 72 hrs. by a security staff supervisor. The PSA Compliance Manager would conduct this review within seven days, and every week after that for the first 30 days, and every ten days after that.

The Facility Administrator was interviewed and had a thorough understanding of the administrative segregation as it pertains to this standard. He said that he did not believe a detainee had been housed in such a manner during his command.
The PSA Compliance Manager provided a memorandum stating that no detainees were placed in administrative segregation in the past 12 months due to vulnerability of sexual abuse, which he also confirmed in his interview.

§115.51 - Detainee reporting.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- Facility Handbook
- ICE National Detainee Handbook
- DHS PREA Posters
- Posters for Satilla Victim Advocacy
- OIG Contact Sheet

Interviews:

- PSA Compliance Manager
- Random Sample of Security Staff
- Random Sample of Detainees

(a)(b) FIPC Policy 10.1.1 established the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions on how detainees may contact their consular official, the DHS OIG or, confidentially and, if desired, anonymously, report these incidents. The facility has also developed internal reporting avenues where the detainees can report directly to a staff member, through a request slip, and/or medical slip.

The facility has created a document has been translated into 20 languages they see most often. The document includes instructions on how to report an incident and avenues the incident can be reported. The documents are provided to the detainees, so when they are on the housing units, they have something to refer to if they need to report an incident.

During the onsite audit, the Auditor observed consular posters prominently displayed in each housing pod. The Auditor also observed a placard above the phones in every pod that included easy to follow instruction on how to call the DRIL, PREA Hotline, OIG, and other services available to detainees. Additionally, the Auditor observed posters providing information from the Satilla Advocacy Services organization. The information in the housing areas is provided in English and Spanish. For those detainees who do not speak English or Spanish, the same contact information is available in the ICE National Detainee Handbook in French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese.

Additionally, the Auditor tested the telephones in multiple dormitories, and found them all operational and able to make contact with the OIG, DRIL and PREA hotline representatives. In each case the Auditor informed the representative on the purpose of the call. All representatives stated their understanding of accepting PREA allegations and/or complaints and each said that all can be made anonymously if requested by the detainee.

The facility handbook, national detainee handbook, and PREA posters all provide avenues for detainees to report incidents of sexual abuse or assault.

In interviews with 34 detainees, 32 said they had seen the consular phone list, or knew how to reach their consular office. Of the 34, 32 acknowledged there were telephone numbers available to them, which are posted in the housing areas above each bank of phones to report PREA incidents. Of the two who did not acknowledge availability of the phone number, one said he was not aware of any phone numbers available to him, and one stated he has never made a phone call and had not seen the placard with the listed phone numbers.

(c) FIPC Policy 10.1.1 states that "staff will accept reports made verbally, in writing, anonymously, and from third parties. They will promptly document any verbal reports." The Auditor interviewed GEO detention officers and supervisors and found they understood their obligation under this standard, and stated they would accept reports made verbally, in writing, anonymously, and from third parties, and document any verbal reports made to them.

In their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager stated there were no third-party reports received during the audit period.

§115.52 - Grievances.

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- Facility Handbook
- FIPC Policy 9.1.3, Detainee Grievance Procedure

Interviews:

- PSA Compliance Manager
- Grievance Manager
- Random Sample of Detainees
- Random Sample of Security Staff

(a)(b) FIPC policy and the Facility Handbook addresses the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance; the grievance would be considered under the emergency grievance procedure, and no informal grievance procedures are applied.

The Grievance Coordinator was interviewed and stated that there are no time limits for sexual abuse grievances, and if they receive a grievance of this nature, it would immediately be reported to the PSA Compliance Manager for investigation. A locked grievance box is located in each housing unit pod as observed by the Auditor during the onsite audit.

(c)(d) FIPC Policy 9.1.3 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Grievance Coordinator confirmed that the Facility Administrator and PSA Compliance Manager would be immediately notified, and they would then take immediate corrective action to

protect the detainee. They further stated that any medical emergencies would be brought to the immediate attention of proper medical personnel.

(e) Policy 9.1.3 states that "the grievance is initially responded to within 48 hours, and a final decision is provided within five days. As per policy, any appeal would be responded to within 30 days. The final grievance decision would be forwarded to the FOD." This process was confirmed by the facility Grievance Coordinator.

(f) Policy 9.1.3 and the Facility Handbook state that "a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives when preparing a grievance." The interviewed staff understood their obligations to expedite a grievance, and to assist if need be.

All of the security staff interviewed had knowledge of the grievance process and that there was an appeals process for detainees if they were not satisfied with the grievance determination.

During the interview of 34 detainees, 28 stated they were aware they had the ability to file a grievance at the facility. Three of the five who were not aware indicated they had no need to file a grievance and would not use the process, and the other two said they were not aware at all. The Auditor asked the two who were completely unaware if they had a copy of the facility detainee handbook, and both answered affirmatively. The Auditor advised them that grievance information could be found in the facility handbook. None of the detainees interviewed said they had ever filed a grievance.

Based on a memorandum provided by the facility, FIPC has not had any grievances filed within the last 12 months for sexual abuse. The PSA Compliance Manager further confirmed this in his interview.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1

Interviews:

- PSA Compliance Manager
- Random Sample of Detainees
- Detainees who Reported Sexual Abuse

(a)(b)(c)(d) The facility has entered into an MOU with Satilla Advocacy Services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and prosecution of sexual abuse perpetrators.

The Satilla Advocacy Services information, including mailing address and contact number, are posted in the housing units as observed by the Auditor during the onsite visit, and further provided to victims of sexual abuse.

FIPC Policy 10.1.1 establishes the procedures which include the outside agencies in the facility's sexual abuse prevention and intervention protocols.

During the interview with the PSA Compliance Manager, he stated that all victims of sexual abuse are given the contact information for Satilla Advocacy Services, and informed that they could contact them at any time. He further confirmed that at the same time they would be informed of the GEO procedures which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In each of the facility housing areas, the Auditor observed the ICE Zero Tolerance Posters, which are provided in eight languages. The poster informs detainees that all telephone calls are subject to monitoring and that "the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

In the 34 random detainee interviews, 20 said they were specifically aware of advocacy services available to them. Eleven indicated that they knew services were available to them and that there were telephone numbers to contact those services. The remaining two were not aware of any services that might be available. The one detainee who had reported sexual abuse was interviewed and he said he was fully aware of the services available to him, but he declined to utilize those services.

The Auditor reviewed the three closed investigative files from the past 12 months, and each indicated that the detainees were given the contact information for Satilla Advocacy Services, but due to confidentiality, it is unknown if they were utilized.

During the onsite audit, the Auditor spoke to staff at Satilla Advocacy Services and confirmed these procedures, including their mandatory reporting requirements.

§115.54 - Third-party reporting.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy: 10.1.1
- GEO Website www.geogroup.com/PREA
- ICE Website www.Ice.gov/PREA

Interviews:
None

The facility has established several methods for third-party reporting. The posters for the OIG, and ICE DRIL are posted in the visiting room and front entrance to the facility. GEO and ICE have placed reporting steps on their respective websites that say:

"To report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program or if you were previously housed in a GEO facility or program and needed to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator."

The ICE website contains similar reporting information and steps in which to make third party reports.

The Auditor accessed the GEO and ICE websites and was easily able to access the information required in the standard.

§115.61 - Staff reporting duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy: 10.1.1
- GEO website www.geogroup.com/PREA

Interviews:
- Facility Administrator
- PSA Compliance Manager
- Random Sample of Security Staff and Supervisors

(a)(b) FIPC Policy 10.1.1 outlines the requirement of all staff "to report immediately and according to policy any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

The entirety of FIPC Policy 10.1.1 was reviewed and fully approved by the PSA Compliance Manager, the Facility Administrator, the GEO Corporate PREA Director and the local ICE Field Office on December 8, 2021. GEO has established an outside reporting avenue for employees that states: "GEO Employees may report Sexual Abuse or Sexual Harassment information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, seven days a week on the Internet at www.reportlineweb.com/geogroup or the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator…at (561) 999-5827."

In his interview, the Facility Administrator acknowledged his role in reviewing and approving all policies.

Thirteen of the 14 security staff members interviewed acknowledged they had avenues available to them to make reports. The one who was initially not clear, ultimately stated that there was an "800 number" staff could call, if necessary. All 14 stated they would make any report immediately upon having knowledge or information.

(c) Policy 10.1.1 further states that "staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions."

During the 14 staff interviews, the Auditor confirmed that each understood their reporting requirements, reporting avenues available to them, and the requirement to not reveal any information. These procedures were further verified during the review of the three closed investigative reports; the reports indicated only staff directly involved in the incident were notified.

(d) The facility does not house juveniles or family units. The PSA Compliance Manager confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in

FIPC Policy 10.1.1. The PSA Compliance Manager also confirmed that they have not made any notification of this type within the past 12 months.

§115.62 - Protection duties.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Random Sample of Staff and Supervisors

FIPC Policy 10.1.1 outlines that "if a staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee."

During interviews with random security staff and supervisors, all 12 officers stated that they would make the safety of the detainee their priority, ensure they were separated from the other detainees and contact their supervisor.

During the supervisor interviews, both stated that they could separate detainees through pod moves and housing unit moves. Any separation for these reasons would be immediately reported to the PSA Compliance Manager. In his interview, the PSA Compliance Manager stated that he would respond immediately or be available by phone to discuss the incident with the initial responders.

The Facility Administrator was interviewed and acknowledged the importance of detainee safety in regard to instances of sexual abuse. He demonstrated exceptional knowledge of staff's responsibilities.

§115.63 - Report to other confinement facilities.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- Memo from the Facility Warden

Interviews:

- Facility Administrator
- PSA Compliance Manager

(a)(b)(c)(d) FIPC Policy 10.1.1 outlines the facility's obligations to "report sexual abuse and assault allegations which occurred at another confinement facility. The facility will document these allegations, the facility administrator or his designee would immediately contact the facility head where the allegation took place. This notification will be made immediately, the ICE Field Office would be notified as soon as possible, but not more than 72 hours. The facility administrator would immediately document this notification, and copies will be forwarded to the PSA Compliance Manager." The PSA Compliance Manager confirmed that if an allegation was received from another facility, he would immediately begin an investigation as outlined in policy 10.1.1; and notify the ICE Field Office.

FIPC received one allegation of sexual abuse that occurred at another facility (a state facility) and once the facility was identified, notifications were made within 24 hours.

In their interviews, both the Facility Administrator and the PSA Compliance Manager acknowledged their duties and cited the example above as having complied with the standard's requirements. The Facility Administrator said that first notification would be made telephonically to ensure the facility had information as quickly as possible. He said the phone call would be immediately followed with an email, which would document that conversation and the information shared.

§115.64 - Responder duties.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- FIPC Policy: 10.1.1-A
- Investigative files
- GEO Employees training PowerPoint and training rosters

Interviews:

- Sample of Security Staff and Supervisors
- Sample of Contractors

- Detainee who Reported Sexual Abuse

(a) FIPC Policy 10.1.1-A and training received by the staff outlines their response to a detainee who has alleged to have been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation from other detainees and make immediate notification to their supervisor.

Upon the arrival of assistance, policy says "they would preserve any potential crime scene, and the initial responders would make an inquiry as to what had transpired. If the incident occurred within the last 96 hours, they would also request that the victim and abuser not do anything that may destroy potential evidence including, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating."

The Facility Administrator and PSA Compliance Manager would be notified immediately; they would then contact the ICE Field Office and implement the PREA Coordinated Response Plan.

Fourteen randomly selected staff and supervisors were interviewed, and all had a substantial understanding on their duties as first responders.

(b) FIPC Policy 10.1.1 outlines that if first staff responder is not a security staff member, the responder shall be required to request that the alleged victim and abuser not take any actions that could destroy physical evidence and then notify security staff.

According to a memorandum provided by the facility, there was one incident where a non-security staff member was a first responder to a sexual abuse allegation. The Auditor reviewed the case file, and it appears that all protocols were followed appropriately. The responding staff member was not available for interview during the onsite audit.

The Auditor interviewed one detainee who had reported sexual abuse. He said he could not recall who the first responder was that he first came in contact with but had no issues with how the incident was initially handled by staff.

The Auditor interviewed two contractors, each of which was able to satisfactorily express their responsibilities if they were first to the scene of a sexual abuse or assault.

Based on an assessment of all information available to the Auditor through policy, interviews with staff, contractors and detainees, coupled with a review of case files, the Auditor believes the facility excels in its responsibilities in preparing staff – including non-security staff – to respond to a PREA emergency. FIPC further demonstrated this through an actual incident where a non-security staff member was a first responder.

§115.65 - Coordinated response.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- Investigative files
- Folkston ICE Processing Center PREA Coordinated Response Plan

Interviews:

- Facility Administrator
- PSA Compliance Manager

(a)(b) FIPC has developed the Folkston ICE Processing Center PREA Coordinated Response Plan. This plan outlines the guidelines for the facility to respond to sexual abuse or sexual harassment incidents. The plan utilizes a multi-disciplinary approach which includes the first responders, Facility Administrator, Chief of Security, PSA Compliance Manager, Facility Investigator, and Health Services Administrator. The plan further details each team member's responsibility during an incident.

(c)(d) The PSA Compliance Manager confirmed that if a victim of sexual abuse is transferred between DHS immigration detention facilities covered by either subpart A or B of the DHS PREA Standards, or to a non-DHS facility, they notify the facility of the potential need for medical or social services.

The Facility Administrator was interviewed by the Auditor regarding this standard and was fluent regarding the facility's responsibilities in these specific cases, and the coordinated response required.

The facility provided a memorandum stating that the facility did not have an instance where a response from FIPC to another facility in reference to a transfer of a sexual abuse victim. The auditor asked the PSA Compliance Manager to confirm the contents of the memo. He stated there was not an instance in the audit period in which FIPC needed to inform another facility of the transfer of a sexual abuse victim.

In every telephone conversation the Auditor had with outside entities, such as the Charlton County Sheriff's Office, Satilla Advocacy Services, and the health center, there was no hesitation on any part of those resources to articulate their responsibilities in providing assistance and services to the facility. All of these factors indicated to the Auditor that FIPC has invested significant time to ensure that all parties in a potential PREA emergency are prepared to respond appropriately.

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

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- Investigative files

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Human Resources Manager

FIPC Policy 10.1.1 states that all employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. A separation order requiring no contact will be documented by facility management via email or memorandum within 24 hours of the allegation.

The PSA Compliance Manager and Facility Administrator both confirmed in their interviews with the Auditor that they have non-contact posts where the individual would be placed until the investigation was completed. They also confirmed that the facility has not entered in, nor renewed any collective bargaining agreement that prevents them from removing staff from contact with detainees. The Human Resources Manager also confirmed this policy and practice in her interview.

These procedures were confirmed by the Auditor during both interviews and an investigation review, where a security staff member was removed from detainee contact until the investigation was completed. The investigation ultimately resulted in a finding of unfounded and the security staff member was returned to normal duties.

§115.67 - Agency protection against retaliation.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- Protection from Retaliation Log
- Investigative Files

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Detainee who Reported Sexual Abuse

(a)(b)(c) FIPC Policy 10.1.1 outlines the facility's protection against retaliation. The policy states that "employees, contractors, and volunteers, and detainees, shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force."

The PSA Compliance Manager confirmed in his interview by the Auditor that they would utilize multiple protection measures, including housing changes, removal of staff, and emotional support services.

The PSA Compliance Manager stated that for at least 90 days following a report of sexual abuse, the facility will monitor to see if there are facts that may suggest possible retaliation by detainees or staff. If this is indicated, the facility will act promptly to remedy any such retaliation.

The PSA Compliance Manager confirmed they would follow policy 10.1.1 which outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated, the monitoring will continue beyond the 90 days.

The Facility Administrator was interviewed by the Auditor and said that protection from retaliation was of paramount importance and that the facility took great strides to ensure detainee safety.

The Auditor interviewed one detainee who had reported sexual abuse and he said he spoke regularly with the PSA Compliance Manager and said he had no fear of retaliation at the time of the onsite audit.

The Auditor inspected three closed investigative files from the previous 12 months. In each case, the file contained a Protection from Retaliation Log, with detailed notes regarding each contact made with the detainee. In none of the files was there any indication that any retaliatory measures had occurred to the reporting detainee.

The level of detail in each of the Protection from Retaliation Logs made it very easy for an outside observer to see that FIPC takes potential retaliation seriously. The Auditor reviewed each of the aforementioned logs and found them to be thorough and completed within the required time frames of the standard.

§115.68 - Post-allegation protective custody.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1
- Memo from facility
- Investigative Files

Interviews:

- PSA Compliance Manager
- Security Staff who Supervise Administrative Segregation

(a)(b)(c) FIPC Policy 10.1.1 outlines the facility post-allegation protective custody. The detainee would be placed in the least restrictive, and supportive environment subject to the requirements of PREA Standard 115.43. They would not be held for more than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. If a detainee were held in this manner, they would be reassessed before being returned to the general population. This information was confirmed by the PSA Compliance Manager in his interview with the Auditor. The PSA Compliance Manager in his interview with the Auditor understood the requirements for housing detainees under these circumstances; he further confirmed they had not had a detainee in post allegation protective custody within the past 12 months, which was confirmed through a memo from the facility. Also included was a blank Administrative Segregation Order, which was inspected by the Auditor.

The Auditor further confirmed his findings through an inspection of the three closed administrative investigations.

The Auditor interviewed the officer responsible for monitoring the Administrative Segregation Unit and he said that to his knowledge, no detainee had been held in the at unit for the purposes stated in this standard.

(d) The policy further states that "the ICE AFOD will be notified within 72 hours if a detainee was placed in protective custody under these circumstances;" this notification requirement was also confirmed through interviews with the PSA Compliance Manager and Facility Administrator, and each indicated there were no instances when a detainee was placed in protective custody. The Auditor reviewed the investigative files and there was no information that indicated that detainees were placed in protective custody.

§115.71 - Criminal and administrative investigations.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1-A
- Investigative Files

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Investigative Staff

(a)(b) FIPC Policy 10.1.1-A outlines the facility investigator's responsibility to conduct prompt, thorough and objective administrative investigations into alleged sexual assault. The facility has two trained investigators to conduct administrative investigations.

The PSA Compliance Manager, who is also a trained investigator, stated in his interview with the Auditor that all allegations are responded to immediately, and ICE is notified. If the allegation is criminal, they will stop the administrative investigation and let OIG, or the Charlton County Sheriff's Office conduct the criminal investigation.

The Auditor confirmed through interview with the PSA Compliance Manager that if a criminal investigation were either unsubstantiated or substantiated, they would still conduct an administrative investigation after consultation with the OIG, OPR, and/or the Sheriff's Office. None of the three closed cases reviewed by the Auditor were criminal. The Auditor confirmed through his review of the three investigations that each were prompt, thorough, objective and completed by a trained, qualified investigator.

(c) FIPC Policy 10.1.1-A states the investigative procedure for administrative investigations. This policy provides provisions for the following:

- "Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
- Interviewing alleged victims, suspected perpetrators, and witnesses.
- Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph.
- An effort to determine whether actions or failures to act at the facility contributed to the abuse; and
- Documentation of each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and
- Retention of such reports for as long as the alleged abuser is detained or employed by the facility, plus five years."

The procedures in the policy govern the coordination of the administrative and criminal investigations, and procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation.

During his interview with the Auditor, the Facility Investigator confirmed the investigative procedures for the administrative investigations and reiterated that any administrative investigation would be coordinated with the criminal investigation as to not cause any interference that may jeopardize a potential criminal filing or prosecution.

(e)(f) FIPC Policy 10.1.1-A states that "the investigation will not be terminated if the alleged abuser or victim leaves employment or control of the facility." The PSA Compliance Manager confirmed that the investigation would be conducted. He further stated that if an outside entity conducted a criminal investigation, he would stay in contact with them to ascertain the progress of the investigation. This was further confirmed during the review of the investigative files, which confirmed that none were criminal, and none were terminated due to either the alleged victim or abuser leaving employment, or control of the facility.

The Facility Administrator was interviewed by the Auditor and demonstrated an excellent command of the investigative and notification process for PREA allegations.

The three closed investigations from the last 12 months reviewed by the Auditor have been investigated by the facility investigator. Each of the cases was extremely well organized and thorough. The investigator provided substantial evidence in each case to support its ultimate finding and all notifications prescribed by ICE policy were made well within requirements.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1-A
- Investigative files

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Facility Investigator

FIPC Policy 10.1.1-A states that "during an administrative investigation, the investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated."

The PSA Compliance Manager, who is the facility investigator and was interviewed by the Auditor, stated that they do not impose any higher of a standard than a preponderance of the evidence. The Facility Administrator echoed this standard in his interview with the Auditor.

Based on the Auditor's review of the three closed investigations, the facility is applying this standard of evidence appropriately.

§115.73 - Reporting to detainees.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1-A
- Investigative files
- Notification of Outcome of Allegation form

Interviews:

- PSA Compliance Manager
- Facility Investigator

FIPC Policy 10.1.1-A outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator or designated staff to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed utilizing the Notification of Outcome of Allegation form. The detainee will receive the notification in person by the PSA Compliance Manager and sign the form.

If a criminal investigation takes place and the determination is different, an updated form will be provided to the detainee. The detainee would keep the original, and a copy is placed in the investigative file. An updated form would be provided to the detainee after the outcome of a criminal investigation.

The PSA Compliance Manager and Facility Administrator confirmed this procedure in their interviews with the Auditor.

The Auditor reviewed the three closed investigative files and found that all three contained the required form, signed by the detainee. None of the investigations were criminal.

One of the detainees involved in a closed investigation was still housed at the facility and interviewed by the Auditor. In his interview, the detainee said that he was informed by the facility on the outcome of the investigation.

In their interviews with the Auditor, both the Facility Administrator and the PSA Compliance Manager said that if the detainee was no longer housed at FIPC, but still in ICE custody, they would ensure notice would be made to the detainee at the new facility and ensure documentation was received of the detainee's receipt of notification and include it in the investigative file. They each said that if the detainee was no longer in ICE custody, they would attempt to identify an address where the notification could be mailed.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

Policy and Document Review:

- FIPC Policy: 10.1.1-A
- Memo to Auditor from the Facility

Interviews:

- Facility Administrator
- PSA Compliance Manager
- Human Resources Manager

(a)(b)(c)(d) FIPC Policy 10.1.1-A outlines the facility response to staff discipline of a substantiated allegation of violating facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service.

The PSA Compliance Manager confirmed in his interview with the Auditor that removal from their position is the presumptive discipline for a violation of the policy.

The PSA Compliance Manager confirmed that the facility would report all removals or resignations by staff prior to removal for violations of facility sexual abuse policies to the OIG and the Charlton Sheriff's Office, unless clearly not criminal, and confirmed if the staff member was licensed, the licensing body would be notified. In her interview with the Auditor, the Human Resources Manager was able to convey the same information as it relates to staff members.

The facility provided the Auditor with a memo stating that no staff members have been disciplined within the last 12 months, which was confirmed by the PSA Compliance Manager in his interview.

The Auditor reviewed the three closed investigative files for the past 12 months and confirmed that no investigation involving staff was substantiated. One of the three investigations involved staff and was determined to be unfounded as based on video evidence.

ICE and all parties have reviewed the policy in its entirety, and it was last approved on December 8, 2021, which was confirmed by the signed policy provided to the Auditor, and in the PSA Compliance Manager's interview.

The Facility Administrator was interviewed by the Auditor, and he confirmed the process and his involvement on any decision regarding staff. He confirmed that a substantiated investigation against a staff member regarding a PREA incident would be grounds for discharge.

§115.77 - Corrective action for contractors and volunteers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy 10.1.1-A

Interviews:
- Facility Administrator
- PSA Compliance Manager
- Human Resources Manager

(a) FIPC Policy 10.1.1 addresses any contractors or volunteers who have engaged in sexual abuse. The policy directs "the facility to prohibit the contractor or volunteer from having any contact with detainees."

In his interview with the Auditor, the PSA Compliance Manager stated that the facility would also make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. These incidents, if criminal, will also be reported to law enforcement agencies.

(b)(c) The PSA Compliance Manager confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. He further stated that as per policy 10.1.1, the facility would take appropriate remedial measures; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards.

The PSA Compliance Manager and the Facility Administrator both confirmed in their interviews with the Auditor, that if a contractor or volunteer violated any provisions of the standards, their security clearance would be immediately revoked.

In her interview with the Auditor, the Human Resources Manager was able to convey the same information as it relates to contractors and volunteers.

The facility did not have any incidents of contractor or volunteer corrective action for the past 12 months, as confirmed in a memo provided by the PSA Compliance Manager, and his interview with the Auditor.

§115.78 - Disciplinary sanctions for detainees.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy Documentation Review:
- FIPC Policy 10.1.1
- FIPC Policy 10.3.1, Infractions and Disciplinary Sanctions
- Investigative files

Interviews:
- Facility Administrator
- PSA Compliance Manager
- Random Medical and Mental Health Staff

(a)(b)(c)(d) FIPC Policy 10.1.1 addresses the facility disciplinary sanctions following an administrative or criminal investigation that finds a detainee engaged in sexual abuse.

The disciplinary process outlined in policy 10.3.1 ensures that the discipline is commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure.

During the Auditor's interview with the PSA Compliance Manager, it was confirmed that this discipline process would be utilized for disciplining any detainee found to have violated sexual abuse or harassment policies or facility rules.

During the Auditor's interviews with medical and mental staff, they stated that any detainee involved in an incident, whether victim or offender, would be evaluated. The PSA Compliance Manager reiterated in his interview, as per policy, they would consider any mental disabilities or mental illness that may have contributed to the detainee's behavior when determining what type of sanction, if any, should be imposed.

The Auditor reviewed the three closed investigations and disciplinary sanctions which were given in the past 12 months and determined that all requirements of the standard were satisfied. In the one substantiated case, the investigative file states the offending detainee was disciplined through the internal disciplinary process.

(e)(f) The PSA Compliance Manager stated that the facility would follow policy 10.1.1-A for detainee discipline, which states that the facility will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. He also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Facility Administrator was interviewed by the Auditor; he confirmed the facility's policies and practices as it relates to detainee discipline.

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

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- Mental Health Referral File

Interviews:

- PSA Compliance Manager
- Medical and Mental Health Care Staff
- Intake Staff

(a)(b)(c) FIPC Policy 10.1.1 details the medical and mental health screenings for a history of sexual abuse. If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, they will be referred to a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but not more than 48 hours, and the mental health evaluation will occur within 72 hours.

The detainees at the facility are screened under DHS PREA 115.41 by medical personnel and intake staff. If they experienced prior sexual victimization or perpetrated sexual abuse, they would receive any immediate medical attention as deemed necessary. If mental health were available, they would see them immediately. If mental health staff are not immediately available, the detainee would be seen within 72 hours.

The Auditor confirmed this process through his interviews with medical and mental health staff. They also stated that they would notify the PSA Compliance Manager whenever a detainee was seen due to issues identified through this standard.

The Auditor formally interviewed a member of the intake staff, who demonstrated thorough knowledge of the referral policies related to this standard. A separate intake officer demonstrated the same level of knowledge during the facility tour. The Auditor also interviewed four medical staff members who articulated a clear understanding of the referral policies.

FIPC provided the file for review by the Auditor of a detainee who had been referred to mental health after being identified as a perpetrator during the intake screening process. The Auditor's review of the file determined that all requirements of this standard were met well within the prescribed time frames.

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

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

Notes:

Policy and Document Review:

- FIPC Policy 10.1.1
- MOU with Satilla Advocacy Services
- Email Regarding Health Services

Interviews:

- PSA Compliance Manager
- Medical Staff

(a)(b) FIPC Policy 10.1.1 states that "a detainee who is a victim of sexual abuse will have timely, unimpeded access to emergency medical treatment and crisis intervention services, which include emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care. The services would be conducted at the hospital, and any follow-up care would be provided by the facility providers. The services are provided to the detainee without financial cost and regardless of whether they name the abuser or cooperate with any investigation arising out of the incident."

In their interview with the Auditor, medical staff confirmed that the above procedures would be followed. The facility has an MOU agreement with Satilla Advocacy Services for victim advocacy, which was reviewed by the Auditor and confirmed with a phone call to the agency. Due to its nonprofit status, the medical center declined entering into a formal MOU to provide medical examinations but has agreed to provide them when necessary.

The facility provided a memo stating that emergency medical and mental health services have not been utilized within the past 12 months based on the verbiage in this standard. This was confirmed by the PSA Compliance Manager in his interview. However, a review of the three investigative files, covering a period longer than the past 12 months, indicated that each of the alleged victims received immediate medical and mental health services following report of their respective incidents.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy 10.1.1
- Folkston ICE Processing Center PREA Coordinated Response Plan
- Medical File
- Investigative Files

Interviews:
- Medical and Mental Health Care Staff

(a)(b)(c)(e)(f)(g) FIPC Policy 10.1.1 outlines ongoing medical and mental health care following a sexual abuse allegation. The medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The medical and mental health services offered are consistent with the community level of care.

The detainee is offered tests for sexually transmitted infections; all of the treatment services are offered at no cost to the detainee. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse.

During their interviews with the Auditor, this process was confirmed with the PSA Compliance Manager and medical and mental health staff.

A memo was provided to the Auditor where onsite mental health services were offered to a detainee victim, but the detainee refused. The medical file was reviewed by the Auditor during the onsite portion of the audit.

During the medical and mental health staff interviews, the Auditor confirmed that mental health services would be offered to both the victim and abuser in a sexual abuse incident. The Auditor validated through review of the investigative files that the allegations reported did not require ongoing medical and mental health care.

(d) This provision is addressed in policy 10.1.1 but does not apply since the facility is a male-only facility.

§115.86 - Sexual abuse incident reviews.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy 10.1.1
- Memo to Auditor from facility
- 2021 Annual Review of Sexual Abuse Investigations and Corrective Actions
- Investigative files with incident reviews

Interviews:
- Facility Administrator
- PSA Compliance Manager
- Incident Review Team

(a)(b) Within 30 days of the conclusion of an investigation, per policy, the facility shall conduct an incident review of every investigation of sexual abuse; these investigations include substantiated, unsubstantiated, and unfounded.

During the past 12 months, the facility had one unsubstantiated investigation, one substantiated investigation, and one unfounded investigation. The review is documented on the PREA After Action Review Report. As per policy, the report is submitted to the GEO PREA Director, FOD, and PSA Coordinator within ten days of completion.

The policy states all investigations and reviews are forwarded to OPR who are directed by 11062.2: Sexual Abuse and Assault Prevention and Intervention, section 5.10 Incident Review and Monitoring, to forward a copy to the ICE PSA Coordinator for review.

This report indicates if any changes need to be made in policy or practice that could better prevent, detect, or respond to sexual abuse they shall be made.

In his interviews with the Facility Administrator and the PSA Compliance Manager, the Auditor confirmed the recommendations for improvement would be made if there were any. The review considers whether the incident or allegation was motivated by race-ethnicity or gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

The Auditor reviewed the three incident reviews conducted on each case and determined all notifications were made appropriately, timely, and that reviews of the incidents occurred within 30 days of the conclusion of the investigation.

The one substantiated case was a detainee-on-detainee allegation of sexual assault. The incident review recommended greater emphasis on detainee education. Based on the auditor's review of the education delivery of curriculum, coupled with the interviews with the detainee population, it is apparent that the facility implemented the recommendation from the incident review and instituted more emphasis on detainee education. The Auditor also reviewed the other two cases, and found they had no recommendations made as a result of the review.
The Auditor interviewed the facility medical director, who is a member of the Incident Review Team. He stated that the team assesses each case on its own merits and ensures that decisions made are in the best interest of staff and detainee safety.

(c) The facility provided the Auditor with the 2021 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2019 and 2020. The review of the Annual Report indicated a significant drop in sexual abuse and assault allegations. The report credits greater emphasis on staff awareness and in-depth detainee education.

The Facility Administrator and PSA Compliance Manager confirmed to the Auditor that the incident and annual reports were submitted to the local PSA Manager, GEO PREA Director, FOD, and the ICE PSA Coordinator, which is outlined in policy 10.1.1.

§115.87 - Data collection.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

Policy and Document Review:
- FIPC Policy 10.1.1

Interviews:
- PSA Compliance Manager

(a) FIPC Policy 10.1.1 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by the Corporate PREA Director. The PSA Compliance Manager collects and retains all data including case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary.

The PSA Compliance Manager, in his interview with the Auditor, stated that he is responsible for compiling data collected on sexual activity and sexual abuse incidents. He forwards the DHS Monthly PREA Incident Tracking Log to the Corporate PREA Director each month. He also creates and submits a PREA Survey through the GEO PREA Portal for every allegation of sexual abuse and sexual activity.

During his interview, the PSA Compliance Manager stated that all information is maintained in a locked filing cabinet in his secure office, which the Auditor observed during the facility tour. The established facility retention schedule is ten years for these files.

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

(d) During the audit tour, the facility provided the Auditor full access to all areas of the facility, and the ability to ensure policies and procedures were in daily practice.

(e) Before the audit, during the onsite audit, and during the post-audit phase, all relevant documentation was made through the ICE ERAU SharePoint. Additional documentation was requested by the Auditor which was provided promptly.

(i) The Auditor was permitted to conduct private interviews with the detainees and staff. These interviews were conducted in various offices throughout the facility, with ample privacy.

(j) PREA Audit Notifications were posted throughout the facility providing the Auditor contact information. The Auditor received one correspondence from a detainee three weeks following the onsite audit. The Auditor confirmed the prior presence of the audit posting notifications during his interviews with facility staff, contractors, and detainees. Knowledge by interviewees regarding when the

postings had been placed ranged from a few days to more than a month. Based on the totality of interviews, ample notice was provided in order for detainees or staff to correspond concerns to the Auditor.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	3
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Mark A. McCorkle 4/2/2022

Auditor's Signature & Date

(b) (6), (b) (7)(C) 4/4/2022

PREA Program Manager's Signature & Date

(b) (6), (b) (7)(C) 4/4/2022

PREA Program Manager's Signature & Date