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

Homeland Security

AUDITOR INFORMATION			
Name of Auditor:	Robin M. Bruck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(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:**	409-866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Detroit Field Office
Field Office Director:	Matthew Putra (Acting)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C), SDDO, Deputy Chief of Staff for Michigan Operations and Facilities
Field Office HQ physical address:	333 Mt. Elliott, Detroit, Michigan 48207
Mailing address: *(if different from above)*	Same as Above

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Chippewa County SSM		
Physical address:	325 Court Street, Suite 101, Sault Saint Marie, Michigan 49783		
Mailing address: *(if different from above)*	Same as Above		
Telephone number:	906-635-6355		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Sheriff
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	906-635-(b) (6), (b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	906-635-(b) (6), (b)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Chippewa County SSM met 13 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 27 non-compliant standards. As a result of the facility being out of compliance with 27 standards, the facility entered into a 180-day corrective action period which began on May 23, 2023, and ended on November 19, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 27

§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
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: 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
§115.61 Staff reporting duties
§115.64 Responder duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and administrative investigations
§115.76 Disciplinary sanctions for staff
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse

The facility submitted documentation, through the Agency, for the CAP on June 6, 2023, through November 19, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on November 17, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

PROVISIONS

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

§115. 11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

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

(c): CCSSM policy 5.1 states, "It is the policy of the Chippewa County Correctional Facility to adhere to a standard of zero-tolerance for incidents involving sexual abuse and/or sexual assault and to effectively prevent, detect, and respond to such incidents." A review of CCSSM policy 5.1 confirms the policy includes definitions of sexual abuse and general PREA definitions; however, a review of CCSSM policy 5.1 confirms the policy does not include the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which includes the Agency's zero-tolerance policy, posted in the housing unit. In interviews with the facility JA/PSA Compliance Manager and a SDDO it was confirmed CCSSM policy 5.1 was referred to the Agency for review and approval. Interviews with four security line staff indicated that they were aware of the facility zero-tolerance policy. In addition, the Auditor reviewed the facility website www.chippewacountymi.gov/sheriff-correctional-facility and confirmed it included the facility's zero-tolerance policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of CCSSM policy 5.1 confirms the facility has a written policy mandating zero-tolerance; however, the policy did not outline the facility's approach to preventing, detecting, and responding to sexual abuse. To become compliant, the facility must update CCSSM policy 5.1 to include the facility's approach to preventing, detecting, and responding to sexual abuse. Once policy CCSSM 5.1 has been updated the facility must resubmit the policy to the Agency for review and approval. In addition, the facility must submit documentation that all staff have received training on the updated policy CCSSM 5.1.

Corrective Action Taken (c): The facility submitted updated CCSSM policy 5.1 which confirms updated CCSSM policy 5.1 includes the facility's approach in preventing, detecting, and responding to sexual abuse. The facility submitted a memorandum from the Assistant Field Office Director (AFOD) confirming the Agency has approved updated CCSSM policy 5.1. In addition, the facility provided the Auditor a sign in sheet which confirms staff have been trained on updated CCSSM policy 5.1. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 13 - Detainee supervision and monitoring

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

(a)(b)(c): A review of the CCSSM PAQ indicates the facility employs 25 security staff (21 males and 4 females) with duty hours comprised of three shifts, which include 0600-1800, 1800-0600, and 1200-0000 who have reoccurring contact with detainees. The remaining staff includes food service and maintenance. In addition, there are four medical and one mental health staff contracted through Advanced Correctional Health Care (AHC) and food service workers contracted through TIGGS Canteen. There are two ICE staff assigned to the facility who have reoccurring contact with detainees. Volunteers provide religious services and barber services. A review of the facility staffing plan and Auditor observations, confirmed the facility has sufficient supervision of the detainees, to protect the detainees from sexual abuse. (b) (7)(E) (b) (7)(E). During the on-site audit, the Auditor reviewed the facility comprehensive detainee supervision guidelines and confirmed they were reviewed and updated in January 2023. The facility did not provide the Auditor with documentation to confirm in determining staffing levels and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. In addition, an interview with the JA/PSA Compliance Manager could not confirm the facility considered the required elements of the standard when determining staffing levels or the need for video monitoring.

Does Not Meet (c): The facility is not in compliance with subsection (c) of this standard. The facility did not provide the Auditor with documentation to confirm in determining staffing levels and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. In addition, an interview with the JA/PSA Compliance Manager could not confirm the facility considered the required elements of the standard when determining staffing levels or the need for video monitoring. To become compliant, the facility must provide the Auditor with documentation to confirm when determining adequate staffing levels and the need for video monitoring, the facility took into consideration the physical layout of each holding facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency Custody.

Corrective Action Taken (c): The facility submitted a memorandum to the Sheriff which confirms in determining staffing levels and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

(d): CCSSM policy 5.6.1, Unannounced Security Inspections, states, "Unannounced security inspections shall frequently occur on both day and night shifts. The security inspections shall take place inside the inmate/detainee housing areas and including both the common areas and personal living areas of the inmate/detainees. Security inspections shall frequently occur in the inmate/detainee common/work areas (e.g., classroom, dayroom, visitation areas, laundry room, etc.). Staff is prohibited from alerting any inmate/detainee about any unannounced security inspection." A review of CCSSM policy 5.6.1 confirms it does not include the requirement that staff are prohibited from alerting others when unannounced security inspections are made. Informal discussions with security line staff, indicated security inspections are logged utilizing a system entitled Guard Plus. The Auditor reviewed entries made into the electronic system; however, the Auditor could not determine unannounced security inspections are being conducted specifically to identify and deter sexual abuse of the detainees. All inspections conducted appeared to be normal security inspections that are required during each shift. In an interview with a Sergeant, it was indicated security inspections are being conducted on all shifts; however, he could not differentiate a normal security inspection from an unannounced inspection. In addition, in an interview with the Sergeant, it could not be confirmed the facility prohibits staff from alerting others when unannounced security inspections are being made.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. A review of CCSSM policy 5.6.1 confirms it does not include the requirement that staff are prohibited from alerting others when unannounced security inspections are made. In an interview with a Sergeant, it was indicated security inspections are being conducted on all shifts; however, he could not differentiate a normal security inspection from an unannounced inspection. In addition, in an interview with the Sergeant it could not be confirmed the facility prohibits staff from alerting others when unannounced security inspections are being made. A review of Guard Plus confirmed normal security inspections were conducted within the housing units and not within other areas of the facility where sexual abuse could occur. To become compliant, the facility must implement procedures that require supervisors to make frequent unannounced security inspections on both day and night shifts to deter sexual abuse of detainees as required by the standard and that prohibit staff from alerting others that the unannounced security inspections are occurring. Once implemented, the facility must train all supervisors and security line staff on the implemented procedure and document such training. In addition, the facility must submit to the Auditor documentation of unannounced security inspections that occurred for a period of two months during the Corrective Action Plan (CAP) period.

Corrective Action Taken (d): The facility submitted updated CCSSM policy 6.6.1 which confirms updated CCSSM policy 6.6.1 requires staff to make frequent unannounced security inspections on both day and night shifts to deter sexual abuse of detainees as required by the standard and staff is prohibited from alerting others about any unannounced security inspections unless such announcement is related to the legitimate operational functions of the facility. The facility submitted a staff sign in sheet which confirms security staff have received training on updated CCSSM policy 6.6.1. The facility submitted an "Unannounced security inspection-log" which confirms the facility has completed frequent unannounced rounds on both day and night shifts for the days of November 15-17, 2023. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§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:

(g): CCSSM policy 5.1.3 states, "Detainees will be permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." Interviews with four security line staff indicated detainees are permitted to shower, change clothing, and perform bodily functions without being viewed by the opposite gender and that staff are required to announce their presence when entering housing units occupied by detainees of the opposite gender. During interviews with six detainees, the Auditor received multiple answers, which included two detainees reporting opposite gender staff have never been in their housing unit, one reporting he had heard the announcement only today when the Auditor entered the housing unit for a second time, and three reporting female staff do not come into the housing area. During the on-site audit, the Auditor did not observe cross-gender announcements being made. The Auditor observed toilet, changing, and shower areas within the housing unit and determined there is adequate privacy to limit opposite gender viewing; however, the Auditor observed the (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E) . In addition, the Auditor observed that the (b) (7)(E)

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor did not observe cross-gender announcements being made and during interviews with six detainees received multiple answers regarding the announcements. The Auditor observed toilet, changing, and shower areas within the housing unit and determined there is adequate privacy to limit opposite gender viewing; however, the Auditor o(b) (7)(E) In addition, the Auditor observed the holding cells in the booking/intake area and confirmed the cells have a toilet area, which contains a wall intended to provide privacy, however, the wall was not high enough or long enough. To become compliant, the facility must train all applicable staff on the standard's requirement to announce their presence with entering the housing unit comprised of detainees of the opposite gender to allow detainees the ability to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. In addition, the facility must implement a practice that ensures detainees are provided privacy from opposite gender viewing while performing bodily functions, within the holding cells in the booking/intake area to include the privacy walls in the booking area and (b) (7)(E) Once implemented the facility must provide the Auditor with documentation that confirms compliance, including but not limited to photos of the cross-gender viewing areas of concern.

Corrective Action Taken (g): The facility submitted three photographs indicating a blue box has been inserted in the (b) (7)(E) . The facility provided the Auditor with a training sign in sheet which confirms all applicable staff have been trained on the standard's requirement to announce their presence with entering the housing unit comprised of detainees of the opposite gender to allow detainees the ability to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. The facility provided the Auditor with photographs indicated a shower curtain had been added to the booking/intake area to provide the detainees with additional privacy while performing bodily functions. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (g) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): CCSSM policy 5.1.8, Accommodating Detainees with Disabilities/Limited English Proficient – SAAPI, states, "Staff shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit

from all aspects of the Chippewa County Correctional Facility's efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or heard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. The Chippewa County Correctional Facility shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision." A review of CCSSM policy 5.1.8 confirms it doesn't include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. During the on-site audit, the Auditor observed the facility Handbook, the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet available in the booking area in English and Spanish only. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, or psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. In addition, all six detainees confirmed they did receive the ICE National Detainee Handbook, in a language they could understand but it was days later and not received at intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. A review of CCSSM policy 5.1.8 confirms it doesn't include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. In interviews with four security line staff, it was indicated a detainee would not be utilized for interpretation under any circumstances, relating to an incident of sexual abuse. During the on-site audit, the Auditor observed the facility Handbook, the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet available in the booking area in English and Spanish only. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized a detainee to interpret and ask them questions. The four LEP detainees further indicated the language line had only been used when speaking with medical staff or ICE staff. In addition, all six detainees confirmed they did receive an ICE National Detainee Handbook, in a language they could understand, but indicated it was received days later and not at intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when. To become compliant the facility must develop a practice that includes the requirements the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse or another

detainee to interpret in matters related to sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. In addition, the facility must develop a practice that ensures PREA information is provided to both LEP detainees and to detainees who are blind or have limited sight, are deaf or hard of hearing, and for those who have an intellectual, psychiatric, speech disability, or limited reading skills in a manner they can understand, including implementing a practice that includes having the DHS-Prescribed SAA Information pamphlet, in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian) and the ICE National Detainee Handbook 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) available to the detainee on-site. Once implemented, the facility must submit documentation that all applicable staff have been trained on the practice. In addition, the facility must submit to the Auditor 10 detainee files that include detainees received during the CAP period who don't speak English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, speech disability, or limited reading skills.

Corrective Action Taken (a)(b)(c): The facility submitted updated CCSSM policy 5.1.8 which confirms it requires staff not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse and/or another detainee to interpret in matters related to sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. In addition, a review of updated policy 5.1.8 confirms that updated policy 5.1.8 requires the facility will ensure any written materials related to sexual abuse (e.g. PREA information/ detainee handbook/ SAA pamphlet/etc.) is provided to detainees who are blind or have limited sight, are deaf or hard of hearing, and for those who have an intellectual, psychiatric, speech disability, or limited reading skills in a manner they can understand. The facility submitted an email sent out to all staff, with tracking information to document all staff have received the email, requiring staff to review updated CCSSM policy 5.1.8. The facility submitted a memo to Auditor which confirms the facility had not received any detainees who do not speak English or Spanish, were deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, speech disabilities, or limited reading skills since the implementation of the new practice. Upon review of all available documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (c) of the standard.

§115.17 - Hiring and promotion decisions
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. CCSSM policy 2.1, Pre-Employment Records/Screening, states, "It is the policy of the Chippewa County Correctional Facility to ensure that all pre-employment screening is completed by the designated supervisory personnel before a selected applicant begins a work assignment." A review of CCSSM policy 2.1 confirms it does not include the requirements CCSSM is prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in CCSSM) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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, CCSSM shall ask all applicants and employees who may have contact with individuals in CCSSM directly about previous sexual abuse misconduct as part of its hiring and promotional processes including contractors, and during annual performance reviews for current employees, CCSSM shall impose upon employees a continuing affirmative duty to disclose any such conduct, material omissions regarding such misconduct, or the provision materially false information, shall be ground for termination, unless prohibited

by law, CCSSM shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, and all employees, contractors, and volunteers have a continuing affirmative to disclose sexual misconduct. The Auditor reviewed a memorandum addressed to the Auditor which states, "The Chippewa County Correctional does not have any file(s) on record during the audit period in reference to the request. Staff would report a misconduct via their Chain-of-Command." In an interview with the facility HRM, it was indicated the facility implemented a PREA statement at the beginning of March 2023. The Auditor reviewed the CCSSM PREA Statement form and confirms it contains the following questions: 1) Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with consent of the inmate, detainee, resident etc.) 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community 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? 3) Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community 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? In addition, the form contains a statement which states, "Understand all employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The Auditor reviewed six employee files which indicated the facility began implementing the form in March 2023, and is working on having all employees read and sign the document. The Auditor reviewed one file, which indicated the potential employee is in the hiring stages and had completed an application and the PREA Statement, however had not officially been hired by the facility, at the time of the on-site audit. In addition, the Auditor reviewed two volunteer files and confirmed background checks were completed to ensure the volunteers did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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; however, the facility was unable to provide the Auditor staff contractor files to determine compliance. In an interview the HRM it was indicated during the background process, the facility would inquire with past employers, the reason an employee left the agency and would provide the same if another facility inquired about one of their past employees; however, the HRM could not articulate they would specifically inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation. The HRM further reported there have been no staff promotions during the audit period.

Does Not Meet (a)(b)(e): The facility is not in compliance with subsections (a), (b) and (e) of the standard. A review of CCSSM policy 2.1 confirms it does not include the requirements CCSSM is prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in CCSSM) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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, CCSSM shall ask all applicants and employees who may have contact with Individuals in CCSSM directly about previous sexual abuse misconduct as part of its hiring and promotional processes including contractors, and during annual performance reviews for current employees, CCSSM shall impose upon employees a continuing affirmative duty to disclose any such conduct, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination, unless prohibited by law, CCSSM shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, and all employees, contractors, and volunteers have a continuing affirmative to disclose sexual misconduct. In an interview with the facility HRM, it was indicated the facility implemented a PREA statement at the beginning of March 2023. The Auditor reviewed the CCSSM PREA Statement form and confirms it is in compliance with subsection (b) and of the standard; however, the Auditor reviewed six employee files which indicated the facility began implementing the form in March 2023 and is working on having all employees read and sign the document. The facility was unable to provide the Auditor staff contractor files to determine compliance. In an interview the HRM, it was indicated during the background process, the facility would inquire with past employers, the reason an employee left the agency and would provide the same if another facility inquired about one of their past employees; however, the HRM could not articulate they would specifically inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation. To become compliant, the facility must implement a practice that ensures staff contractors did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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. In addition, the facility shall develop and implement a procedure to inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation, for potential employees who have previous correctional experience. Once implemented the facility must submit documentation that confirms implementation of the new procedure and all applicable staff have been trained

on such. The facility must submit to the Auditor all staff contractor personnel files. In addition, the facility must submit 10 staff personnel files to include, new hires, and if applicable, promotions that occur during the Corrective Action Period (CAP) to include the PREA Statement.

Corrective Action Taken (a)(b)(e): The facility submitted updated CCSSM policy 2.1 which confirms updated CCSSM policy 2.1 prohibits staff from hiring or promoting anyone who may have contact with detainees or enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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. A review of updated CCSSM policy 2.1 further confirms updated CCSSM policy 2.1 requires the facility when considering hiring or promoting staff to ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. In addition, a review of updated CCSSM policy 2.1 confirms updated CCSSM policy 2.1 requires the Agency and facility impose upon employees a continuing affirmative duty to disclose any such misconduct and the facility, consistent with the law, will make its best efforts to contact all prior institutional employers of an applicant for employment to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. A review of updated CCSSM policy 2.1 further confirms updated CCSSM policy 2.1 does not include a procedure for inquiring about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation, for potential employees who have previous correctional experience; however, the facility submitted three completed Chippewa County Correctional Facility PREA Statements which confirm prior to hiring or promoting staff or utilizing the services of contract staff, volunteers, and "other" contractors who may have contact with detainees are asked all elements included in the standard; and therefore, the Auditor accepts the facility has implemented a practice which includes all elements of the standard and staff responsible for the hiring and/or promoting of staff are aware of the implemented practice. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection, (a), (b), (e) of the standard.

(c)(d): CCSSM policy 2.1 states, "The following shall be completed by the designated supervisor before a new employee starts a work assignment: "Complete criminal history/background check." A review of CCSSM policy 2.1 confirms it does not include the requirement the facility shall also conduct a background investigation before enlisting the services of a contractor who may have contact with detainees. In an interview with the facility HRM it was indicated a background investigation is completed on all applicants prior to an offer of employment. The HRM further indicated if the Agency requested documentation of completed background investigations it would be provided. The Auditor reviewed six employee personnel files, which included one applicant, currently going through the hiring process. There were five files which included documentation to confirm a background investigation had been conducted during the hiring process. The other file indicated the background investigation was in the process and had not yet been completed. The Auditor reviewed two volunteer files and confirmed background checks were completed; however, the facility was unable to provide the Auditor staff contractor files; and therefore, the Auditor could not determine that a background investigation had been completed for staff contractors. The Auditor submitted two ICE employees to PSO to verify the background check process. ICE PSO confirmed background checks were completed on both ICE employees in accordance with subsection (c) of the standard. CCSSM is not an immigration only detention facility; and therefore, is not required to conduct background investigations every five years for staff who have contact with detainees.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. The facility was unable to provide contractor files for review; and therefore, the Auditor could not determine that a background investigation had been completed for staff contractors. To become compliant the facility must implement a practice the ensures prior to enlisting the services of any staff contractor who may have contact with detainees the facility will conduct a background investigation. Once implemented the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must provide the Auditor all staff contractor personnel files to confirm background checks were conducted.

Corrective Action Taken (d): The facility submitted updated CCSSM policy 2.1.1 which confirms updated CCSSM policy 2.1.1 requires before a contractor and/or volunteer begins a work assignment a designated supervisor must conduct an interview of the applicant and complete a criminal history/background check. The facility submitted training rosters which confirmed applicable staff have received training on the implemented procedure. In addition, the facility submitted three employee/contractor checklists which confirm background checks were conducted as required by subsection (d) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§115.21 - Evidence protocols and forensic medical examinations
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." CCSSM policy 5.1.4 states, "Detainee victims of sexual abuse and assault shall be provided emergency medical and mental health services and ongoing care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation arising out of the incident." CCSSM policy further states, "Where evidentiarily or medically appropriate, the facility administrator shall arrange for an alleged victim to undergo a forensic medical examination, in accordance with the requirements of "M. Investigation, Discipline and Incident Reviews" of this standard." CCSSM policy 4.15, Evidence, states, "It is the policy of the Chippewa County Correctional Facility to handle, collect, and/or submit items found as evidence to the proper departmental staff in a consistent manner and in a manner in which the Chain of Custody of Evidence will not be compromised." The Auditor reviewed CCSSM policy 4.15 and confirmed it maximizes the potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions; however, the protocol does not consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address a victims' needs most appropriately. In addition, a review of CCSSM policy 4.15 and an interview with the facility JA/PSA Compliance Manager could not confirm CCSSM policy 4.15 was developed in consultation with DHS. In an interview with the facility RN, it was indicated medical staff at the facility are not trained to conduct SANE or SAFE exams. If there was a sexual abuse incident at the facility, with the consent of the victim, he/she would be transported to the War Memorial Hospital. In an interview with the JA/PSA Compliance Manager it was indicated if a sexual abuse incident occurred at the facility, the facility would use a victim advocate with the Chippewa County Prosecutor's Office (CCPO), who is qualified to provide emotional support, crisis intervention, information, and referrals as needed; however, the Auditor reviewed an email from the CCPO that confirmed the CCPO victim advocate would provide referrals for counseling services only. During the on-site audit, the Auditor spoke with a victim advocate at the Diane Peppler Resource Center (DPRC), who confirmed there are no established procedures with the facility for victim advocacy to be provided in the event of an incident of sexual abuse or assault. The DPRC victim advocate further confirmed the SANE/SAFE Unit at the hospital would arrange for an advocate from the DPRC, to offer support to the detainee victim during a forensic exam and DPRC advocates would provide emotional support services during interviews and court proceeding. In interviews with the JA/Investigator and a detective with the CCSO it was indicated facility investigators would conduct an administrative investigation into sexual abuse allegations. If the allegation was detainee-on-detainee and criminal in nature, the investigation would be completed by the CCSO investigators and if the allegation was staff-on-detainee and criminal in nature, the investigation would be completed by the investigators from the Michigan Mission Team (MMT). The facility did not provide the Auditor with documentation to confirm the facility has requested the MMT to follow the requirements of paragraph (a) through (d) of this standard. The facility does not house juvenile detainees.

<u>Does Not Meet (a)(b)(e):</u> The facility is not in compliance with subsections (a) (b) and (e) of the standard. A review of CCSSM policy 4.15 confirms it does not consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address a victims' needs most appropriately. In addition, a review of CCSSM policy 4.15, and interviews with the facility JA/PSA Compliance Manager, could not confirm CCSSM policy 4.15 was developed in consultation with DHS. During the on-site audit, the Auditor spoke with a victim advocate at the DPRC who confirmed there is no established procedures with the facility for victim advocacy to be provided in the event of a sexual abuse. In an interview with the JA/PSA Compliance Manager it was indicated if a sexual abuse incident occurred at the facility, the facility would use a victim advocate with the CCPO, who is qualified to provide emotional support, crisis intervention, information and referrals as needed; however, the Auditor reviewed an email from the CCPO victim advocate that confirmed the CCPO would provide only referral services for detainees who are the victim of a sexual abuse. In interviews with the JA/Investigator and a detective with the CCSO, it was confirmed if an allegation of sexual abuse included staff-on-detainee and was criminal in nature, the investigation would be completed by the investigators from the Michigan Mission Team (MMT); however, the facility did not provide the Auditor with documentation to indicated that the facility has requested the MMT to follow the requirements of paragraph (a) through (d) of this standard. To become compliant, the facility must, in consultation with DHS, update CCSSM policy 4.15 to include how best to utilize available community resources and services to provide valuable expertise and support in areas of crisis intervention and counseling to address victims' needs most appropriately. In addition, the facility must coordinate with a

community resource to provide expertise and support in the areas of crisis intervention and counseling following an incident of sexual abuse. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with the requirements of subsection (b) of the standard. In addition, the facility must submit documentation to the Auditor that confirms the CCSSM requested the MMT to follow the requirements of paragraph (a) through (d) of this standard.

Corrective Action Taken (a)(b)(e): The facility submitted updated CCSSM policy 4.15 which confirms updated CCSSM policy 4.15 includes how best to utilize available community resources and services to provide valuable expertise and support in areas of crisis intervention and counseling to address victims' needs most appropriately and the coordination with a community resource to provide expertise and support in the areas of crisis intervention and counseling following an incident of sexual abuse. The facility submitted a memorandum from the AFOD which confirms updated CCSSM policy 4.15 was updated in consultation with DHS. The facility submitted an email to the MMT confirming the facility has requested the MMT follow the requirements of subsection (a-d) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), and (e) of the standard.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." CCSSM policy 5.1 states, "Allegations of employee, contractor, and/or volunteer sexual contact with an inmate/detainee will be investigated immediately when they become known. Inmate/detainee complaints alleging sexual contact by an employee, contractor and/or volunteer will be forwarded to the Sheriff and/or designee who will arrange for the incident to be investigated." CCSSM policy 5.1 further states, "Any contractor or volunteer who has engaged in sexual abuse and assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contactor or volunteers who have engaged not engaged in sexual abuse but have violated other provisions within these standards. Incidents of substantiated sexual abuse and assault by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to ICE/ERO regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." In addition, CCSSM policy 5.1 states, "Inmate/detainee complaints of sexual contact will be investigated immediately when they become known. Complaints of contact, such as sexual assault and rape, will be turned over to the Patrol Division for investigation and criminal prosecution. The scene of the assault/rape will be secured, and the evidence preserved pending the arrival of an investigator." A review of CCSSM policy 5.1 confirms it does not include a description of the responsibilities of the agency, the facility and any other investigating entities and does not require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. In addition, a review of CCSSM policy 5.1 confirms only cases involving a contractor or volunteer are required to be reported to the ICE ERO and does not require an incident of sexual abuse to be reported to the Joint Intake Center (JIC), ICE OPR, the DHS OIG or ICE FOD. A review of CCSSM policy 5.1 further confirms it does not require an incident of sexual abuse be reported to the local law enforcement if the abuse involves a detainee perpetrator of sexual abuse and the allegation appears to be criminal. In an interview with the facility JA/Investigator it was indicated that all allegations of sexual abuse will be investigated both criminally and administratively and if the allegation was detainee-on-detainee and criminal in nature, the investigation would be completed by the CCSO Investigators and if the allegation was staff-on-detainee and criminal in nature, the investigation would be completed by Michigan Mission Team (MMT) Investigators. In an interview with the facility JA/Investigator it was further indicated after completion of the criminal investigation the facility investigators would conduct an administrative investigation into all allegations of sexual abuse. The facility reported one allegation of sexual abuse; however, according to the PREA allegation spreadsheet, the investigation remains open with a notation "pending investigative results."

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a)(b)(d)(e) and (f) of the standard. A review of CCSSM policy 5.1 confirms it does not include a description of the responsibilities of the agency, the facility and any other investigating entities and does not require the documentation and maintenance, for at least five years, of all

reports and referrals of allegations of sexual abuse. In addition, a review of CCSSM policy 5.1 confirms only cases involving a contractor or volunteer are required to be reported to the ICE ERO and does not require an incident of sexual abuse to be reported to the Joint Intake Center (JIC), ICE OPR, the DHS OIG or ICE FOD. A review of CCSSM policy 5.1 further confirms it does not require an incident to be reported to the local law enforcement if the abuse involves a detainee perpetrator of sexual abuse and the allegation appears to be criminal. To become compliant the facility must update CCSSM policy 5.1 to include a description of the responsibilities of the Agency, facility, and any other investigating entities and to require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse and to include the verbiage, "When a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (e) of the standard or when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG" as required by subsections (d) and (f) of the standard. Once updated, the facility must submit documentation that all applicable staff, including facility Investigators, received training on the updated CCSSM policy 5.1. If applicable, the facility must submit copies of all sexual abuse allegation investigation files that occurred during the CAP period.

Corrective Action Taken (a)(b)(d)(e)(f): The facility submitted updated CCSSM policy 5.1 which confirms updated CCSSM policy 5.1 includes a description of the responsibilities of the Agency, facility, and any other investigating entities and requires staff to report all allegation of sexual abuse to ICE ERO. The facility provided the Auditor with a memorandum from the AFOD which confirms the FOD, or his designee, will be responsible to ensure the incident is promptly reported to the Joint Intake Center (JIC) and the ICE OPR or the DHS OIG as required by subsections (d) and (e) of the standard to include when a detainee, inmate, staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. Therefore, the Auditor accepts updated CCSSM policy 5.1 as written. In addition, a review of updated CCSSM policy 5.1 confirms updated CCSSM policy 5.1 requires the facility to document and maintain, for at least five (5) years, all reports, and referrals of allegations of sexual abuse. The facility submitted a memo to the Auditor which confirms the facility has not received an allegation of sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (d), (e), and (f) of the standard.

(c): The Auditor reviewed CCSSM website (https://www.chippewacountymi.gov/sheriff-correctional-facility) and confirmed the website includes policy 5.1; however, the posted CCSSM policy 5.1 is not compliant with the standard. In addition, the Auditor reviewed the ICE website, (https://www.ice.gov/prea) and confirmed it contained the required Agency protocol.

Does Not Meet (c): The Auditor reviewed the CCSSM website (https://www.chippewacountymi.gov/sheriff-correctional-facility) and confirmed the website includes CCSSM policy 5.1; however, the posted CCSSM policy 5.1 is not compliant with the standard. To become compliant the facility must update CCSSM policy 5.1 to include all elements required by the standard. Once updated the facility must post the updated CCSSM policy 5.1 on the facility website.

Corrective Action Taken (c): The Auditor reviewed the CCSSM website https://chippewacountymi.gov/sheriff-correctional-facility and confirmed updated CCSSM policy 5.1 has been posted. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

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

(a)(b)(c): The Agency's policy 11062.5.2 states, "The Agency shall document that all ICE personnel who may have contact with individuals in ICE custody have completed training." CCSSM policy 5.1 states, "Employees will receive information about the prohibition of sexual contact with inmates/detainees and methods of prevention, resolution, and reporting during Pre-Service Training and periodically through In-service Training." The Auditor reviewed the ICE PREA Employee training for ICE employees, which contained all elements required by this standard. In addition, the Auditor reviewed training rosters for 2023 and confirmed 25 security line staff completed the refresher training for 2023; however, a review of the PREA Resource Center PREA Refresher: Prisons and Jails PREA Basic training curriculum and the CCSSM Training PREA Resource Center-Refresher curriculums could not confirm that either contained all elements required by this standard, to include: the Agency and the CCSSM zero-tolerance policies of all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the rights of detainees and staff to be free from sexual abuse, and from retaliation for reporting on examples of prohibited behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responded to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting

knowledge or suspicion of sexual abuse and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The Auditor reviewed training records for one of two ICE employees and confirmed training was received as required by the standard. The facility reported there are four medical and one mental health staff who have reoccurring contact with detainees; however, the facility was unable to provide the Auditor with contract staff files to confirm compliance with standard.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. A review of the PREA Resource Center PREA Refresher: Prisons and Jails PREA Basic training curriculum and the CCSSM Training PREA Resource Center-Refresher curriculums could not confirm that either contained all elements required by this standard, to include: the Agency and the CCSSM zero-tolerance policies of all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the rights of detainees and staff to be free from sexual abuse, and from retaliation for reporting on examples of prohibited behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responded to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The facility reported there are four medical and one mental health staff who have reoccurring contact with detainees. The facility was unable to provide the Auditor with contract staff files for review to confirm compliance with the standard, and could not provide documentation of training, as required by this standard. To become compliant, the facility must develop a training curriculum that includes all elements of subsection (a) of the standard. Once developed the facility must provide the Auditor with the updated training curriculum and documentation that all staff, including medical and mental health, have received training on the updated curriculum.

Corrective Action Taken (a)(c): The facility submitted the ICE Zero Tolerance PREA Policy Statement. The facility submitted a PREA Employee Training curriculum offered through the PREA Resource Center. The Auditor reviewed the curriculum and confirmed all required training elements of subsection (a) of the standard are included. The facility submitted read receipts from 14 security line staff, 2 medical staff, and 5 security supervisors which confirm staff who may have contact with detainees, including but not limited to security line staff, security supervisor staff, medical and mental health staff, have completed all modules of the PREA Resource Center training and reviewed the Agency Zero-tolerance policy. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the standard.

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

(a)(b)(c): CCSSM policy 5.1 states, "Program Volunteers will receive information during their orientation session about the prohibition of sexual contact and the procedures for preventing and reporting issues." The Auditor reviewed the CCSSM Vendor/Volunteer Security Handbook and Acknowledgment Form. A review of the handbook confirms volunteers are instructed on definitions of sexual abuse, do not engage in physical contact with inmates, and if they become aware of any sexual abuse issues, they must immediately report the incident to a staff member; however, a review of the CCSSM Vendor/Volunteer Security Handbook and Acknowledgment Form could not confirm that volunteers and "other contractors" who have reoccurring contact with detainees are notified of the Agency or the facility's zero-tolerance policy regarding sexual abuse. The facility provided four samples of the signed acknowledgement which documents the volunteers have received the information. An interview with the facility HRM indicated there are currently two volunteers who have contact with the detainees working at the facility. The Auditor reviewed the two volunteer files and confirmed they have received the handbook and signed the acknowledgement.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. A review of the handbook could not confirm that volunteers and "other contractors" (as defined by paragraph (d) of this section) who have contact with detainees are notified of the Agency or the facility's zero-tolerance policy regarding sexual abuse. To become compliant, the facility shall develop and implement a procedure to ensure that volunteers and "other contractors" who have reoccurring contact with detainees are notified of the Agency and the facility's zero-tolerance policies regarding sexual abuse. Once developed, the facility must submit to the Auditor a copy of the updated curriculum and documentation that all facility volunteers and "other contractors" who have reoccurring contact with detainees have received the updated training.

Corrective Action Taken (a)(b)(c): The facility submitted updated CCSSM policy 5.1 which confirms updated CCSSM policy 5.1 requires program volunteers, and "other contractors" receive information/notification during their orientation session about the facility's zero-tolerance policy regarding sexual abuse, the prohibition of sexual contact, and the procedures for preventing and reporting allegations of sexual abuse. The facility submitted an ICE Zero Tolerance PREA Policy Statement. The facility submitted an updated "Vendor/Volunteer Security Handbook and Acknowledgement Form" which confirms the updated "Vendor/Volunteer Security Handbook and Acknowledgement Form" advises volunteers and "other" contractors of the facility's and Agency's zero-tolerance policies and how to report an allegation of sexual abuse. The facility submitted two volunteer signatures acknowledging receipt of the updated "Vendor/Volunteer Security Handbook. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), and (c) of the standard.

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

(a)(b)(c)(e)(f): CCSSM policy 5.1 states, "Inmate/detainees will receive information during Orientation and Primary Classification concerning the prohibition of sexual contact and steps to take to prevent the likelihood of being victimized by a sexual predator." CCSSM policy 8.3, Admission & Release of Inmate/Detainees, states, "A formal orientation will be provided to all INS detainees. The orientation process will consist of the following: Sexual Assault Awareness (PREA)." CCSSM policy 8.3 further states, "The Orientation Officer will ask each detainee to sign his/her admission verifying that he/she has been orientated and understands the facility rules, regulations, and programs." In addition, CCSSM policy 8.3 states, "If a detainee does not understand due to a language barrier, the facility may provide an interpreter for the orientation process." In interviews with Intake and Classification staff it was indicated the orientation process is completed by the orientation staff on the night shift between 1800-0600 and not during the intake process as required by the standard. In interviews with Intake and Classification staff it was further indicated detainees will sign the Detainee Orientation form indicating they have received sexual assault awareness orientation – INS PREA; however, the Detainee Orientation form does not confirm what PREA information is provided and if it is provided in a manner the detainee could understand. In interviews with Intake and Classification staff it was indicated during the intake process the detainee is given an opportunity to watch a video entitled, "Know your Rights." The Auditor reviewed the "Know Your Rights" video and confirmed it did not contain PREA related material. In an interview with Intake and Classification staff it was further indicated that during the intake process a detainee receives the facility handbook, the ICE National Detainee Handbook, and the DHS-prescribed SAA information pamphlet; however, during the on-site audit, the Auditor observed the facility handbook, the ICE National Detainee Handbook and the DHS-prescribed SAA information pamphlet in English and Spanish only. In an Interview with Intake staff, it was indicated if a detainee was LEP and spoke a language other than Spanish, the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet could be printed in a language the detainee could understand; however, Intake staff could not articulate to the Auditor how they would print the information. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on how to report an incident of sexual abuse; however, in interviews with six detainees, it was indicated they received a "blue handbook" which is the ICE National Detainee Handbook, in a language they could understand a day or two later and not during intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when. There were no detainees received at the facility during the on-site audit; however, the Auditor reviewed a video of a LEP detainee that was processed into the facility a few days prior. The review of the video confirmed the facility did not utilize the language line and the detainee was not provided the facility handbook, the ICE National Handbook or the DHS-prescribed SAA Information pamphlet at intake. The Auditor reviewed eight detainee files and confirmed none of the detainee files confirmed

orientation was provided at intake. The review of three files indicated orientation was completed two days after intake, two files indicated orientation was provided over 30 days after intake, two files indicated orientation was provided over 60 days after intake, and 1 file indicated no orientation had been provided.

Does Not Meet (a)(b)(e)(f): The facility is not in compliance with subsections (a), (b), (e), and (f) of the standard. In interviews with Intake and Classification staff it was indicated the orientation process is completed by the orientation staff on the night shift between 1800-0600 and not during the intake process as required by the standard. In an interview with Intake and Classification staff it was further indicated during the intake process a detainee receives the facility handbook, the ICE National Detainee Handbook, and the DHS-prescribed SAA information pamphlet; however, during the on-site audit, the Auditor observed the facility handbook, the ICE National Detainee Handbook and the DHS-prescribed SAA information pamphlet in English and Spanish only. In an Interview with Intake staff, it was indicated if a detainee was LEP and spoke a language other than Spanish, the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet could be printed in a language the detainee could understand; however, Intake staff could not articulate to the Auditor how they would print the information. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor confirmed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on how to report an incident of sexual abuse; however, in interviews with six detainees, it was indicated they received a "blue handbook" which is the ICE National Detainee Handbook, in a language they could understand a day or two later and not during intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when. There were no detainees received at the facility during the on-site audit; however, the Auditor reviewed a video of a LEP detainee that was processed into the facility a few days prior. The review of the video confirmed the facility did not utilize the language line and the detainee was not provided the facility handbook, the ICE National Handbook or the DHS-prescribed SAA Information pamphlet at intake. The Auditor reviewed eight detainee files and confirmed none of the detainee files confirmed orientation was provided at intake. The review of 3 files indicated orientation was completed 2 days after intake, 2 files indicated orientation was provided over 30 days after intake, 2 files indicated orientation was provided over 60 days after intake, and 1 file indicated no orientation had been provided. To become compliant the facility must implement an orientation program during the intake process which all detainees, including those who are LEP, blind or have limited sight, are deaf or hard of hearing, have physical, intellectual, psychological, or a speech disability, or has limited reading skills that includes all elements required by subsection (a) of the standard. In addition, during the intake process the facility must distribute the DHS-prescribed SAA Information pamphlet to all detainees in a manner they can understand. Once implemented the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English and Spanish, to confirm the detainees are receiving orientation in a manner they understand during the intake process. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

Corrective Action Taken (a)(b)(e)(f): The facility submitted updated CCSSM policy 8.4 which confirms updated CCSSM policy 8.4 requires the Inmate handbook(s) and DHS-prescribed SAA Information pamphlets be available in English and Spanish and/or the most prevalent languages(s) spoke by the detainees at the facility. A review of updated CCSSM policy 8.4 further confirms the ICE National Detainee Handbooks, and the DHS-prescribed SAA Pamphlets will be available via the back booking PC. In addition, a review of updated CCCF policy 8.4 requires the correction officer to issue a copy of the CCCF Inmate Guide, the ICE National Detainee Handbook, and the DHS-prescribed SAA Information pamphlet, in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills prior to being placed in general population. A review of updated CCSSM policy further confirms updated CCSSM policy 8.4 requires staff utilize interpretation services in all cases where a LEP

detainee does not comprehend the PREA information provided. The facility submitted an email, with tracking documentation to confirm the email was received, requiring staff to review updated CCSSM policy 8.1. The facility submitted a memo to Auditor which confirms the facility has not received any detainees who don't speak English or Spanish or who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, speech disabilities, or limited reading skills since the implementation of the new practice. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (e), and (f) of the standard.

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

(a)(b): Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to investigating of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review, this documentation is in accordance with the standard's requirements. CCSSM policy 5.1.10, Criminal & Administrative Investigations SAAPI states, "All investigations of alleged sexual abuse and assault shall be prompt, thorough, objective and fair and conducted by specially trained, qualified investigators." A review of the CCSSM PAQ indicated the facility has two trained investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/PSA Compliance Manager confirmed he is one of the facility investigators that conduct administrative investigations. The JA/PSA Compliance Manager further indicated criminal investigations that are detainee-on-detainee would be investigated by a CCSO detective. If the allegation involves an allegation of sexual abuse that is staff-on-detainee, the allegation would be referred to the MMT which is comprised of investigators from all counties within Michigan that investigate criminal cases involving staff to ensure that the allegation is investigated by an outside agency. The JA/PSA further indicated he has not received specialized training on investigating allegations in a confinement setting. In addition, an interview with the CCSO detective indicated he has received special training in Human Trafficking Awareness. A certificate of completion was provided to the Auditor; however, the Auditor was not provided the training curriculum; and therefore, could not confirm it contained all the required elements of subsection (a) of the standard.

<u>Does Not Meet (a):</u> The facility is not in compliance with subsection (a) of the standard. In an interview with the JA/PSA Compliance Manager it was confirmed he has not received specialized training on investigating allegations of sexual abuse as required by subsection (a) of the standard. In addition, an interview with the CCSO detective indicated he has received special training in Human Trafficking Awareness and provided the Auditor with a certificate of completion; however, the Auditor was not provided the training curriculum; and therefore, could not confirm it contained all the required elements of subsection (a) of the standard. To become compliant the facility must submit a training curriculum to confirm it contains all elements of subsection (a) of the standard. In addition, the facility must submit training records for all staff who conduct sexual abuse allegation investigations to confirm completion of the required specialized training.

Corrective Action Taken (a): The facility submitted training records for all investigators assigned to the facility which confirmed the investigators participated in the Specialized training: Investigating Sexual Abuse in Correctional Setting offered through the National PREA Resource Center. The Auditor is familiar with all modules contained in the training and confirms all elements required by subsection (a) of the standard are included. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§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:

(b)(c): The facility submitted ACH policy J-C-03 which states, "All health care staff receive at least 12 hours of annual continuing education or staff development appropriate to their position;" however, the standard requires the facility have a policy that includes detecting signs of sexual abuse, responding professionally to victims of sexual abuse, and properly reporting allegations of suspicions of sexual abuse. In an interview with a facility RN and CSW it was indicated they have received training through ACH; however, the Auditor was not provided a training curriculum or documentation to confirm

training required by subsection (b) of the standard has been received. As the facility does not have a policy there was not a policy submitted to the Agency for review and approval.

Does Not Meet (b)(c): The facility is not in compliance of subsections (b) and (c) of the standard. The facility submitted ACH policy J-C-03 which states, "All health care staff receive at least 12 hours of annual continuing education or staff development appropriate to their position;" however, the standard requires the facility have a policy that includes detecting signs of sexual abuse, responding professionally to victims of sexual abuse, and proper reporting allegations of suspicions of sexual abuse. In an interview with a facility RN and CSW it was indicated they do receive training through ACH; however, the Auditor was not provided a training curriculum or documentation to confirm training required by subsection (b) of the standard has been received. To become compliant, the facility must develop a policy that requires all medical and mental health staff who have contact with detainees to receive specialized training that includes how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report an allegation or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. Once developed, the facility must submit the policy to the Agency for review and approval. In addition, the facility must provide to the Auditor a copy of the training curriculum utilized by medical staff to meet the requirements of subsection (b) of the standard and documentation that all medical and mental health staff have been trained on the new policy's requirements.

Corrective Action Taken (b)(c): The submitted updated CCSSM policy 5.1.11 which confirms updated CCSSM policy 5.1.11 requires the facility provide all facility employees who serve as full and/or part time medical practitioners or full and/or part time mental health practitioners with specialized training to cover at a minimum how to detect and assess signs of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations or suspicions of sexual abuse, and how to preserve physical evidence of sexual abuse. The Auditor reviewed the CCSSMF training curriculum and confirmed the training curriculum includes all elements required by subsection (b) of the standard. The facility provided a sampling of medical staff training files which confirm medical and mental health staff have received the required training. The facility submitted a memo from the FOD which confirms updated CCSSM policy 5.1.11 has been reviewed and approved by the Agency. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b) and (c) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d)(f)(g): CCSSM policy 3.11.1, Initial Classification, states, "The booking officer will consider the inmate/detainee's age, current charge(s), legal status, current physical/mental medical condition(s), suicide risk, physical build appearance, and predatory risk in determining appropriate short-term housing placement." CCSSM policy 3.11.2, Classification – Primary, states, "ICE detainees will be classified and placed in population within twelve (12) hours of arrival. In the event the placement exceeds twelve (12) hours an incident report will be completed via JMS documenting the circumstances." CCSSM policy 3.11.2 further states, "The Primary Classification Interview will consist of the following information: a. Whether the detainee has a mental, physical, or developmental disability, b. The age of the detainee; c. The physical build and appearance of the detainee; d. Whether the detainee has previously been incarcerated or detained, e. The nature of the detainee's criminal history; f. Whether the detainee has any convictions for sex offenses against an adult or child, g. Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, h. Whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety." A review of CCSSM policies 3.11.1 and 3.11.2 confirms that neither policy includes the requirement that detainees will be kept separate from general population until he/she is classified and can be housed accordingly. In an interview with Intake staff, it was indicated the facility utilizes a Primary Classification Interview Form during the initial classification process and that detainees are classified based on a point system; however, Intake staff could not articulate how the information would identify those likely to be sexual aggressors or sexual abuse victims or what steps would be taken to prevent sexual abuse. Classification staff further indicated all detainees are initially classified as level four status, which can be modified based on the detainee criminal history, convictions or assaults, or any additional holds. Intake staff further indicated initial classification is completed within a few hours; however, prior to completing initial classification, and housing, detainees are placed in a holding cell and are comingled with other inmates. In addition, in an interview with Intake staff it was indicated that a detainee would not be disciplined for refusing to answer, or for not disclosing complete information during the intake screening. The Auditor reviewed the primary classification process and confirmed the form, in addition to other questions, inquires the following: have you ever been charged with a sex crime; have you ever assaulted/batter anyone; have you ever been a victim of a sexual assault; any medical/mental health issues you have not already identified with staff; sexual preference: heterosexual, homosexual, bisexual; are you: transgender, intersex, gender non-conforming. A review of the Primary Classification form further confirmed the form does not include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or

detained, the nature of the detainee's criminal history or the detainee's own concerns about his or her physical safety, prior convictions for violent offenses or history of prior institutional violence or sexual abuse. In an interview with Intake staff it was indicated they will make a note in the computer system of the detainee answers which is accessible by a protected password; however, in interviews with six detainees, it was indicated during intake they were requested to complete the Primary Classification Form and one LEP detainee stated the form was provided in English and translated by another detainee, and although he replied no to everything, he had previously experienced sexual abuse and was gay. In addition, three other LEP detainees reported the use of another detainee to translate the information to them. The Auditor reviewed eight detainee files and confirmed the Primary Classification Form was completed on the same day of the detainee's arrival at the facility.

Does Not Meet (a)(c)(d)(g): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of CCSSM policies 3.11.1 and 3.11.2 confirms that neither policy includes the requirement that detainees will be kept separate from general population until he/she is classified and can be housed accordingly. In an interview with Intake staff, it was indicated the facility utilizes a Primary Classification Interview Form during the initial classification process and that detainees are classified based on a point system; however, Intake staff could not articulate how the information would identify those likely to be sexual aggressors or sexual abuse victims or what steps would be taken to prevent sexual abuse. Intake staff further indicated initial classification is completed within a few hours; however, prior to completing initial classification, and housing, detainees are placed in a holding cell and are comingled with other inmates. The Auditor reviewed the primary classification process and confirmed the form confirmed the form does not include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history or the detainee's own concerns about his or her physical safety, prior convictions for violent offenses or history of prior institutional violence or sexual abuse. In an interview Intake staff it was indicated they will make a note in the computer system of the detainee answers which is accessible by a protected password; however, in interviews with six detainees, it was indicated during intake they were requested to complete the Primary Classification Form and one LEP detainee stated the form was provided in English and translated by another detainee, and although he replied no to everything, he had previously experienced sexual abuse and was gay. In addition, three other LEP detainees reported the use of another detainee to translate the information to them. To become compliant, the facility must develop and implement a process to assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house the detainee to prevent sexual abuse, taking necessary steps to mitigate any such danger, including keeping new arrivals separate for the general population until he/she is classified and housed accordingly. In addition, the intake screening process must be updated to include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, the detainee's own concerns about his or her physical safety, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. In addition, the facility shall implement a process that ensures appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or inmates by prohibiting the use of other detainees to translate the questions asked on the Primary Classification form during the intake screening. Once implemented the facility must provide documentation that all applicable staff, including intake and classification have been trained on the new practice. In addition, the facility shall provide the Auditor with 15 detainee files that include detainees who do not speak English to confirm the new practice has been implemented.

Corrective Action Taken (a)(c)(d)(g): The facility submitted updated CCSSM policy 3.11.1 which confirms updated CCSSM policy 3.11.1 requires staff to assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and house the detainee to prevent sexual abuse, taking necessary steps to mitigate any such danger, including keeping new arrivals separate for the general population until he/she is classified and housed accordingly. A review of updated CCSSM policy 3.11.1 further confirms updated CCSM policy 3.11.1 requires staff to consider the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, the detainee's own concerns about his or her physical safety, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse to determine initial classification and housing. In addition, a review of updated CCSSM policy 3.11.1 confirms updated CCSSM policy 3.11.1 requires staff to appropriately control the dissemination of responses to questions asked pursuant to the standard in order to ensure sensitive information is not exploited to the detainee's detriment by staff, other detainees, or inmates by prohibiting the use of other detainees to translate the questions asked on the Primary Classification form during the intake screening. The facility submitted an email and read receipts which confirm all Intake and Classification staff have received training on updated CCSSM policy 3.11.1. The facility submitted a memo to Auditor which confirms the facility has not received detainees who don't speak English since the implementation of the new practice. Upon review of all available information the Auditor now finds the facility in substantial compliance with subsections (a), (c), (d), and (g) of the standard.

(e): CCSSM policy 3.11.2 states, "Inmate/detainees shall be reviewed as a result of any change in legal status (charges added, dropped, detainers, etc.) or new information identified regarding such factors as gang affiliation, a change in mental health, an incident of abuse or victimization, protective custody needs, etc. If it is documented, suspected, and/or reported that an inmate/detainee has been physically or sexually abused or assaulted, the victim's perception of his/her own safety shall be among the factors considered." In an interview with Classification staff, it was indicated each detainee's classification is reviewed every 60 days; however, the Auditor's interview with Classification confirmed the classification review was completed in order to reassess the detainee's behavior and not to determine the detainee's risk of victimization or abusiveness. In addition, in an interview with Classification staff it could not be confirmed that a detainee's risk of victimization or being sexually abused would be assessed upon the receipt of additional information or following an incident of sexual abuse. The Auditor reviewed 2 detainee files that included detainees who had been housed at the facility for 60 days and confirmed a reassessment was completed within 2 days of the detainee's arrival at the facility with no other assessments noted in the files. According to the PREA Allegation Spreadsheet, the facility had one reported sexual abuse allegation investigation; however, the case remains open, noting awaiting investigative results.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. In an interview with Classification staff, it was indicated each detainee's classification is reviewed every 60 days; however, the Auditor's interview with the Classification staff person confirmed the classification review was completed in order to reassess the detainee's behavior and not to determine the detainee's risk of victimization or abusiveness. The Auditor reviewed 2 detainee files that included detainees who had been housed at the facility for 60 days or more and confirmed the reassessments were completed within 2 days of the detainee's arrival at the facility with no other assessments noted in the files. To become compliant, the facility must develop and implement a procedure to ensure that each detainee is reassessed between 60 and 90 days from the date of the initial assessment, upon the receipt of additional information, and following an incident of sexual abuse. Once implemented, the facility shall submit to the Auditor documentation that all Classification staff have been trained on the implemented procedure. In addition, if applicable, the facility must provide the Auditor with 10 detainee files that include detainees who require a reassessment of risk for sexual abuse or victimization between 60 and 90 days. If applicable, the facility must submit all sexual abuse allegation investigation files and the corresponding reassessment that occurred during the CAP period.

Corrective Action Taken (e): The facility submitted updated CCSSM policy 3.11.3 which requires the facility reassess a detainee's risk of sexual victimization or abusiveness every 60 days. A review of updated CCSSM policy 3.11.3 further confirms updated CCSSM policy 3.11.3 requires a reassessment upon the receipt of additional information and following an incident of sexual abuse. The facility submitted a memorandum to the Auditor which states, "There have been no detainees who required a reassessment between 60 and 90 days or an allegation of sexual abuse during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (e) of the standard.

§115.42 - Use of assessment information
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a): CCSSM policy 5.1 states, "Inmates/detainees identified through the intake and/or classification process as being at greater than average risk of victimization by a sexual predator will be classified to Protective Custody and placed in a segregation-capable housing unit." CCSSM policy 3.11.1 states, "The booking officer will consider the inmate/detainee's age, current charge(s), legal status, current physical/mental and medical condition(s), suicide risk, physical build/appearance, and predatory risk in determining appropriate short-term housing placement. Upon receipt of an inmate/detainee, the booking officer responsible for booking shall complete the initial/medical classification information utilizing the JMS system in addition to other pertinent documents required at this time. The officer upon completing the initial interview shall make a determination as to appropriate temporary housing, with emphasis on separating violent from non-violent prisoners based on current charge or prior knowledge. In making the determination for initial housing assignment, consideration shall be given to any and all known special needs of the individual." In an interview with Intake staff, it was indicated housing is determined by the Classification Officer. After the initial booking process, the detainee is placed in a holding cell, until his/her classification is completed. The Classification Officer stated housing is determined by the detainee's classification score, which considers criminal history, convictions, assaults, or any holds they may have; however, subsection (a) of the standard requires the facility utilize information from the risk assessment under 115.41 to determine initial housing, recreation and other activities, and voluntary work. During the on-site audit, the Auditor reviewed eight detainee files and confirmed the files did not contain documentation to confirm the facility utilized the information received from the Primary Classification Form to determine housing, recreation and other activities, or voluntary work.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The Classification Officer stated housing is determined by the detainee's classification score, which considers criminal history, convictions, assaults, or any holds they may have; however, subsection (a) of the standard requires the facility utilize information from the risk assessment under 115.41 to determine initial housing, recreation and other activities and voluntary work. In addition, the facility did not provide documentation to confirm information obtained during the initial risk assessment is considered in determining initial housing, recreation and other activities, or voluntary programs. To become compliant, the facility must establish and implement a procedure to ensure that all elements in 115.41 (c) are considered in determining the detainees initial housing, recreation and other activities, and voluntary programs. Once implemented, the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must submit 10 detainee files to confirm information gained from the initial risk assessment was considered in determining the detainee's housing, recreation and other activities, and voluntary work program.

Corrective Action Taken (a): The facility submitted updated CCSSM policy 3.11.2. The Auditor reviewed updated CCSSM policy 3.11.2 and confirmed updated CCSSM policy 3.11.2 reminds staff the purpose of primary classification is to provide fair and consistent guidelines in determining inmate/detainee assignments to housing areas, recreation, security levels, other activities/programs, and treatment services. A review of updated CCSM policy 3.11.2 further confirms the primary classification interview will be conducted by a classification officer for the purpose of determining the security level and the general housing assignment consistent with the designated security level. In addition, a review of updated CCSSM policy 3.11.2 confirms the Primary Classification Interview will consist whether the detainee has a mental, physical, or developmental disability, the age of the detainee, the physical build and appearance of the detainee, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has any convictions for sex offenses against an adult or child, whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety. A review of CCSSM updated policy further confirms updated CCSSM policy 3.11.2 requires classification staff use the information from the initial risk assessment under 115.41 to inform detainee assignments of recreation and other activities, and voluntary work. The facility submitted an updated Initial Classification form which confirms all elements required by subsection (c) and (d) of the standard are considered. The facility submitted an email and read receipts which confirm all applicable staff have received training on updated CCSSM policy 3.11.2. The facility submitted a memorandum to the Auditor which confirms the facility has not received new intakes into the facility since implementing the policy. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

(b): CCSSM policy 5.1.3 states, "The transgender/Inter-sex inmate will be secured in an individual cell while in assessments and will typically be housed in an individual cell in population, as well, however, that decision will be made on a case-by-case basis. However, if they are housed in an individual cell, they will be given the same privileges afforded to other inmates; while at the same time, being monitored for their safety and for the better running of the institution. If the decision to place the transgender/inter-sex inmate into general housing location is made; their housing assignment and programing assignments, will be reassessed at least twice a year so that staff can review if there were any threats to safety experienced by the inmate." In an interview with the facility JA/PSA Compliance Manager it was indicated that the facility has not housed a transgender/intersex detainee during the audit period. The JA/PSA Compliance Manager further indicated medical staff would be included when determining an initial housing assignment and the effect it may have on the health and safety of the transgender/intersex detainee and the safety and security needs of the facility. In an interview with Classification staff, it was indicated that a transgender or intersex detainee would be reassessed twice a year; however, the reassessments purpose would be to reassess the detainee's behavior and not to review any threats to safety the detainee may have experienced. In an interview with the facility RN, it was indicated that medical staff would be consulted on the appropriate housing for a transgender/intersex detainee. The RN further indicated housing decisions for transgender and intersex detainees would not solely be made based on the anatomy of a transgender or intersex detainee. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form states, "If self-identification differs from outward appearance, notify the jail administrator for housing decision."

Does Not Meet (b): In an interview with Classification staff, it was indicated that a transgender or intersex detainee would be reassessed twice a year; however, the reassessments purpose would be to reassess the detainee's behavior and not to review any threats to his/her safety the detainee may have experienced. To become compliant the facility must implement a practice that includes a reassessment of a transgender or intersex detainee twice a year to determine any threats to safety the detainee may have experienced. Once implemented the facility must train all applicable staff, to include Classification, on the new practice. If applicable, the facility must submit to the Auditor all detainee files and corresponding reassessments that include transgender or intersex detainees that occur during the CAP period.

Corrective Action Taken (b): The facility submitted updated CCSSM policy 3.11.3 which requires staff to reassess all detainees every 60 days. In addition, a review of updated policy CCSSM 3.11.3 confirms it requires staff to ask all transgender or intersex detainees if since last classified or reviewed have you experienced any threats to his/her safety. The facility submitted a training sign in sheet which confirms all staff have received training on updated CCSSM policy 3.11.3. The facility submitted a memo to Auditor which confirms the facility has not had a transgender or intersex detainee who required a reassessment according to the standard's required timeframe during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (b) of the standard.

§115.43 - Protective custody
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d)(e): CCSSM policy 5.1 states, "Inmate/detainees identified through the intake and/or classification process as being at greater than average risk of victimization by a sexual predator will be classified to Protective Custody and placed in a segregation-capable housing unit. CCSSM policy 5.1 further states, "The victim will be classified to Protective Custody and segregated from the General Population when deemed appropriate." CCSSM policy 5.14, Administrative Segregation, states, "In the event an inmate/detainee is placed on administrative segregation status, the following shall occur: a. The supervisor or designee will complete the Segregation Order (5-14A) detailing the reason(s) for placing the inmate/detainee in administrative segregation, before actual placement." CCSSM policy 5.14 further states, "A copy of the Segregation Order (5-14A) shall be immediately forwarded to ICE/ERO for any ICE detainee placed on administrative segregation" and "ICE/ERO will be notified of an ICE detainee's release from administrative segregation." In addition, CCSSM policy 5.14 states, "The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted, the Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals" and "inmate/detainees on administrative segregation will receive the same general privileges as inmate/detainees in general population." A review of the above policies, indicates a detainee who is the victim of a sexual abuse, will be placed into protective custody without reasonable efforts to provide appropriate housing, without checking into other viable housing options. In addition, the policies indicate the placement can be longer than 30 days and not for the least amount of time practicable. In addition, a review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. A review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In an interview with the JA/PSA Compliance Manager and the SDDO it was indicated policies have been forward and approved by the ICE Detroit Field Office; however, neither policy is compliant with the standard. The JA/PSA Compliance Manager further indicated a detainee would be placed in the least restrictive housing unit available and no more than 30 days.

Does not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (d) of the standard. CCSSM policy 5.14 states, "The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted, the Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals." In an interview with the JA/PSA Compliance Manager it was indicated a detainee would be placed in the least restrictive housing unit available and no more than 30 days; however, a review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. To become compliant the facility shall develop, in consultation with the ICE ERO FOD having jurisdiction for the facility and follow written procedures that contain all elements of subsections (b) and (d) of the standard. Once developed and implemented the facility must submit documentation that all applicable staff, including security supervisors, have been trained on the newly developed procedures. If applicable, the facility must submit to the Auditor all detainee files that include detainees placed in administrative segregation due to being vulnerable to sexual abuse that occur during the CAP period.

Corrective Action Taken (a)(b)(d): The facility submitted updated CCSSM policy 5.14.2 which requires detainees vulnerable to sexual abuse and/or assault will be placed on protective custody status only after reasonable efforts have been made to provide an appropriate housing assignment and protective custody status shall be for the least amount of time practicable, when no other viable housing units exists and/or for the detainee's protection/separation from likely abusers can be arranged. A review of updated CCSSM policy 5.14.2 further confirms a status of protective custody will not ordinarily exceed a period of 30 days. The facility submitted an email which, with tracking notification to confirm the email was received, to all applicable staff requiring staff to review updated CCSSM policy 5.14.2. The facility submitted a memorandum to Auditor which confirms the facility did not have a detainee placed in protective custody due to being vulnerable to sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a), (b), and (d) of the standard.

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

(a)(b)(c): CCSSM policy 5.1 states, "Staff will accept reports of sexual abuse and/or anything related else related [sic] to sexual abuse via the following reporting methods: a. verbally; b. in writing; c. anonymously; or d. via 3rd party." CCSSM policy 5.1 further states, "Complete and detailed reports will be prepared by those employees having knowledge of the incident." The Auditor reviewed the facility detainee Handbook available in English and Spanish only. The handbook includes the following: "ICE detainees may file a complaint about staff misconduct, about civil rights violation directly with the U.S. Department of Homeland Security, Office of the Inspector General (OIG): Email at DHSOIGHOTLINE@DHS.GOV, telephone at 1-800-323-8603, mail from your housing unit at no cost to you: DHS OIG Hotline, 245 Murray Drive SE, Building 410, Washington, DC 20538. Chippewa County Sheriff's Office Crime Tip/PREA (Prison Rape Elimination Act) LINE. Chippewa has a zero-tolerance policy for sexual abuse CALL PROCESS - 1. For English, press 1. PARA Espanola, marque 2. 2. Please enter your PIN, 3. Enter the number 906-555-1234, 4. The phone will ring and go to voice mail, unless answered;" however, the information is not available to detainees who speak a language other than English or Spanish, and based on documentation submitted the Auditor could not confirm detainees receive the facility handbook. During the on-site audit, the Auditor observed posted information that advised the detainees how to contact their consular officials and the DHS OIG, to confidentially and, if desired, anonymously report an incident of sexual abuse. The Auditor tested the toll-free number to the DHS OIG and confirmed a PIN number was needed to complete the call. In interviews with six detainees, it was indicated they could not articulate ways in which they could report an incident if something should occur.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of all submitted CCSSM policies confirmed the facility has not developed policy and procedures to ensure that the detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Auditor reviewed the facility detainee Handbook available in English and Spanish only and confirmed the handbook includes the contact information for the DHS OIG and the Chippewa County Sheriff's Office Crime Tip/PREA (Prison Rape Elimination) Act LINE; however, the information is not available to detainees who speak a language other than English or Spanish. In addition, based on documentation submitted, the Auditor could not confirm detainees receive the facility handbook. During the on-site audit, the Auditor observed posted information that advised the detainees how to contact their consular officials and the DHS OIG, to confidentially and if desired anonymously report an incident of sexual abuse; however, the Auditor tested the toll-free number to the DHS OIG and confirmed a PIN number was needed to complete the call. To become compliant, the facility must develop policy and procedures to ensure that detainees have multiple ways to privately report an incident of sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition, the facility must provide a method that allows detainees to report an allegation of sexual abuse privately and anonymously to a public or private entity that is not part of the Agency. Once developed, the facility must submit documentation that the detainee population has been informed of the multiple ways in which they can report an incident of sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents in a manner that all detainees could understand. Documentation of the provided method for a detainee to report an allegation of sexual abuse privately and anonymously to a public or private entity that is not part of the Agency and the corresponding notification to the detainee population must be provided to the Auditor.

Corrective Action Taken (a): The facility submitted a Telephone Serviceability form which confirmed all the reporting numbers have been serviced and are in good working order. In addition, the facility provided the Auditor with detainee instructions, in the 15 most prevalent languages encountered by ICE, on how to report an allegation of sexual abuse privately and anonymously to a public or private entity which is not part of the Agency. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

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

(a)(b)(c)(d)(e)(f): CCSSM policy 3.10.1 states, "Inmate/detainees may bypass the informal resolution process while filing an Emergency LOC." A review of policy 3.10.1 confirms it does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse, a formal grievance related to sexual abuse can be filed at any time, not imposing a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse, bringing medical emergencies to the immediate attention of proper medical personnel for further assessment, or sending all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The facility ehandbook states, "Inmate/Detainees may bypass the informal resolution process while filing an Emergency LOC. Inmate/detainee shall indicate on the Letter of Concern (CCCF-200A) form the nature of the emergency and write the word "Emergency" at the top of the letter of concern." The facility handbook further states, "Step 1-Corporals or designee will be the respondent. The due date shall be within five (5) business days after the receipt of the Letter of Concern Form (200-A). Step II-(Form 200 B) Sergeant or his/her designee will be the respondent. The due date for Step II-(Form-200-B) shall be fifteen (15) days after the receipt of the LOC Form (200-B). Step III-The Sheriff or his/her designee will be the respondent. The due date for Step III-(Form-200-B) shall be fifteen (15) days after the receipt of the LOC Form (200-B)" and "you may not submit a Letter of Concern (grievance) on behalf of anyone else. You may, however, seek assistance from another detainee/inmate or staff member in preparing your Letter of Concern (grievance)." A review of the facility handbook confirms it does not include the detainee may seek assistance from family members or legal representatives. In an interview with the facility GO, it was indicated that all time limits are waived if the grievance alleges sexual abuse; however, he could not articulate how the detainees are informed the time limits are waived. The GO further indicated a detainee could request assistance from a staff, another detainee, family members and their legal representative, if need be. In addition, the GO indicated, the facility has five days to respond from the date of the filing of the grievance. The Sheriff has 15 days to respond on appeals. If the facility received a grievance alleging sexual abuse, he/she would be immediately taken to medical for an assessment and medical attention. The GO further indicated all grievances related to sexual abuse and the facility's decisions are immediately forwarded to the ICE Field Office once the grievance has been decided. In interviews with six detainees, it was confirmed they could not articulate the grievance process, including they may obtain help from staff, family members, or legal representatives, with filing a grievance. There were no allegations of sexual abuse reported through the grievance system at HCSSM during the audit period.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. A review of HCCSM policy 3.10.1 confirmed it does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, a review of HCCSM policy 3.10.1, and in interviews with the facility GO, the Auditor could not confirm a formal grievance related to sexual abuse can be filed at any time following an incident of sexual abuse. To become compliant the facility must update HCCSM policy 3.10.1 to include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, the facility must implement a practice that does not impose a time limit when a detainee may submit a grievance regarding an allegation of sexual abuse. In addition, the facility must notify detainees in a manner all will understand the facility practice does not impose a time limit when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility shall train all applicable staff on the implemented practice and document such training. If applicable, the facility must submit any grievance files that includes an allegation of sexual abuse, and the corresponding sexual abuse investigation file, that occur during the corrective action period, to confirm that the facility has implement the procedures.

Corrective Action Taken (a)(b)(c): The facility submitted updated CCSSM policy 3.10.1 which confirms there is no time limit(s) imposed for "Emergency Letters of Concern" (LOC) containing allegations of sexual abuse and corrective action will be taken immediately. A review of updated CCSSM policy 3.10.1 further confirms updated CCSSM policy 3.10.1 includes written procedures for identifying and handling time-sensitive grievances which involve an immediate threat to detainee health, safety, or welfare related to sexual abuse and does not impose a time limit when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility submitted a training sign-in sheet which confirms all applicable staff have received training on updated CCSSM policy 3.10.1. The facility submitted photos which confirm detainees are notified the facility does not impose a time limit as to when a detainee may submit a grievance regarding an allegation of sexual abuse in a manner all detainees can understand. In addition, the facility submitted a memo to Auditor which confirms the facility did not have an allegation of sexual abuse reported through the grievance system during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (c) of the standard.

§115.53 - Detainee access to outside confidential support services
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d): A review of all CCSSM policies submitted by the facility confirms the facility does not have written policies that include outside agencies in the facility's sexual abuse prevention and intervention protocols. The Auditor reviewed the facility handbook and confirmed it advises detainees the extent to which phone calls would be monitored; however, it does not advise the detainees the extent to which reported allegations of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility handbook confirmed it did not include information about local organizations that can assist detainees who have been victims of sexual abuse. During the on-site audit, the Auditor observed a flyer posted in the housing unit, which states, "24-hour Crisis Centers - These programs provide confidential counseling and support to victims of sexual abuse and/or victims of domestic violence. Programs are listed by location, but many provide services to multiple counties. You can also be connected with local services by calling the National Hotline (RAINN) 1-800-656-HOPE." The flyer included telephone numbers for all crisis centers in Michigan to include DPRC and provides the phone numbers; however, no addresses were provided. In addition, the flyer does not inform the detainee the extent to which such communications will be monitored and to the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services. In an interview with the facility JA/PSA Compliance Manager, it was indicated that the facility could utilize the services of the facility mental health provided or a victim advocate from the CCPO. The Auditor reviewed an email between the JA/PSA Compliance Manager and the Victims' Rights Coordinator with the CCPO and confirmed a victim advocate would be provided for crisis intervention when necessary for the victims of a charged offense. During the on-site audit, the Auditor spoke to a victim advocate from DPRC and confirmed the DPRC does not have an MOU in place with the facility. Interviews with six detainees confirmed they were not aware of services provided for emotional support, crisis intervention, or counseling.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c), and (d) of the standard. A review of all CCSSM policies submitted by the facility confirms the facility does not have written policies that include outside agencies in the facility's sexual abuse prevention and intervention protocols. The Auditor reviewed the facility handbook and confirmed it advises detainees the extent to which phone calls would be monitored; however, it does not advise the detainees the extent to which reported allegations of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility handbook confirmed it did not include information about local organizations that can assist detainees who have been victims of sexual abuse. During the on-site audit, the Auditor observed a flyer posted in the housing unit that included telephone numbers for all crisis centers in Michigan to include DPRC; however, there are no addresses provided. In addition, the flyer does not inform the detainee the extent to which such communications will be monitored and to the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services. During the on-site audit, the Auditor spoke to a victim advocate from DPRC and confirmed the facility currently does not have an MOU in place with DPRC. To become compliant, the facility must attempt to establish an MOU with DPRC, or any other community service provider, who could provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victims' needs most appropriately. In addition, the facility must advise detainees with addresses to local organizations that can assist detainees who have been victims of sexual abuse and the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services.

Corrective Action Taken (a)(b)(c)(d): The facility submitted an email which confirms the facility has attempted to establish an MOU with DPRC; however, DPRC has indicated they could not provide services to detainees who perpetrated sexual abuse against one of their clients. The facility submitted an email from the Program Manager for the ERO Custody and Resource Coordinator (CRC) program which confirms CRC will assist CCSSM in locating a community resource to provide expertise and support to include crisis intervention and counseling; and therefore, the Auditor accepts should DPRC not be able to provide the services due to a conflict of interest CRC will assist CCSSM in locating a community resource to provide expertise and support to include crisis intervention and counseling. The facility submitted photos to confirm a flyer for DPRC which notifies detainees the extent reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws has been posted in all housing units in a manner all detainees can understand. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), (c), and (d) of 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:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." CCSSM policy 5.1 states, "An allegation of sexual abuse and/or assault shall be immediately reported to a supervisor. If a supervisor is unavailable the incident may be reported outside of the staff member's chain of command." CCSSM policy 5.1 further states, "Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know in order to make decisions concerning the detainee-victims welfare, and for law enforcement and/or investigative purposes." A review of CCSSM policy 5.1 confirms it does not require staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. An interview with the JA/PSA Compliance Manager indicated all allegations are reported to the ERO and the FOD. In addition, interviews with the JA/PSA Compliance Manager and the DDO indicated all policies have been forwarded and approved by the Agency. Interviews with four security line staff indicated they are aware of their responsibilities to immediately report an incident of sexual abuse and that they shall not reveal information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know in order to make decisions concerning the detainee-victims welfare, and for law enforcement and/or investigative purposes; however, interviews could not confirm staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with four security line staff could not confirm the facility provides a method for staff to report misconduct outside of their chain of command. The answers varied, one reported a report can be made to the Michigan State Police, another reported a report can be made to the Sheriff, and two were unaware of any method to report outside the chain of command. In an interview with the facility JA/PSA Compliance Manager it was indicated, staff are required to immediately report sexual abuse. Staff can make a report outside the chain of command to the Michigan Whistleblower. If the victim is a vulnerable adult a report would be made to the Adult Protective Services. The facility does not house juvenile detainees.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of policy 5.1 confirms it does not require staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with four security line staff indicated they are aware of their responsibilities to immediately report an incident of sexual abuse; however, interviews could not confirm staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews did not confirm the facility provides a method for staff to report misconduct outside of their chain of command. To become complaint, the facility must update HCSSM policy 5.1 in include the requirement all applicable staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Once updated the facility must submit updated HCSSM policy 5.1 to the Agency for review, approval, and document that all security line staff and supervisors have been trained on the updated HCSSM policy 5.1. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

Corrective Action Taken (a): The facility submitted updated CCSSM policy 5.1 which confirms updated CCSSM policy 5.1 requires staff members who become aware of an alleged sexual assault shall immediately follow the reporting requirements as set forth within this policy statement and staff must immediately report any knowledge, suspicion, or information regarding an incident that occurred in CCCF; any retaliation against detainees and/or staff who reported or participated in an investigation of sexual abuse; and/or any staff neglect or violation of procedure that may have contributed to an incident or retaliation. The facility submitted a training roster which confirms all security staff have been trained on updated CCSSM

policy 5.1. The facility submitted an email from the FOD that confirms updated CCSSM policy 5.1 has been reviewed and approved by the Agency. The facility submitted a memo to Auditor which confirms there have been no allegations of sexual abuse which occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

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

(a)(b): CCSSM policy 5.1 states, "First Responders including non-security staff (e.g., vendors/volunteers/etc.) will advise victims not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.)." A review of CCSSM policy 5.1 confirms it does not differentiate between security first responders and non-security first responders. In addition, a review of CCSSM policy 5.1 further confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse would be separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the victim or perpetrator to do anything that would destroy evidence such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of this standard. A review of CCSSM policy 5.1 confirms it does not differentiate between security first responders and non-security first responders. In addition, a review of CCSSM policy 5.1 further confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating or that non-security first responders notify security staff. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse that would be taken which included separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated that they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the victim or perpetrator to do anything that would destroy evidence such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating. To become compliant the facility must update CCSSM policy 5.1 so that the verbiage differentiates between security first responders and non-security first responders. In addition, the facility must update CCSSM policy 5.1 to include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, and ensure the alleged abuser does not to take any action, that security first responders and non-security first responders request the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing his or her clothes, urinating, defecating, smoking, drinking, or eating. The facility must further update CCSSM policy 5.1 to include a non-security first responder is to notify security staff. Once updated, the facility must submit documentation that all security and non-security first responders were trained on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

Corrective Action Taken (a)(b): The facility submitted updated CCSSM policy 5.1.10 which confirms it requires the first security staff member to respond to a report of sexual abuse and assault, or his or her supervisor, shall preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence and if

the abuse occurred within a time period that still allows for the collection of physical evidence, the responder shall request the alleged victim not to take any actions and shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. A review of updated CCSSM policy 5.1.10 further confirms updated CCSSM policy 5.1.10 requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." The facility submitted signed read receipts which confirm both security and non-security first responders have received training on updated CCSSM policy 5.1. The facility submitted a memo to Auditor which confirms there have been no allegations of sexual abuse which have occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115.65 - Coordinated response
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d): CCSSM policy 5.1 states, "First Responders including non-security staff (e.g., vendors/volunteers/etc.) will advise victims not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.)." CCSSM policy 5.1 further states, "If a victim is transferred between detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services (unless, in the case of transfer to a non-ICE facility, the victim requests otherwise). If the receiving facility is unknown to the sending facility, the sending facility shall notify ICE/ERO, so that he or she can notify the receiving facility." A review of CCSSM policy 5.1 confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. In addition, a review of CCSSM policy 5.1 confirms it includes actions to be taken by medical and mental health staff; however, it does not include actions to be taken by facility investigators or differentiate between security first responders and non-security first responders. A review of CCSSM policy 5.1 further confirms it does not contain the verbiage "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse would be separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the victim or perpetrator to do anything that would destroy evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating. Interviews with the facility RN indicated with the detainee's consent, she would complete an ICE Facility Transfer Form, and would provide all medical information regarding a sexual assault to include the need for continued medical services or mental health services, in a sealed envelope.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsection (a), (b), (c) and (d) of this standard. A review of CCSSM policy 5.1 confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. In addition, a review of CCSSM policy 5.1 confirms it includes actions to be taken by medical and mental health staff; however, it does not differentiate between security first responders and non-security first responders. A review of CCSSM policy 5.1 further confirms it does not contain the verbiage "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the

incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." To become compliant the facility must update CCSSM policy 5.1 to include all elements required by subsections (a), (b), (c), and (d) of the standard. Once updated, the facility must provide the Auditor with the updated HCSSM policy 5.1 and documentation that all applicable staff, including medical, have been trained on updated HCSSM policy 5.1. If applicable, the facility must submit to the Auditor any sexual abuse allegation investigation files that occurred during the CAP period.

Corrective Action Taken (a)(b)(c)(d): The facility submitted updated CCSSM policy 5.1.10 which confirms it requires the first security staff member to respond to a report of sexual abuse and assault, or his or her supervisor, shall preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the responder shall request the alleged victim not to take any actions and shall ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. A review of updated CCSSM policy 5.1.10 further confirms if requires if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. In addition, a review of updated CCSSM policy 5.1 further confirms it contains the verbiage "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. The facility submitted signed read receipts which confirm security and medical staff have received training on updated policy 5.1. The facility submitted a memo to Auditor which confirms there have been no allegations of sexual abuse which have occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (c), and (d) of the standard.

§115.67 - Agency protection against retaliation
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): CCSSM policy 5.1.6, Protection Against Retaliation - SAAPI, states, "Staff, contractors, 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 and assault, or for participating in sexual abuse and assault as a result of force, coercion, threats, or fear of force. The facility shall employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse and assault or for cooperating with investigations. For at least 90 days following a report of sexual abuse and assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." According to the PREA Allegation Spreadsheet, and in an interview with a detainee during the on-site audit, the Auditor confirmed there were two allegations of sexual abuse reported during the audit period; however, the facility did not submit documentation to confirm either detainee was being monitored following the reported incident.

Does Not Meet (c): According to the PREA Allegation Spreadsheet, and in an interview with a detainee during the on-site audit, the Auditor confirmed there were two allegations of sexual abuse reported during the audit period; however, the facility did not submit documentation to confirm either detainee was being monitored following the reported incident. To become compliant the facility must submit to the Auditor documentation that both detainees who reported an incident of sexual abuse during the audit period received monitoring due to the reported incidents. In addition, the facility must submit to the Auditor any sexual abuse allegation investigations and the corresponding monitoring documentation that occur during the CAP period.

Corrective Action Taken (c): The facility submitted updated CCSSM policy 5.1.6 which requires the facility employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse and assault or for cooperating with investigations and for at least 90 days following a report of sexual abuse and assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy

any such retaliation. A review of updated CCSSM policy 5.1.6 further confirms it requires the facility to monitor any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff and to continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility did not provide documentation to confirm both detainees who reported an incident of sexual abuse during the audit period received monitoring due to the reported incidents; however, the facility's updated implemented practice did not go into effect until July 1, 2023, which occurred after the beginning of the CAP period; and therefore, the Auditor no longer requires documentation to confirm both detainees who reported an incident of sexual abuse during the audit period received monitoring due to the reported incidents. The facility submitted a memo to Auditor which confirms there have been no allegations of sexual abuse which have occurred since the new practice was implemented. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) 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:

(a)(b)(c)(d): CCSSM policy 5.1 states, "Inmate/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing. The victim will be classified to Protective Custody and segregated from the General Population when deemed appropriate." CCSSM policy 5.1 further states, "An inmate/detainee claiming to be the victim of sexual contact by another inmate/detainee will be separated from the alleged perpetrator by housing assignment and placed on Protective Custody. The victim and perpetrator will be prevented from having further contact." CCSSM policy 5.14 Access to Emergency Medical and Mental Health Services – SAAPI, states, "Mental health will reassess any inmate/detainee placed on administrative segregation status due to sexual abuse before they are returned to general population. Victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee." CCSSM policy 5.14 states, "In the event an inmate/detainee is placed on administrative segregation status, the following shall occur: A copy of the Segregation Order (5-14A) shall be immediately forwarded to ICE/ERO for any ICE detainee placed on administrative segregation" and "Review(s) of Administrative Segregation will be conducted as follows: The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals. CCSSM policy 5.14 further states, "Inmate/detainees on administrative segregation will receive the same general privileges as inmate/detainees in general population." A review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In an interview with the facility JA/PSA Compliance Manager, it was indicated whenever a detainee is placed into protective custody the ICE FOD is notified immediately and a detainee victim of sexual abuse would be placed in the least restrictive housing unit (protective custody) to guarantee their safety; however, a review of CCSSM policies 5.1 and 5.14 confirm protective custody at CCSSM does not meet the requirements set forth in standard §115.43. There were no detainees placed in protective custody during the audit period due to an incident of sexual abuse.

<u>Does Not Meet (a):</u> The facility is not in compliance with subsection (a) of the standard. A review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. To become compliant the facility must implement a practice that requires the use of administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, when no other viable housing unit exits, as a last resort, and to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Once implemented, the facility must submit documentation that confirms all applicable staff have been trained on the new practice. If applicable, the facility must submit any allegation of sexual abuse investigations that include the detainee being placed in protective custody due to an allegation of sexual abuse, and the corresponding detainee's detention file, that occur during the CAP period.

Corrective Action Taken (a): The facility submitted updated CCSSM policy 5.14.2 which requires detainees vulnerable to sexual abuse and/or assault be placed in protective custody status only after reasonable efforts have been made to provide an appropriate housing assignment and protective custody status shall be for the least amount of time practicable, when no other viable housing units exists, and/or for the detainee's protection/separation from likely abusers can be arranged. A review of updated CCSSM policy 5.14.2 confirms it requires protective custody status will not ordinarily exceed a period of 30 days. The facility submitted a training sign in sheet which confirms all applicable staff have been trained on CCSSM policy 5.14.2. The facility submitted a memo to Auditor which confirms there have been no detainees placed in protective custody due to an allegation of sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

§115.71 - Criminal and administrative investigations
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(e)(f): CCSSM policy 5.1.10 states, "If a detainee alleges sexual abuse and assault, a sensitive and coordinated response is necessary. The Chippewa County Correctional Facility shall coordinate with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault. All investigations of alleged sexual abuse and assault shall be prompt, thorough, objective, and fair and conducted by specially trained, qualified investigators." CCSSM policy 5.1.10 policy further states, "Upon conclusion of a criminal investigation, where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determine to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity. The administrative investigation will include the following provisions: a. preservation of direct or circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; b. interviewing alleged victims, suspected perpetrators, and witnesses; c. reviewing all prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; d. assessment of the credibility of an alleged victim, suspect, or witness without regard to the individual's statuses detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; e. an effort to determine whether actions or failures to act at the facility contributed to the abuse; f. documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and g. retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation." In addition, CCSSM policy 5.1.10 states, "The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating the investigation. When outside agencies investigate sexual abuse and assault, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The facility PAQ indicated the facility has two investigators who have received specialized training on sexual abuse and effective cross-agency coordination. In an interview, the JA/Investigator indicated that regardless of if the victim or the perpetrator is no longer employed or in the facility control, the allegation would be investigated promptly, thoroughly, and objectively. He further explained, detainee-on-detainee allegations would be investigated by the facility investigators and if criminal, by the CCSO detective and if an allegation of sexual abuse includes a staff-on-detainee, the allegation would be referred to the MMT which is comprised of investigators from all counties within Michigan that investigates criminal cases that involve staff to ensure that the allegation is investigated by an outside agency. In an interview, the JA/Investigator and the CCSO Detective confirmed if a criminal case is substantiated the facility would conduct an administrative investigation, if the criminal case was unsubstantiated the investigator would review all available reports and information to determine if an administrative investigation is necessary and only after consultation with the investigating entity and they were aware of all elements required in subsection (c) and follow them; however, facility investigators have not received specialized training in investigating sexual abuse allegations in a confinement setting. According to the PREA Allegation Spreadsheet, there was one allegation of sexual abuse reported during the audit period; however, the case remains open, with a notation, "awaiting investigative response."

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Interviews with the JA/Investigator and the CCSO detective indicated they have not received specialized training as required by §115.34. To become compliant, the facility must document that all Investigators have received specialized training as required by

standard §115.34. If applicable, the facility must submit to the Auditor all allegations of sexual abuse investigation files that occur during the CAP period.

Corrective Action Taken (a): The facility submitted training records for all investigators assigned to the facility that confirm all investigators received the specialized training: Investigating Sexual Abuse in Correctional Setting offered through the National PREA Resource Center. The Auditor is familiar with all modules contained in the specialized training curriculum and confirms all elements required by standard 115.34, subsection (a) is included. The facility submitted documentation which confirms there were no allegations of sexual abuse reported during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

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

(a)(b)(c)(d): CCSSM policy 5.1 states, "Allegations of employee, contractor, and/or volunteer sexual contact with an inmate/detainee will be investigated immediately when they become known. Inmate/detainee complaints alleging sexual contact by an employee, contractor and/or volunteer will be forwarded to the Sheriff and/or designee who will arrange for the incident to be investigated. Employees may be immediately relieved of duty by the Jail Administrator if it is deemed necessary. An employee may be suspended pending the outcome of an investigation into an allegation of sexual contact and subject to internal disciplinary procedures and/or criminal prosecution. Staff suspected of perpetrating sexual abuse and/or assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation." Review of the facility policy indicated staff are not subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. In an interview with the facility JA/PSA Compliance Manager it was indicated that staff are subject to termination for a substantiated allegation of sexual abuse or for violating the facility sexual abuse policies and will be reported to law enforcement for criminal charges and the facility would ensure reasonable efforts to report removals or resignations in lieu of removal for violations of the agency or facility policies to any relevant licensing bodies. Interviews with the facility JA/PSA Compliance Manager and the DO indicated that all policies and procedures have been approved by the Agency. There was one sexual abuse allegation reported during the audit period; however, per the PREA Allegation Spreadsheet, the case remains open, noting awaiting investigative response.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. In an interview with the facility JA/PSA Compliance Manager it was indicated that staff are subject to termination for a substantiated allegation of sexual abuse or for violating the facility sexual abuse policies and will be reported to law enforcement for criminal charges and the facility would ensure reasonable efforts to report removals or resignations in lieu of removal for violations of the agency or facility policies to any relevant licensing bodies. However, a review of CCSSM policy 5.1 confirms it does not include staff are subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. To be compliant, the facility must update CCSSM policy 5.1 to include the requirement that staff are subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. Once updated the facility must resubmit CCSSM policy 5.1 to the Agency for review and approval. The facility must submit documentation to the Auditor that confirms all applicable staff have been trained on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a staff person as the alleged perpetrator.

Corrective Action Taken (a)(b)(c): The facility submitted updated CCSSM policy 5.1 policy which confirms updated CCSSM policy 5.1 requires staff be subjected to disciplinary and/or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or for violating facility sexual abuse policies. The facility submitted training sign in sheets which confirm all applicable staff have received training on updated CCSSM policy 5.1. The facility submitted a memorandum from the FOD which confirms revised policy 5.1 has been submitted and approved to the Agency. The facility submitted a memo to Auditor which confirms there have been no allegations of sexual abuse which included a staff member as the alleged perpetrator since the new practice has been implemented. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), and (c) of the standard.

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

(a)(b)(c)(d)(e)(f): CCSSM policy 5.1 states, "Inmate/detainees identified as sexual predators will be placed on an appropriate segregation status through disciplinary action. Classification, or reclassification as may be appropriate." CCSSM policy 5.1 further states, "The facility will not discipline an inmate/detainee for any sexual contact with a staff member and/or for reporting a sexual contact with a staff member unless the staff member did not consent." In addition, CCSSM policy 5.1 states, "Reports of sexual abuse that are made in good faith based upon reasonable belief the alleged conduct occurred shall not constitute as a false report even if the allegation is not substantiated." A review of CCSSM policy 3.13 confirms a detainee would be subject to disciplinary sanction following an administrative or criminal finding that the detainee engaged in sexual abuse and the detainee disciplinary system has progressive levels of review, appeals, procedures, and documentation procedures. The disciplinary process does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Auditor reviewed the facility Handbook. The facility handbook includes disciplinary violations that would result in disciplinary sanctions, civil prosecution, or criminal prosecution. The major violations include engaging in sex acts with others and proposition of sexual acts. In an interview with the facility JA/PSA it was indicated the facility does have a disciplinary process that includes progressive levels of review, appeal procedures, and documentation procedures and sanctions intended to encourage the detainee to conform with rules and regulations and are commensurate with the severity of the committed act. Detainees would not be disciplined if staff consented to the activity.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. The disciplinary process does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. To become compliant, the facility shall update policy 3.13 to included verbiage that the disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed. The facility shall train all relevant staff on the updated policy and provide documentation of such training to the Auditor.

Corrective Action Taken (d): The facility submitted updated CCSSM policy 3.13 which confirms the facility requires the hearing officers consider whether a detainee's mental disability and/or mental illness contributed to his/her behavior when determining what type of sanction if any, should be imposed. The facility submitted training rosters which confirm all applicable staff have been trained on updated CCSSM policy 3.13. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§115.81 - Medical and mental health assessments; history of sexual abuse
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): CCSSM policy 7.2.2, Referrals for Sexual Abuse Victims or Abusers – ICE Detainees, states, "If during any medical intake screening and/or classification assessment an ICE detainee indicates they have experienced sexual victimization or perpetuated sexual abuse, staff will immediately refer the detainee to Health Services. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral." In interviews with Intake and Classification staff it was indicated they do not do referrals to mental health during the intake process as medical staff will see detainees within 12 hours of intake and make the referral. In an interview with the facility RN, it was indicated that medical staff will see a detainee within 12 hours of intake for a medical assessment which includes a PREA assessment, and if indicated, the detainee will receive a follow-up health evaluation within two days of the initial assessment. If a detainee indicates that they have experienced prior sexual victimization or have perpetrated sexual abuse, medical staff will make a referral to mental health. In an interview with a CSW, it was indicated if a referral is received due to sexual victimization or for a perpetrator, the detainee would be seen the same day or the next day following receipt of the referral. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form includes a PREA screening which asks the following: history of violence towards others; history of being victimized; history of being sexually assaulted; history of sexually assaulting others; is the person obviously higher risk for victimizations or assault; what genders does the patient identify as: male, female, gender neutral, other. The form also states, "if self-identification differs from outward appearance, notify the jail administrator for housing decision." The Auditor reviewed eight detainee files, none of the detainees stated they had previously experienced sexual abuse or previously perpetrated sexual abuse.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In interviews with Intake and Classification staff, it was indicated they do not do referrals to mental health during the intake process as medical staff will

see detainees within 12 hours of intake and make the referral. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form includes a PREA screening which asks the following: history of violence towards others; history of being victimized; history of being sexually assaulted; history of sexually assaulting others; is the person obviously higher risk for victimizations or assault; what genders does the patient identify as: male, female, gender neutral, other. The form also states, "if self-identification differs from outward appearance, notify the jail administrator for housing decision." To become compliant, the facility must utilize the assessment pursuant to 115.41 to indicate if a detainee has experienced prior sexual victimization or perpetrated sexual abuse. In addition, the assessment must include all elements required by subsection (c) of standard 115.41. In addition, once indicated a detainee has experienced prior sexual victimization or perpetrated sexual abuse Intake staff must refer the detainee to medical and/or mental health for follow-up as appropriate. The facility must submit to the Auditor documentation that all Intake, medical, and mental health staff have been trained on the implemented practice. If applicable, the facility must submit to the Auditor all detainee files that include a detainee who has experienced sexual victimization or perpetrated sexual abuse and the corresponding medical and mental health records that occur during the CAP period.

Corrective Action Taken (a): The facility submitted updated CCSSM policy 3.11.1 which confirms updated CCSSM policy 3.11.1 includes all elements included on the updated Initial Classification form to provide clear direction to all staff involved in the intake process. The facility submitted an updated Initial "Classification Interview Form" which confirms it requires staff to consider all elements required by subsections (c) and (d) of standard 115.41 to determine if a detainee has experienced prior sexual abuse or perpetrated sexual abuse. The facility submitted an email and signed read receipts to confirm all Intake, medical, and mental health staff have been trained on updated CCSSM policy 3.11.1. The facility submitted a memorandum to Auditor which confirms there have been no detainee files which include a detainee who has experienced sexual victimization or perpetrated sexual abuse and the corresponding medical and mental health records which occurred since the new practice was implemented. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

AUDITOR CERTIFICATION:

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

Robin Bruck December 26, 2023
Auditor's Signature & Date

(b) (6), (b) (7)(C) December 26, 2023
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) December 26, 2023
Program Manager's Signature & Date

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	3/21/2023	**To:**	3/23/2023
AUDITOR INFORMATION			
Name of auditor:	Robin M. Bruck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(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:**	409-866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Detroit Field Office
Field Office Director:	Matthew Putra (Acting)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C), SDDO, Deputy Chief of Staff for Michigan Operations and Facilities
Field Office HQ physical address:	333 Mt. Elliott, Detroit, Michigan 48207
Mailing address: (if different from above)	Same as above
INFORMATION ABOUT THE FACILITY BEING AUDITED	
Basic Information About the Facility	
Name of facility:	Chippewa County SSM
Physical address:	325 Court Street, Suite 101, Sault Saint Marie, Michigan 49783
Mailing address: (if different from above)	Same as above
Telephone number:	906-635-6355
Facility type:	IGSA
PREA Incorporation Date:	3/27/2020

Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Sheriff
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	906-635-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	906-635-(b) (6), (b)

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	01/06/2023
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 Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Chippewa County SSM (CCSSM) was conducted March 21, 2023, through March 23, 2023, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Contract Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility compliance with the DHS PREA Standards. CCSSM is a county facility operated by the Chippewa County Sheriff's Office (CCSO) and is under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). CCSSM is in Sault Saint Marie, Michigan. This is the first DHS audit for CCSSM and includes a review of period between March 27, 2020, through March 23, 2023.

The facility houses adult male and female detainees with low, medium, and high custody levels whose immigration cases are progressing through the court system. The design capacity for the facility is 179 and is comprised of County, State, and federal inmates. The average daily ICE population for the prior 12 months was 6. The facility reported there were 40 ICE detainees booked into the facility in the last 12 months. The current ICE detainee population on the first day of the audit was eight males. The average length of time in custody is 180 days. The facility is comprised of one building which includes eight single occupancy cell housing units, 19 multiple occupancy cell housing units, and 6 open bay/dorm housing units, which includes 1 female dorm, 14 male segregation cells, and 1 female segregation cell. The intake area is comprised of three holding cells and a shower and dress out area.

Approximately four weeks prior to the on-site audit, ERAU Inspections and Compliance Specialist (ICS) (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility's policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. The main policy that governs CCSSM's PREA Program is policy 5.1, Prohibited Sexual Contact (SAAPI); however, the facility has multiple policies which include PREA procedures. All documentation, policies, and the facility PAQ's were reviewed by the Auditor. In addition, the Auditor reviewed the Agency website (www.ice.gov/prea) and the facility website (www.chippewacountymi.gov/sheriff-correctional-facility).

On Tuesday, March 21, 2023, at 8:15 a.m. an entrance briefing was conducted in the facility conference room. The ICE ERAU Team Lead (TL) (b) (6), (b) (7)(C) opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C), TL, ICS/OPR/ERAU
(b) (6), (b) (7)(C), ICE/ERO, Detention and Deportation Officer (DDO)
(b) (6), (b) (7)(C), ICE/ERO, DDO
(b) (6), (b) (7)(C), CCSSM, Jail Administrator (JA)/PSA Compliance Manager
(b) (6), (b) (7)(C), CCSO, Sheriff
(b) (6), (b) (7)(C), CCSSM, Sergeant
Robin M. Bruck, Creative Corrections LLC, Auditor

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

At the conclusion of the entrance briefing, an on-site tour of the facility was conducted by the Auditor, TL, and key CCSSM staff. The Auditor observed all housing units utilized by the detainees and all areas of the facility where detainees are afforded the opportunity to go, which included the law library, recreation areas, the sally port, booking/intake, and the medical and mental health areas. In addition, the Auditor observed areas in which detainees do not have access, which included the control center, laundry, and food service area. The Auditor made visual observations of the housing unit, which included examination of the detainee bathrooms and shower areas, officer post sight lines, and camera locations. Sight lines were closely examined, as were areas with a potential for blind spots. During the on-site audit, the Auditor randomly spoke with detainees and staff regarding their knowledge of PREA and the facility procedures. A review of the housing unit logbook was conducted, to confirm unannounced security inspections were being conducted by security line staff. In addition, the Auditor tested phone lines and numbers provided to the detainee to access services or for reporting an incident of sexual abuse to confirm they were in working order. The Auditor noted, at no time during the on-site

tour, were detainees notified that the female Auditor was entering the housing unit. The Auditor observed the "Notice of Audit" in all areas of the facility. However, no correspondence had been received from staff, detainees, or family members.

The facility PAQ indicated there are eight single cell housing units, 19 multiple occupancy housing units, 6 dorms, 10 medical beds, and 14 segregation cells, contained within a single-story building. One dorm is utilized to house detainees who are comingled with 16 county inmates. The facility utilizes Johnson Control Security Systems to provide video technology within the facility. There are a total of (b) (7)(E). The video system was upgraded in 2022 from an analog format to digital format. According to the facility PAQ, (b) (7)(E). (b) (7)(E). (b) (7)(E). (b) (7)(E) During the on-site audit, the Auditor observed (b) (7)(E) to determine the level of privacy provided to the detainees while using the (b) (7)(E). The Auditor confirmed there is (b) (7)(E) of the facility as the (b) (7)(E)

According to the facility PAQ, CCSSM houses adult male and female detainees with various custody levels, whose immigration cases are progressing through the court system. The design capacity for the facility is 179 with a current population of 103 including eight male detainees and no female detainees. In the past 12 months there have been 40 adult male detainees and no female detainees booked into the facility. The top three nationalities of the detainee population are Iraq, Mexico, and Columbia. The average length of stay for a detainee is 180 days.

CCSSM employees 25 contracted security staff (21 male and 4 female) with duty hours from 0600 – 1800, 1800 – 0600, and 1200 - 0000 with the remaining staff assigned to administration and maintenance. In addition, there are four medical and one mental health staff contracted through Advanced Correctional Health Care (AHC) and food service workers contracted through TIGGS Canteen. There are two ICE staff assigned to the facility who have reoccurring contact with detainees. Volunteers provide religious services and barber services. During the on-site audit, the Auditor conducted eight staff interviews. Interviews included: the Sheriff; JA/PSA Compliance Manager, who also serves as a facility Investigator; a Sergeant, who also acts in the capacity of Classification Officer (CO); Human Resource Manager (HRM); Grievance Officer (GO); an Intake Officer; and four security line staff. In addition, the Auditor interviewed a Registered Nurse (RN) and Clinical Social Worker (CSW), both contracted through AHC, and an ICE DDO. During the on-site audit, the Auditor interviewed six detainees. Interviews were conducted in a private setting, to allow confidentiality for those participating in the interview process. Four detainees interviewed were limited English proficient (LEP) (Spanish) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. One detainee reported an allegation of sexual abuse to the Auditor that occurred a few nights prior to the on-site audit during a LEP interview. Upon being notified, the Auditor immediately reported the incident to facility staff who indicated they were aware of the incident and were already investigating the occurrence.

The facility PAQ reported there are two facility Investigators that have received specialized training on investigating sexual abuse. The facility PREA Allegation spreadsheet and the PAQ indicated that there was one reported allegation of sexual abuse during the reporting period; however, per the PREA Allegation Spreadsheet the allegation remains open with the notation "pending investigative results."

On March 23, 2023, at 12:15 p.m. an exit briefing was conducted in the CCSSM conference room. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/OPR/ERAU
(b) (6), (b) (7)(C) ICE/ERO, DDO
(b) (6), (b) (7)(C) ICE/ERO, DDO
(b) (6), (b) (7)(C) CCSSM, JA
(b) (6), (b) (7)(C) CCSO, Sheriff
(b) (6), (b) (7)(C) CCSSM, Sergeant
(b) (6), (b) (7)(C) AHC, RN/Site Manager
(b) (6), (b) (7)(C) CCSO, Undersheriff
(b) (6), (b) (7)(C) ICE/ERO, SDDO
Robin M. Bruck, Creative Corrections LLC, Auditor

The Auditor spoke briefly and informed those present that it was too early in the process to formalize a determination of compliance on each standard. The Auditor would review all documentation, interview notes, file review notes, and on-site observations to

determine compliance. The Auditor thanked all facility staff for their cooperation in this audit process. The TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

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

Number of Standards Met: 13
§115.18 Upgrades to facilities and technologies
§115.54 Third-party reporting
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.66 Protection of detainees from contact with alleged abusers
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.77 Corrective action for contractors and volunteers
§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: 27
§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
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: 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
§115.61 Staff reporting duties
§115.64 Responder duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and administrative investigations
§115.76 Disciplinary sanctions for staff
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse

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: Does not Meet Standard (requires corrective action)
Notes:

(c): CCSSM policy 5.1 states, "It is the policy of the Chippewa County Correctional Facility to adhere to a standard of zero-tolerance for incidents involving sexual abuse and/or sexual assault and to effectively prevent, detect, and respond to such incidents." A review of CCSSM policy 5.1 confirms the policy includes definitions of sexual abuse and general PREA definitions; however, a review of CCSSM policy 5.1 confirms the policy does not include the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which includes the Agency's zero-tolerance policy, posted in the housing unit. In interviews with the facility JA/PSA Compliance Manager and a SDDO it was confirmed CCSSM policy 5.1 was referred to the Agency for review and approval. Interviews with four security line staff indicated that they were aware of the facility zero-tolerance policy. In addition, the Auditor reviewed the facility website www.chippewacountymi.gov/sheriff-correctional-facility and confirmed it included the facility's zero-tolerance policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of CCSSM policy 5.1 confirms the facility has a written policy mandating zero-tolerance; however, the policy did not outline the facility's approach to preventing, detecting, and responding to sexual abuse. To become compliant, the facility must update CCSSM policy 5.1 to include the facility's approach to preventing, detecting, and responding to sexual abuse. Once policy CCSSM 5.1 has been updated the facility must resubmit the policy to the Agency for review and approval. In addition, the facility must submit documentation that all staff have received training on the updated policy CCSSM 5.1.

(d): In an interview with the JA/PSA Compliance Manager, and a review of the facility organizational chart, it was confirmed that the JA is the facility's designated PSA Compliance Manager. In addition, in an interview with the JA/PSA Compliance Manager it was confirmed he has sufficient time and authority to oversee the facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures. The JA/PSA Compliance Manager further confirmed that he serves as the facility point of contact for the Agency PSA Coordinator.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): A review of the CCSSM PAQ indicates the facility employs 25 security staff (21 males and 4 females) with duty hours comprised of three shifts, which include 0600-1800, 1800-0600, and 1200-0000 who have reoccurring contact with detainees. The remaining staff includes food service and maintenance. In addition, there are four medical and one mental health staff contracted through Advanced Correctional Health Care (AHC) and food service workers contracted through TIGGS Canteen. There are two ICE staff assigned to the facility who have reoccurring contact with detainees. Volunteers provide religious services and barber services. A review of the facility staffing plan and Auditor observations, confirmed the facility has sufficient supervision of the detainees, to protect the detainees from sexual abuse. CCSSM (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E) uring the on-site audit, the Auditor reviewed the facility comprehensive detainee supervision guidelines and confirmed they were reviewed and updated in January 2023. The facility did not provide the Auditor with documentation to confirm in determining staffing levels and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. In addition, an interview with the JA/PSA Compliance Manager could not confirm the facility considered the required elements of the standard when determining staffing levels or the need for video monitoring.

Does Not Meet (c): The facility is not in compliance with subsection (c) of this standard. The facility did not provide the Auditor with documentation to confirm in determining staffing levels and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. In addition, an interview with the JA/PSA Compliance Manager could not confirm the facility considered the required elements of the standard when determining staffing levels or the need for video monitoring. To become compliant, the facility must provide the Auditor with documentation to confirm when determining adequate staffing levels and the need for video monitoring, the facility took into consideration the physical layout of each holding facility, the composition of the

detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency Custody.

(d): CCSSM policy 5.6.1, Unannounced Security Inspections, states, "Unannounced security inspections shall frequently occur on both day and night shifts. The security inspections shall take place inside the inmate/detainee housing areas and including both the common areas and personal living areas of the inmate/detainees. Security inspections shall frequently occur in the inmate/detainee common/work areas (e.g., classroom, dayroom, visitation areas, laundry room, etc.). Staff is prohibited from alerting any inmate/detainee about any unannounced security inspection." A review of CCSSM policy 5.6.1 confirms it does not include the requirement that staff are prohibited from alerting others when unannounced security inspections are made. Informal discussions with security line staff, indicated security inspections are logged utilizing a system entitled Guard Plus. The Auditor reviewed entries made into the electronic system; however, the Auditor could not determine unannounced security inspections are being conducted specifically to identify and deter sexual abuse of the detainees. All inspections conducted appeared to be normal security inspections that are required during each shift. In an interview with a Sergeant, it was indicated security inspections are being conducted on all shifts; however, he could not differentiate a normal security inspection from an unannounced inspection. In addition, in an interview with the Sergeant, it could not be confirmed the facility prohibits staff from alerting others when unannounced security inspections are being made.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. A review of CCSSM policy 5.6.1 confirms it does not include the requirement that staff are prohibited from alerting others when unannounced security inspections are made. In an interview with a Sergeant, it was indicated security inspections are being conducted on all shifts; however, he could not differentiate a normal security inspection from an unannounced inspection. In addition, in an interview with the Sergeant it could not be confirmed the facility prohibits staff from alerting others when unannounced security inspections are being made. A review of Guard Plus confirmed normal security inspections were conducted within the housing units and not within other areas of the facility where sexual abuse could occur. To become compliant, the facility must implement procedures that require supervisors to make frequent unannounced security inspections on both day and night shifts to deter sexual abuse of detainees as required by the standard and that prohibit staff from alerting others that the unannounced security inspections are occurring. Once implemented, the facility must train all supervisors and security line staff on the implemented procedure and document such training. In addition, the facility must submit to the Auditor documentation of unannounced security inspections that occurred for a period of two months during the Corrective Action Plan (CAP) period.

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

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, The Chippewa County Correctional Facility does not house Juveniles and/or Families. Interviews with the facility JA/PSA Compliance Manager and random security line staff, confirmed the facility has not detained a juvenile detainee and does not have family unit housing. Therefore, the standard is not applicable.

§115.15 - Limits to cross-gender viewing and searches.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(b)(c)(d)(e)(f): CCSSM policy 5.3, Inmate/Detainee – Pat Searches, states, "Cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. All cross-gender searches shall be documented." CCSSM policy 5.4, Strip Search, states, "A strip search conducted under this section shall be performed by a person of the same sex as the person being strip searched and shall be performed in a place that prevents the search from being observed by a person not conducting or necessary to assist with the search. A law enforcement officer who assists in the strip search shall be of the same sex as the person being searched." CCSSM policy 5.5, Body Cavity Searches, states, "A body cavity search shall be conducted by a licensed physician or physician's assistant, licensed practical nurse, or registered professional nurse acting with the approval of a licensed physician. If the body cavity search is conducted by a person of the opposite sex as the person being searched, the search shall be conducted in the presence of a person of the same sex as the person being searched." CCSSM policy 5.1.3, Transgender and Intersex Inmates/Detainees, states, "All cross-gender pat-down searches and all strip searches and visual body cavity searches shall be documented via the Jail Management system." Interviews with four security line staff indicated cross-gender pat-down searches are not normally conducted at CCSSM; however, if a cross-gender pat-down search or a strip or body cavity search were to occur at the facility it would be documented. The Auditor interviewed six detainees who confirmed although they have received a pat-down search while at the facility the search was conducted by a staff member of the same gender. All reported that they have not been strip searched or had a visual body cavity search while housed at CCSSM.

(g): CCSSM policy 5.1.3 states, "Detainees will be permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." Interviews with four security line staff indicated detainees are permitted to

shower, change clothing, and perform bodily functions without being viewed by the opposite gender and that staff are required to announce their presence when entering housing units occupied by detainees of the opposite gender. During interviews with six detainees, the Auditor received multiple answers, which included two detainees reporting opposite gender staff have never been in their housing unit, one reporting he had heard the announcement only today when the Auditor entered the housing unit for a second time, and three reporting female staff do not come into the housing area. During the on-site audit, the Auditor did not observe cross-gender announcements being made. The Auditor observed toilet, changing, and shower areas within the housing unit and determined there is adequate privacy to limit opposite gender viewing; however, the Auditor observed (b) (7)(E) In addition, the Auditor observed that the (b) (7)(E). The Auditor observed the holding cells in the booking/intake area and confirmed the cells have a toilet area which contains a wall intended to provide privacy, however, the wall was not high enough or long enough.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor did not observe cross-gender announcements being made and during interviews with six detainees received multiple answers regarding the announcements. The Auditor observed toilet, changing, and shower areas within the housing unit and determined there is adequate privacy to limit opposite gender viewing; however, the Auditor (b) (7)(E) In addition, the Auditor observed the holding cells in the booking/intake area and confirmed the cells have a toilet area, which contains a wall intended to provide privacy, however, the wall was not high enough or long enough. To become compliant, the facility train all applicable staff on the standard's requirement to announce their presence with entering the housing unit comprised of detainees of the opposite gender to allow detainees the ability to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. In addition, the facility must implement a practice that ensures detainees are provided privacy from opposite gender viewing while performing bodily functions, within the holding cells in the booking/intake area to include the privacy walls in the booking area and (b) (7)(E). Once implemented the facility must provide the Auditor with documentation that confirms compliance, including but not limited to photos of the cross-gender viewing areas of concern.

(h): CCSSM is not designated as a Family Resident Center; therefore, provision (h) is not applicable.

(i)(j): CCSSM policy 5.1.3 states, "When an inmate/detainee is received who has a gender identity expression, which differs from their sex, the Shift Supervisor shall be notified. The Assessment Sergeant shall question the inmate regarding their physical sex. The questioning will be done privately and in a professional manner to preserve confidentiality and to avoid subjecting the inmate/detainee to ridicule. The transgender/inter-sex inmate will be searched by a deputy believed to be of the same sex. As with any strip search or pat down, searches of subjects falling under this type of classification will be conducted in a professional and respectful manner and in the least intrusive manner that is consistent with security needs. If the physical sex of the inmate/detainee cannot be identified, the transgender/Inter-sex inmate will be interviewed by the on duty medical staff. They will then determine the physical sex of the inmate. Inmates will not be strip-searched solely to identify gender. If the on duty medical staff is unable to identify the transgender/Inter-sex inmate's physical sex or they refuse to answer medical questions, they will be escorted to the medical office for a physical examination. The inmate/detainee will be placed on Protective Custody Lockdown if they refuse the physical examination by the on duty medical staff." CCSSM policy 5.1.3 further states, "Officers shall be trained in proper procedures for conducting pat searches, including opposite gender pat searches and searches of transgender and intersex inmate/detainees." Interviews with four security line staff indicated they were aware that a transgender/intersex detainee could not be searched or physically examined for the sole purpose of determining the detainee's gender. If there was a need to know the detainee's gender, he/she would be taken to medical for determination. In addition, they reported they have received training in proper procedures for conducting pat-down searches, including cross-gender searches and searches of transgender/intersex detainees in a professional and respectful manner. The Auditor reviewed a PREA Resource Center (PRC) video entitled Guidance in Cross-Gender and Transgender Pat Searches. The video includes proper procedures for conducting pat-searches, including pat-searches conducted by the opposite gender, searches of transgender/intersex detainees, in a professional and respectful manner, consistent with security needs and the facility policy, including consideration of officer safety. In addition, the Auditor reviewed the CCSSM Training Roster, which confirmed all applicable staff have completed the training.

Recommendation (i): CCSSM policy 5.13 currently states, "Inmates will not be strip-searched solely to identify gender;" and therefore, the Auditor recommends that the facility update CCSSM policy 5.13 to include all types of searches are prohibited to determine a detainee's gender.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): CCSSM policy 5.1.8, Accommodating Detainees with Disabilities/Limited English Proficient – SAAPI, states, "Staff shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the Chippewa County Correctional Facility's efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or heard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. The Chippewa County Correctional Facility shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision." A review of CCSSM policy 5.1.8 confirms it doesn't include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. During the on-site audit, the Auditor observed the facility Handbook, the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet available in the booking area in English and Spanish only. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, or psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. In addition, all six detainees confirmed they did receive the ICE National Detainee Handbook, in a language they could understand but it was days later and not received at intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. A review of CCSSM policy 5.1.8 confirms it doesn't include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. In interviews with four security line staff, it was indicated a detainee would not be utilized for interpretation under any circumstances, relating to an incident of sexual abuse. During the on-site audit, the Auditor observed the facility Handbook, the ICE National Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet available in the booking area in English and Spanish only. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukranian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized a detainee to interpret and ask them questions. The four LEP detainees further indicated the language line had only been used when speaking with medical staff or ICE staff. In addition, all six detainees confirmed they did receive an ICE National Detainee Handbook, in a language they could understand, but indicated it was received days later and not at intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when. To become compliant the facility must develop a practice that includes the requirements the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse or another detainee to interpret in matters related to sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. In addition, the facility must develop a practice that ensures PREA information is provided to both LEP detainees and to detainees who are blind or have limited sight, are deaf or hard of hearing, and for those who have an intellectual, psychiatric, speech disability, or limited reading skills in a manner they can understand, including implementing a practice that includes having the DHS-Prescribed SAA Information pamphlet, in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian) and the ICE National Detainee Handbook 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) available to the detainee on-site. Once implemented, the facility must

submit documentation that all applicable staff have been trained on the practice. In addition, the facility must submit to the Auditor 10 detainee files that include detainees received during the CAP period who don't speak English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, speech disability, or limited reading skills.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. CCSSM policy 2.1, Pre-Employment Records/Screening, states, "It is the policy of the Chippewa County Correctional Facility to ensure that all pre-employment screening is completed by the designated supervisory personnel before a selected applicant begins a work assignment." A review of CCSSM policy 2.1 confirms it does not include the requirements CCSSM is prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in CCSSM) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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, CCSSM shall ask all applicants and Employees who may have contact with Individuals in CCSSM directly about previous sexual abuse misconduct as part of its hiring and promotional processes including contractors, and during annual performance reviews for current Employees, CCSSM shall impose upon employees a continuing affirmative duty to disclose any such conduct, material omissions regarding such misconduct, or the provision materially false information, shall be ground for termination, unless prohibited by law, CCSSM shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such Employee has applied to work, and all employees, contractors, and volunteers have a continuing affirmative to disclose sexual misconduct. The Auditor reviewed a memorandum addressed to the Auditor which states, "The Chippewa County Correctional does not have any file(s) on record during the audit period in reference to the request. Staff would report a misconduct via their Chain-of-Command." In an interview with the facility HRM, it was indicated the facility implemented a PREA statement at the beginning of March 2023. The Auditor reviewed the CCSSM PREA Statement form and confirms it contains the following questions: 1) Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with consent of the inmate, detainee, resident etc.) 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community 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? 3) Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community 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? In addition, the form contains a statement which states, "Understand all employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The Auditor reviewed six employee files which indicated the facility began implementing the form in March 2023 and is working on having all employees read and sign the document. The Auditor reviewed one file, which indicated the potential employee is in the hiring stages and had completed an application and the PREA Statement, however had not officially been hired by the facility, at the time of the on-site audit. In addition, the Auditor reviewed two volunteer files and confirmed background checks were completed to ensure the volunteer did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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; however, the facility was unable to provide the Auditor staff contractor files to determine compliance. In an interview the HRM it was indicated during the background process, the facility would inquire with past employers, the reason an employee left the agency and would provide the same if another facility inquired about one of their past employees; however, the HRM could not articulate they would specifically inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation. The HRM further reported there have been no staff promotions during the audit period.

Does Not Meet (a)(b)(e): The facility is not in compliance with subsections (a), (b) and (e) of the standard. A review of CCSSM policy 2.1 confirms it does not include the requirements CCSSM is prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in CCSSM) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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, CCSSM shall ask all applicants and employees

who may have contact with Individuals in CCSSM directly about previous sexual abuse misconduct as part of its hiring and promotional processes including contractors, and during annual performance reviews for current employees, CCSSM shall impose upon employees a continuing affirmative duty to disclose any such conduct, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination, unless prohibited by law, CCSSM shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such Employee has applied to work, and all employees, contractors, and volunteers have a continuing affirmative to disclose sexual misconduct. In an interview with the facility HRM, it was indicated the facility implemented a PREA statement at the beginning of March 2023. The Auditor reviewed the CCSSM PREA Statement form and confirms it is in compliance with subsection (b) and of the standard; however, the Auditor reviewed six employee files which indicated the facility began implementing the form in March 2023 and is working on having all employees read and sign the document. The facility was unable to provide the Auditor staff contractor files to determine compliance. In an interview the HRM, it was indicated during the background process, the facility would inquire with past employers, the reason an employee left the agency and would provide the same if another facility inquired about one of their past employees; however, the HRM could not articulate they would specifically inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation. To become compliant, the facility must implement a practice that ensures staff contractors did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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. In addition, the facility shall develop and implement a procedure to inquire about information regarding substantiated allegations of sexual abuse or any resignations during a pending investigation, for potential employees who have previous correctional experience. Once implemented the facility must submit documentation that confirms implementation of the new procedure and all applicable staff have been trained on such. The facility must submit to the Auditor all staff contractor personnel files. In addition, the facility must submit 10 staff personnel files to include, new hires, and if applicable, promotions that occur during the Corrective Action Period (CAP) to include the PREA Statement.

(c)(d): CCSSM policy 2.1 states, "The following shall be completed by the designated supervisor before a new employee starts a work assignment: "Complete criminal history/background check." A review of CCSSM policy 2.1 confirms it does not include the requirement the facility shall also conduct a background investigation before enlisting the services of a contractor who may have contact with detainees. In an interview with the facility HRM it was indicated a background investigation is completed on all applicants prior to an offer of employment. The HRM further indicated if the Agency requested documentation of completed background investigations it would be provided. The Auditor reviewed six employee personnel files, which included one applicant, currently going through the hiring process. There were five files which included documentation to confirm a background investigation had been conducted during the hiring process. The other file indicated the background investigation was in the process and had not yet been completed. The Auditor reviewed two volunteer files and confirmed background checks were completed; however, the facility was unable to provide the Auditor staff contractor files; and therefore, the Auditor could not determine that a background investigation had been completed for staff contractors. The Auditor submitted two ICE employees to PSO to verify the background check process. ICE PSO confirmed background checks were completed on both ICE employees in accordance with subsection (c) of the standard. CCSSM is not an immigration only detention facility; and therefore, is not required to conduct background investigations every five years for staff who have contact with detainees.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. The facility was unable to provide contractor files for review; and therefore, the Auditor could not determine that a background investigation had been completed for staff contractors. To become compliant the facility must implement a practice the ensures prior to enlisting the services of any staff contractor who may have contact with detainees the facility will conduct a background investigation. Once implemented the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must provide the Auditor all staff contractor personnel files to confirm background checks were conducted.

§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:

(a): CCSSM policy 5.1.1, SAPPI – Upgrades to Facility & Technologies, states, "In planning any substantial expansion or modification of existing facility, the facility shall consider the effect of the design, acquisition, expansion, or modification upon its ability to protect inmate/detainees from sexual abuse and/or assault." In an interview with the facility JA/PSA Compliance Manager it was indicted there have been no substantial expansions or modifications of the existing facility, during the audit review period; however, documentation was provided to the Auditor confirmed a privacy wall outside of the shower area had been added in housing unit B-7. During the on-site audit, the Auditor confirmed through observation, the facility had considered the design of the shower wall, to provide detainees privacy while showering.

(b): CCSSM policy 5.1.1 states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in the facility, the facility shall consider how such technology may enhance its ability to protect inmate/detainees from sexual abuse and/or assault." A review of the facility PAQ, and an interview with the facility JA/PSA Compliance Manager, confirmed the facility video monitoring system was upgraded from analog to a digital system to enhance the monitoring technology and for the protection of detainees from sexual abuse.

§115.21 – Evidence protocols and forensic medical examinations.
Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)€: The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." CCSSM policy 5.1.4 states, "Detainee victims of sexual abuse and assault shall be provided emergency medical and mental health services and ongoing care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of if the victim names the abuser or cooperates with any investigation arising out of the incident." CCSSM policy further states, "Where evidentiarily or medically appropriate, the facility administrator shall arrange for an alleged victim to undergo a forensic medical examination, in accordance with the requirements of "M. Investigation, Discipline and Incident Reviews" of this standard." CCSSM policy 4.15, Evidence, states, "It is the policy of the Chippewa County Correctional Facility to handle, collect, and/or submit items found as evidence to the proper departmental staff in a consistent manner and in a manner in which the Chain of Custody of Evidence will not be compromised." The Auditor reviewed CCSSM policy 4.15 and confirmed it maximizes the potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions; however, the protocol does not consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address a victims' needs most appropriately. In addition, a review of CCSSM policy 4.15 and an interview with the facility JA/PSA Compliance Manager could not confirm CCSSM policy 4.15 was developed in consultation with DHS. In an interview with the facility RN, it was indicated medical staff at the facility are not trained to conduct SANE or SAFE exams. If there was a sexual abuse incident at the facility, with the consent of the victim, he/she would be transported to the War Memorial Hospital. In an interview with the JA/PSA Compliance Manager it was indicated if a sexual abuse incident occurred at the facility, the facility would use a victim advocate with the Chippewa County Prosecutor's Office (CCPO), who is qualified to provide emotional support, crisis intervention, information, and referrals as needed; however, the Auditor reviewed an email from the CCPO that confirmed the CCPO victim advocate would provide referrals for counseling services only. During the on-site audit, the Auditor spoke with a victim advocate at the Diane Peppler Resource Center (DPRC), who confirmed there are no established procedures with the facility for victim advocacy to be provided in the event of an incident of sexual abuse or assault. The DPRC victim advocate further confirmed the SANE/SAFE Unit at the hospital would arrange for an advocate from the DPRC, to offer support to the detainee victim during a forensic exam and DPRC advocates would provide emotional support services during interviews and court proceeding. In interviews with the JA/Investigator and a detective with the CCSO it was indicated facility investigators would conduct an administrative investigation into sexual abuse allegations. If the allegation was detainee-on-detainee and criminal in nature, the investigation would be completed by the CCSO investigators and if the allegation was staff-on-detainee and criminal in nature, the investigation would be completed by the investigators from the Michigan Mission Team (MMT). The facility did not provide the Auditor with documentation to confirm the facility has requested the MMT to follow the requirements of paragraph (a) through (d) of this standard. The facility does not house juvenile detainees.

Does Not Meet (a)€(e): The facility is not in compliance with subsections (b€nd (e) of the standard. A review of CCSSM policy 4.15 confirms it does not consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address a victims' needs most appropriately. In addition, a review of CCSSM policy 4.15, and interviews with the facility JA/PSA Compliance Manager, could not confirm CCSSM policy 4.15 was developed in consultation with DHS. During the on-site audit, the Auditor spoke with a victim advocate at the DPRC who confirmed there is no established procedures with the facility for victim advocacy to be provided in the event of a sexual abuse. In an interview with the JA/PSA Compliance Manager it was indicated if a sexual abuse incident occurred at the facility, the facility would use a victim advocate with the CCPO, who is qualified to provide emotional support, crisis intervention, information and referrals as needed; however, the Auditor reviewed an email from the CCPO victim advocate that confirmed the CCPO would provide only referral services for detainees who are the victim of a sexual abuse. In interviews with the JA/Investigator and a detective with the CCSO, it was confirmed if an allegation of sexual abuse included staff-on-detainee and was criminal in nature, the investigation would be completed by the investigators from the Michigan Mission Team (MMT); however, the facility did not provide the Auditor with documentation to indicated that the facility has requested the MMT to follow the requirements of paragraph (a) through (d) of this standard. To become compliant, the facility must, in consultation with DHS, update CCSSM policy 4.15 to include how best to utilize available community resources and services to provide valuable expertise and support in areas of crisis intervention and counseling to address victims' needs most appropriately. In addition, the facility must coordinate with a community resource to provide expertise and support in the areas of crisis intervention and counseling following an incident of sexual abuse. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with the requirements of subsection (b) of the standard. In addition, the facility must submit documentation to the Auditor that confirms the CCSSM requested the MMT to follow the requirements of paragraph (a) through (d– of this standard.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly

if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." CCSSM policy 5.1 states, "Allegations of employee, contractor, and/or volunteer sexual contact with an inmate/detainee will be investigated immediately when they become known. Inmate/detainee complaints alleging sexual contact by an employee, contractor and/or volunteer will be forwarded to the Sheriff and/or designee who will arrange for the incident to be investigated." CCSSM policy 5.1 further states, "Any contractor or volunteer who has engaged in sexual abuse and assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contactor or volunteers who have engaged not engaged in sexual abuse but have violated other provisions within these standards. Incidents of substantiated sexual abuse and assault by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to ICE/ERO regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." In addition, CCSSM policy 5.1 states, "Inmate/detainee complaints of sexual contact will be investigated immediately when they become known. Complaints of contact, such as sexual assault and rape, will be turned over to the Patrol Division for investigation and criminal prosecution. The scene of the assault/rape will be secured, and the evidence preserved pending the arrival of an investigator." A review of CCSSM policy 5.1 confirms it does not include a description of the responsibilities of the agency, the facility and any other investigating entities and does not require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. In addition, a review of CCSSM policy 5.1 confirms only cases involving a contractor or volunteer are required to be reported to the ICE ERO and does not require an incident of sexual abuse to be reported to the Joint Intake Center (JIC), ICE OPR, the DHS OIG or ICE FOD. A review of CCSSM policy 5.1 further confirms it does not require an incident of sexual abuse be reported to the local law enforcement if the abuse involves a detainee perpetrator of sexual abuse and the allegation appears to be criminal. In an interview with the facility JA/Investigator it was indicated that all allegations of sexual abuse will be investigated both criminally and administratively and if the allegation was detainee-on-detainee and criminal in nature, the investigation would be completed by the CCSO Investigators and if the allegation was staff-on-detainee and criminal in nature, the investigation would be completed by Michigan Mission Team (MMT) Investigators. In an interview with the facility JA/Investigator it was further indicated after completion of the criminal investigation the facility investigators would conduct an administrative investigation into all allegations of sexual abuse. The facility reported one allegation of sexual abuse; however, according to the PREA allegation spreadsheet, the investigation remains open with a notation "pending investigative results."

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a)(b)(d)(e) and (f) of the standard. A review of CCSSM policy 5.1 confirms it does not include a description of the responsibilities of the agency, the facility and any other investigating entities and does not require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. In addition, a review of CCSSM policy 5.1 confirms only cases involving a contractor or volunteer are required to be reported to the ICE ERO and does not require an incident of sexual abuse to be reported to the Joint Intake Center (JIC), ICE OPR, the DHS OIG or ICE FOD. A review of CCSSM policy 5.1 further confirms it does not require an incident to be reported to the local law enforcement if the abuse involves a detainee perpetrator of sexual abuse and the allegation appears to be criminal. To become compliant the facility must update CCSSM policy 5.1 to include a description of the responsibilities of the Agency, facility, and any other investigating entities and to require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse and to include the verbiage, "When a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (e) of the standard or when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG" as required by subsections (d) and (f) of the standard. Once updated, the facility must submit documentation that all applicable staff, including facility Investigators, received training on the updated CCSSM policy 5.1. If applicable, the facility must submit copies of all sexual abuse allegation investigation files that occurred during the CAP period.

(c): The Auditor reviewed CCSSM website (https://www.chippewacountymi.gov/sheriff-correctional-facility) and confirmed the website includes policy 5.1; however, the posted CCSSM policy 5.1 is not compliant with the standard. In addition, the Auditor reviewed the ICE website, (https://www.ice.gov/prea) and confirmed it contained the required Agency protocol.

Does Not Meet (c): The Auditor reviewed the CCSSM website (https://www.chippewacountymi.gov/sheriff-correctional-facility) and confirmed the website includes CCSSM policy 5.1; however, the posted CCSSM policy 5.1 is not compliant with the standard. To become compliant the facility must update CCSSM policy 5.1 to include all elements required by the standard. Once updated the facility must post the updated CCSSM policy 5.1 on the facility website.

§115.31 - Staff training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The Agency's policy 11062.5.2 states, "The Agency shall document that all ICE personnel who may have contact with individuals in ICE custody have completed training." CCSSM policy 5.1 states, "Employees will receive information about the prohibition of sexual contact with inmates/detainees and methods of prevention, resolution, and reporting during Pre-Service Training

and periodically through In-service Training." The Auditor reviewed the ICE PREA Employee training for ICE Employees, which contained all elements required by this standard. In addition, the Auditor reviewed training rosters for 2023 and confirmed 25 security line staff completed the refresher training for 2023; however, a review of the PREA Resource Center PREA Refresher: Prisons and Jails PREA Basic training curriculum and the CCSSM Training PREA Resource Center-Refresher curriculums could not confirm that either contained all elements required by this standard, to include: the Agency and the CCSSM zero-tolerance policies of all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the rights of detainees and staff to be free from sexual abuse, and from retaliation for reporting on examples of prohibited behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responded to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The Auditor reviewed training records for one of two ICE employees and confirmed training was received as required by the standard. The facility reported there are four medical and one mental health staff who have reoccurring contact with detainees; however, the facility was unable to provide the Auditor with contract staff files to confirm compliance with standard.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. A review of the PREA Resource Center PREA Refresher: Prisons and Jails PREA Basic training curriculum and the CCSSM Training PREA Resource Center-Refresher curriculums could not confirm that either contained all elements required by this standard, to include: the Agency and the CCSSM zero-tolerance policies of all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the rights of detainees and staff to be free from sexual abuse, and from retaliation for reporting on examples of prohibited behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responded to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. The facility reported there are four medical and one mental health staff who have reoccurring contact with detainees. The facility was unable to provide the Auditor with contract staff files for review to confirm compliance with the standard. and could not provide documentation of training, as required by this standard. To become compliant, the facility must develop a training curriculum that includes all elements of subsection (a) of the standard. Once developed the facility must provide the Auditor with the updated training curriculum and documentation that all staff, including medical and mental health, have received training on the updated curriculum.

§115.32 - Other training.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): CCSSM policy 5.1 states, "Program Volunteers will receive information during their orientation session about the prohibition of sexual contact and the procedures for preventing and reporting issues." The Auditor reviewed the CCSSM Vendor/Volunteer Security Handbook and Acknowledgment Form. A review of the handbook confirms volunteers are instructed on definitions of sexual abuse, do not engage in physical contact with inmates, and if they become aware of any sexual abuse issues, they must immediately report the incident to a staff member; however, a review of the CCSSM Vendor/Volunteer Security Handbook and Acknowledgment Form could not confirm that volunteers and "other contractors" who have reoccurring contact with detainees are notified of the Agency or the facility's zero-tolerance policy regarding sexual abuse. The facility provided four samples of the signed acknowledgement which documents the volunteers have received the information. An interview with the facility HRM indicated there are currently two volunteers who have contact with the detainees working at the facility. The Auditor reviewed the two volunteer files and confirmed they have received the handbook and signed the acknowledgement.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. A review of the handbook could not confirm that volunteers and "other contractors" (as defined by paragraph (d) of this section) who have contact with detainees are notified of the Agency or the facility's zero-tolerance policy regarding sexual abuse. To become compliant, the facility shall develop and implement a procedure to ensure that volunteers and "other contractors" who have reoccurring contact with detainees are notified of the Agency and the facility's zero-tolerance policies regarding sexual abuse. Once developed, the facility must submit to the Auditor a copy of the updated curriculum and documentation that all facility volunteers and "other contractors" who have reoccurring contact with detainees have received the updated training.

§115.33 - Detainee education.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(e)(f): CCSSM policy 5.1 states, "Inmate/detainees will receive information during Orientation and Primary Classification concerning the prohibition of sexual contact and steps to take to prevent the likelihood of being victimized by a sexual predator." CCSSM policy 8.3, Admission & Release of Inmate/Detainees, states, "A formal orientation will be provided to all INS detainees. The orientation process will consist of the following: Sexual Assault Awareness (PREA)." CCSSM policy 8.3 further states, "The Orientation Officer will ask each detainee to sign his/her admission verifying that he/she has been orientated and understands the facility rules, regulations, and programs." In addition, CCSSM policy 8.3 states, "If a detainee does not understand due to a language barrier, the

facility may provide an interpreter for the orientation process." In interviews with Intake and Classification staff it was indicated the orientation process is completed by the orientation staff on the night shift between 1800-0600 and not during the intake process as required by the standard. In interviews with Intake and Classification staff it was further indicated detainees will sign the Detainee Orientation form indicating they have received sexual assault awareness orientation – INS PREA; however, the Detainee Orientation form does not confirm what PREA information is provided and if it is provided in a manner the detainee could understand. In interviews with Intake and Classification staff it was indicated during the intake process the detainee is given an opportunity to watch a video entitled, "Know your Rights." The Auditor reviewed the "Know Your Rights" video and confirmed it did not contain PREA related material. In an interview with Intake and Classification staff it was further indicated that during the intake process a detainee receives the facility handbook, the ICE National Detainee Handbook, and the DHS-prescribed SAA information pamphlet; however, during the on-site audit, the Auditor observed the facility handbook, the ICE National Detainee Handbook and the DHS-prescribed SAA information pamphlet in English and Spanish only. In an Interview with Intake staff, it was indicated if a detainee was LEP and spoke a language other than Spanish, the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet could be printed in a language the detainee could understand; however, Intake staff could not articulate to the Auditor how they would print the information. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor observed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on how to report an incident of sexual abuse; however, in interviews with six detainees, it was indicated they received a "blue handbook" which is the ICE National Detainee Handbook, in a language they could understand a day or two later and not during intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or when. There were no detainees received at the facility during the on-site audit; however, the Auditor reviewed a video of a LEP detainee that was processed into the facility a few days prior. The review of the video confirmed the facility did not utilize the language line and the detainee was not provided the facility handbook, the ICE National Handbook or the DHS-prescribed SAA Information pamphlet at intake. The Auditor reviewed eight detainee files and confirmed none of the detainee files confirmed orientation was provided at intake. The review of three files indicated orientation was completed two days after intake, two files indicated orientation was provided over 30 days after intake, two files indicated orientation was provided over 60 days after intake, and one file indicated no orientation had been provided.

Does Not Meet (a)(b)(e)(f): The facility is not in compliance with subsections (a), (b), (e), and (f) of the standard. In interviews with Intake and Classification staff it was indicated the orientation process is completed by the orientation staff on the night shift between 1800-0600 and not during the intake process as required by the standard. In an interview with Intake and Classification staff it was further indicated during the intake process a detainee receives the facility handbook, the ICE National Detainee Handbook, and the DHS-prescribed SAA information pamphlet; however, during the on-site audit, the Auditor observed the facility handbook, the ICE National Detainee Handbook and the DHS-prescribed SAA information pamphlet in English and Spanish only. In an Interview with Intake staff, it was indicated if a detainee was LEP and spoke a language other than Spanish, the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet could be printed in a language the detainee could understand; however, Intake staff could not articulate to the Auditor how they would print the information. In an interview with the DDO, who normally does not participate in the facility intake process, the Auditor confirmed Intake staff have access, via the computer, to the ICE National Detainee Handbook 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 the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, facility staff could not access the information without the assistance of the DDO. Intake staff further indicated they would utilize a language line or Google Translate; however, the Auditor observed Intake staff having difficulty locating the instructions for utilization of the language line which were hidden under other documentation posted on the bulletin board. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they could understand. The Auditor interviewed six detainees, which included four LEP detainees. All four LEP detainees, reported during the booking/intake process, staff did not use the language line to speak with them instead the facility utilized another detainee to interpret and ask them questions. All four LEP detainees indicated the language line had only been used when speaking with medical or ICE staff. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on how to report an incident of sexual abuse; however, in interviews with six detainees, it was indicated they received a "blue handbook" which is the ICE National Detainee Handbook, in a language they could understand a day or two later and not during intake. All six detainees interviewed further indicated they did not receive the facility handbook or the DHS-prescribed SAA Information pamphlet. A review of eight detainee files could not confirm what PREA documentation was distributed to the detainee or

when. There were no detainees received at the facility during the on-site audit; however, the Auditor reviewed a video of a LEP detainee that was processed into the facility a few days prior. The review of the video confirmed the facility did not utilize the language line and the detainee was not provided the facility handbook, the ICE National Handbook or the DHS-prescribed SAA Information pamphlet at intake. The Auditor reviewed eight detainee files and confirmed none of the detainee files confirmed orientation was provided at intake. The review of three files indicated orientation was completed two days after intake, two files indicated orientation was provided over 30 days after intake, two files indicated orientation was provided over 60 days after intake, and one file indicated no orientation had been provided. To become compliant the facility must implement an orientation program during the intake process which all detainees, including those who are LEP, blind or have limited sight, are deaf or hard of hearing, have physical, intellectual, psychological, or a speech disability, or has limited reading skills that includes all elements required by subsection (a) of the standard. In addition, during the intake process the facility must distribute the DHS-prescribed SAA Information pamphlet to all detainees in a manner they can understand. Once implemented the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English and Spanish, to confirm the detainees are receiving orientation in a manner they understand during the intake process. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

Recommendation (a)(b)(c): The Auditor would recommend that the facility, revise the Detainee Orientation form, to include the detainee received the facility handbook, the ICE National Detainee Handbook, and the DHS-prescribed SAA information pamphlet in a manner they understand, including but not limited to, documentation of the utilization of the language line.

(d): During the on-site audit, the auditor confirmed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, contact information for the National Hotline (RAINN) and the DPRC posted on all housing unit bulletin boards.

§115.34 - Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to investigating of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review, this documentation is in accordance with the standard's requirements. CCSSM policy 5.1.10, Criminal & Administrative Investigations SAAPI states, "All investigations of alleged sexual abuse and assault shall be prompt, thorough, objective and fair and conducted by specially trained, qualified investigators." A review of the CCSSM PAQ indicated the facility has two trained investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/PSA Compliance Manager confirmed he is one of the facility investigators that conduct administrative investigations. The JA/PSA Compliance Manager further indicated criminal investigations that are detainee-on-detainee would be investigated by a CCSO detective. If the allegation involves an allegation of sexual abuse that is staff-on-detainee, the allegation would be referred to the MMT which is comprised of investigators from all counties within Michigan that investigate criminal cases involving staff to ensure that the allegation is investigated by an outside agency. The JA/PSA further indicated he has not received specialized training on investigating allegations in a confinement setting. In addition, an interview with the CCSO detective indicated he has received special training in Human Trafficking Awareness. A certificate of completion was provided to the Auditor; however, the Auditor was not provided the training curriculum; and therefore, could not confirm it contained all the required elements of subsection (a) of the standard.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In an interview with the JA/PSA Compliance Manager it was confirmed he has not received specialized training on investigating allegations of sexual abuse as required by subsection (a) of the standard. In addition, an interview with the CCSO detective indicated he has received special training in Human Trafficking Awareness and provided the Auditor with a certificate of completion; however, the Auditor was not provided the training curriculum; and therefore, could not confirm it contained all the required elements of subsection (a) of the standard. To become compliant the facility must submit a training curriculum to confirm it contains all elements of subsection (a) of the standard. In addition, the facility must submit training records for all staff who conduct sexual abuse allegation investigations to confirm completion of the required specialized training.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

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

(b)(c): The facility submitted ACH policy J-C-03 which states, "All health care staff receive at least 12 hours of annual continuing education or staff development appropriate to their position;" however, the standard requires the facility have a policy that includes detecting signs of sexual abuse, responding professionally to victims of sexual abuse, and properly reporting allegations of suspicions of sexual abuse. In an interview with a facility RN and CSW it was indicated they have received training through ACH; however, the Auditor was not provided a training curriculum or documentation to confirm training required by subsection (b) of the standard has been received. As the facility does not have a policy there was not a policy submitted to the Agency for review and approval.

Does Not Meet (b)(c): The facility is not in compliance of subsections (b) and (c) of the standard. The facility submitted ACH policy J-C-03 which states, "All health care staff receive at least 12 hours of annual continuing education or staff development appropriate to their position;" however, the standard requires the facility have a policy that includes detecting signs of sexual abuse, responding professionally to victims of sexual abuse, and proper reporting allegations of suspicions of sexual abuse. In an interview with a facility RN and CSW it was indicated they do receive training through ACH; however, the Auditor was not provided a training curriculum or documentation to confirm training required by subsection (b) of the standard has been received. To become compliant, the facility must develop a policy that requires all medical and mental health staff who have contact with detainees to receive specialized training that includes how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report an allegation or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. Once developed, the facility must submit the policy to the Agency for review and approval. In addition, the facility must provide to the Auditor a copy of the training curriculum utilized by medical staff to meet the requirements of subsection (b) of the standard and documentation that all medical and mental health staff have been trained on the new policy's requirements.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(f)(g): CCSSM policy 3.11.1, Initial Classification, states, "The booking officer will consider the inmate/detainee's age, current charge(s), legal status, current physical/mental medical condition(s), suicide risk, physical build appearance, and predatory risk in determining appropriate short-term housing placement." CCSSM policy 3.11.2, Classification – Primary, states, "ICE detainees will be classified and placed in population within twelve (12) hours of arrival. In the event the placement exceeds twelve (12) hours an incident report will be completed via JMS documenting the circumstances." CCSSM policy 3.11.2 further states, "The Primary Classification Interview will consist of the following information: a. Whether the detainee has a mental, physical, or developmental disability, b. The age of the detainee; c. The physical build and appearance of the detainee; d. Whether the detainee has previously been incarcerated or detained, e. The nature of the detainee's criminal history; f. Whether the detainee has any convictions for sex offenses against an adult or child, g. Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, h. Whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety." A review of CCSSM policies 3.11.1 and 3.11.2 confirms that neither policy includes the requirement that detainees will be kept separate from general population until he/she is classified and can be housed accordingly. In an interview with Intake staff, it was indicated the facility utilizes a Primary Classification Interview Form during the initial classification process and that detainees are classified based on a point system; however, Intake staff could not articulate how the information would identify those likely to be sexual aggressors or sexual abuse victims or what steps would be taken to prevent sexual abuse. Classification staff further indicated all detainees are initially classified as level four status, which can be modified based on the detainee criminal history, convictions or assaults, or any additional holds. Intake staff further indicated initial classification is completed within a few hours; however, prior to completing initial classification, and housing, detainees are placed in a holding cell and are comingled with other inmates. In addition, in an interview with Intake staff it was indicated that a detainee would not be disciplined for refusing to answer, or for not disclosing complete information during the intake screening. The Auditor reviewed the primary classification process and confirmed the form, in addition to other questions, inquires the following: have you ever been charged with a sex crime; have you ever assaulted/batter anyone; have you ever been a victim of a sexual assault; any medical/mental health issues you have not already identified with staff; sexual preference: heterosexual, homosexual, bisexual; are you: transgender, intersex, gender non-conforming. A review of the Primary Classification form further confirmed the form does not include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history or the detainee's own concerns about his or her physical safety, prior convictions for violent offenses or history of prior institutional violence or sexual abuse. In an interview with Intake staff it was indicated they will make a note in the computer system of the detainee answers which is accessible by a protected password; however, in interviews with six detainees, it was indicated during intake they were requested to complete the Primary Classification Form and one LEP detainee stated the form was provided in English and translated by another detainee, and although he replied no to everything, he had previously experienced sexual abuse and was gay. In addition, three other LEP detainees reported the use of another detainee to translate the information to them. The Auditor reviewed eight detainee files and confirmed the Primary Classification Form was completed on the same day of the detainee's arrival at the facility.

Does Not Meet (a)(c)(d)(g): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of CCSSM policies 3.11.1 and 3.11.2 confirms that neither policy includes the requirement that detainees will be kept separate from general population until he/she is classified and can be housed accordingly. In an interview with Intake staff, it was indicated the facility utilizes a Primary Classification Interview Form during the initial classification process and that detainees are classified based on a point system; however, Intake staff could not articulate how the information would identify those likely to be sexual aggressors or sexual abuse victims or what steps would be taken to prevent sexual abuse. Intake staff further indicated initial classification is completed

within a few hours; however, prior to completing initial classification, and housing, detainees are placed in a holding cell and are comingled with other inmates. The Auditor reviewed the primary classification process and confirmed the form confirmed the form does not include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history or the detainee's own concerns about his or her physical safety, prior convictions for violent offenses or history of prior institutional violence or sexual abuse. In an interview Intake staff it was indicated they will make a note in the computer system of the detainee answers which is accessible by a protected password; however, in interviews with six detainees, it was indicated during intake they were requested to complete the Primary Classification Form and one LEP detainee stated the form was provided in English and translated by another detainee, and although he replied no to everything, he had previously experienced sexual abuse and was gay. In addition, three other LEP detainees reported the use of another detainee to translate the information to them. To become compliant, the facility must develop and implement a process to assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house the detainee to prevent sexual abuse, taking necessary steps to mitigate any such danger, including keeping new arrivals separate for the general population until he/she is classified and housed accordingly. In addition, the intake screening process must be updated to include the age of the detainee, the physical build or appearance, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, the detainee's own concerns about his or her physical safety, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. In addition, the facility shall implement a process that ensures appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or inmates by prohibiting the use of other detainees to translate the questions asked on the Primary Classification form during the intake screening. Once implemented the facility must provide documentation that all applicable staff, including intake and classification have been trained on the new practice. In addition, the facility shall provide the Auditor with 15 detainee files that include detainees who do not speak English to confirm the new practice has been implemented.

(e): CCSSM policy 3.11.2 states, "Inmate/detainees shall be reviewed as a result of any change in legal status (charges added, dropped, detainers, etc.) or new information identified regarding such factors as gang affiliation, a change in mental health, an incident of abuse or victimization, protective custody needs, etc. If it is documented, suspected, and/or reported that an inmate/detainee has been physically or sexually abused or assaulted, the victim's perception of his/her own safety shall be among the factors considered." In an interview with Classification staff, it was indicated each detainee's classification is reviewed every 60 days; however, the Auditor's interview with Classification confirmed the classification review was completed in order to reassess the detainee's behavior and not to determine the detainee's risk of victimization or abusiveness. In addition, in an interview with Classification staff it could not be confirmed that a detainee's risk of victimization or being sexually abused would be assessed upon the receipt of additional information or following an incident of sexual abuse. The Auditor reviewed two detainee files that included detainees who had been housed at the facility for 60 days and confirmed a reassessment was completed within two days of the detainee's arrival at the facility with no other assessments noted in the files. According to the PREA Allegation Spreadsheet, the facility had one reported sexual abuse allegation investigation; however, the case remains open, noting awaiting investigative results.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. In an interview with Classification staff, it was indicated each detainee's classification is reviewed every 60 days; however, the Auditor's interview with the Classification staff person confirmed the classification review was completed in order to reassess the detainee's behavior and not to determine the detainee's risk of victimization or abusiveness. The Auditor reviewed two detainee files that included detainees who had been housed at the facility for 60 days or more and confirmed the reassessments were completed within two days of the detainee's arrival at the facility with no other assessments noted in the files. To become compliant, the facility must develop and implement a procedure to ensure that each detainee is reassessed between 60 and 90 days from the date of the initial assessment, upon the receipt of additional information, and following an incident of sexual abuse. Once implemented, the facility shall submit to the Auditor documentation that all Classification staff have been trained on the implemented procedure. In addition, if applicable, the facility must provide the Auditor with 10 detainee files that include detainees who require a reassessment of risk for sexual abuse or victimization between 60 and 90 days. If applicable, the facility must submit all sexual abuse allegation investigation files and the corresponding reassessment that occurred during the CAP period.

§115.42 - Use of assessment information.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a): CCSSM policy 5.1 states, "Inmates/detainees identified through the intake and/or classification process as being at greater than average risk of victimization by a sexual predator will be classified to Protective Custody and placed in a segregation-capable housing unit." CCSSM policy 3.11.1 states, "The booking officer will consider the inmate/detainee's age, current charge(s), legal status, current physical/mental and medical condition(s), suicide risk, physical build/appearance, and predatory risk in determining appropriate short-term housing placement. Upon receipt of an inmate/detainee, the booking officer responsible for booking shall complete the initial/medical classification information utilizing the JMS system in addition to other pertinent documents required at this time. The officer upon completing the initial interview shall make a determination as to appropriate temporary housing, with emphasis on separating violent from non-violent prisoners based on current charge or prior knowledge. In making the determination for initial housing assignment, consideration shall be given to any and all known special needs of the individual." In an interview with Intake staff, it was indicated housing is determined by the Classification Officer. After the initial booking process, the detainee is placed in a holding cell, until his/her classification is completed. The Classification Officer stated housing is determined by the detainee's classification score, which considers criminal history, convictions, assaults, or any holds they may have; however, subsection (a) of the

standard requires the facility utilize information from the risk assessment under 115.41 to determine initial housing, recreation and other activities, and voluntary work. During the on-site audit, the Auditor reviewed 8 detainee files and confirmed the files did not contain documentation to confirm the facility utilized the information received from the Primary Classification Form to determine housing, recreation and other activities, or voluntary work.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The Classification Officer stated housing is determined by the detainee's classification score, which considers criminal history, convictions, assaults, or any holds they may have; however, subsection (a) of the standard requires the facility utilize information from the risk assessment under 115.41 to determine initial housing, recreation and other activities and voluntary work. In addition, the facility did not provide documentation to confirm information obtained during the initial risk assessment is considered in determining initial housing, recreation and other activities, or voluntary programs. To become compliant, the facility must establish and implement a procedure to ensure that all elements in 115.41 (c) are considered in determining the detainees initial housing, recreation and other activities, and voluntary programs. Once implemented, the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must submit 10 detainee files to confirm information gained from the initial risk assessment was considered in determining the detainee's housing, recreation and other activities, and voluntary work program.

(b): CCSSM policy 5.1.3 states, "The transgender/Inter-sex inmate will be secured in an individual cell while in assessments and will typically be housed in an individual cell in population, as well, however, that decision will be made on a case-by-case basis. However, if they are housed in an individual cell, they will be given the same privileges afforded to other inmates; while at the same time, being monitored for their safety and for the better running of the institution. If the decision to place the transgender/inter-sex inmate into general housing location is made; their housing assignment and programing assignments, will be reassessed at least twice a year so that staff can review if there were any threats to safety experienced by the inmate." In an interview with the facility JA/PSA Compliance Manager it was indicated that the facility has not housed a transgender/intersex detainee during the audit period. The JA/PSA Compliance Manager further indicated medical staff would be included when determining an initial housing assignment and the effect it may have on the health and safety of the transgender/intersex detainee and the safety and security needs of the facility. In an interview with Classification staff, it was indicated that a transgender or intersex detainee would be reassessed twice a year; however, the reassessments purpose would be to reassess the detainee's behavior and not to review any threats to safety the detainee may have experienced. In an interview with the facility RN, it was indicated that medical staff would be consulted on the appropriate housing for a transgender/intersex detainee. The RN further indicated housing decisions for transgender and intersex detainees would not solely be made based on the anatomy of a transgender or intersex detainee. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form states, "If self-identification differs from outward appearance, notify the jail administrator for housing decision."

Does Not Meet (b): In an interview with Classification staff, it was indicated that a transgender or intersex detainee would be reassessed twice a year; however, the reassessments purpose would be to reassess the detainee's behavior and not to review any threats to his/her safety the detainee may have experienced. To become compliant the facility must implement a practice that includes a reassessment of a transgender or intersex detainee twice a year to determine any threats to safety the detainee may have experienced. Once implemented the facility must train all applicable staff, to include Classification, on the new practice. If applicable, the facility must submit to the Auditor all detainee files and corresponding reassessments that include transgender or intersex detainees that occur during the CAP period.

(c): CCSSM policy 5.1.3 states, "If feasible, transgender and inter-sex inmates shall be given the opportunity to shower separately from other inmates." Interviews with the facility JA/PSA Compliance Manager and four security line staff indicated transgender/intersex detainees would be given the opportunity to shower separate from other detainees should they request to do so.

§115.43 - Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e): CCSSM policy 5.1 states, "Inmate/detainees identified through the intake and/or classification process as being at greater than average risk of victimization by a sexual predator will be classified to Protective Custody and placed in a segregation-capable housing unit. CCSSM policy 5.1 further states, "The victim will be classified to Protective Custody and segregated from the General Population when deemed appropriate." CCSSM policy 5.14, Administrative Segregation, states, "In the event an inmate/detainee is placed on administrative segregation status, the following shall occur: a. The supervisor or designee will complete the Segregation Order (5-14A) detailing the reason(s) for placing the inmate/detainee in administrative segregation, before actual placement." CCSSM policy 5.14 further states, "A copy of the Segregation Order (5-14A) shall be immediately forwarded to ICE/ERO for any ICE detainee placed on administrative segregation" and "ICE/ERO will be notified of an ICE detainee's release from administrative segregation." In addition, CCSSM policy 5.14 states, "The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted, the Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals" and "inmate/detainees on administrative segregation will receive the same general privileges as inmate/detainees in general population." A review of the above policies, indicates a detainee who is the victim of a sexual abuse, will be placed into protective custody without reasonable efforts to provide appropriate housing, without checking into other viable housing options. In addition, the policies indicate the placement can be longer

than 30 days and not for the least amount of time practicable. In addition, a review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. A review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In an interview with the JA/PSA Compliance Manager and the SDDO it was indicated policies have been forward and approved by the ICE Detroit Field Office; however, neither policy is compliant with the standard. The JA/PSA Compliance Manager further indicated a detainee would be placed in the least restrictive housing unit available and no more than 30 days.

Does not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (d) of the standard. CCSSM policy 5.14 states, "The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted, the Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals." In an interview with the JA/PSA Compliance Manager it was indicated a detainee would be placed in the least restrictive housing unit available and no more than 30 days; however, a review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. To become compliant the facility shall develop, in consultation with the ICE ERO FOD having jurisdiction for the facility, and follow written procedures that contain all elements of subsections (b) and (d) of the standard. Once developed and implemented the facility must submit documentation that all applicable staff, including security supervisors, have been trained on the newly developed procedures. If applicable, the facility must submit to the Auditor all detainee files that include detainees placed in administrative segregation due to being vulnerable to sexual abuse that occur during the CAP period.

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): CCSSM policy 5.1 states, "Staff will accept reports of sexual abuse and/or anything related else related [sic] to sexual abuse via the following reporting methods: a. verbally; b. in writing; c. anonymously; or d. via 3rd party." CCSSM policy 5.1 further states, "Complete and detailed reports will be prepared by those employees having knowledge of the incident." The Auditor reviewed the facility detainee Handbook available in English and Spanish only. The handbook includes the following: "ICE detainees may file a complaint about staff misconduct, about civil rights violation directly with the U.S. Department of Homeland Security, Office of the Inspector General (OIG): Email at DHSOIGHOTLINE@DHS.GOV, telephone at 1-800-323-8603, mail from your housing unit at no cost to you: DHS OIG Hotline, 245 Murray Drive SE, Building 410, Washington, DC 20538. Chippewa County Sheriff's Office Crime Tip/PREA (Prison Rape Elimination Act) LINE. Chippewa has a zero-tolerance policy for sexual abuse CALL PROCESS - 1. For English, press 1. PARA Espanola, marque 2. 2. Please enter your PIN, 3. Enter the number 906-555-1234, 4. The phone will ring and go to voice mail, unless answered;" however, the information is not available to detainees who speak a language other than English or Spanish, and based on documentation submitted the Auditor could not confirm detainees receive the facility handbook. During the on-site audit, the Auditor observed posted information that advised the detainees how to contact their consular officials and the DHS OIG, to confidentially and, if desired, anonymously report an incident of sexual abuse. The Auditor tested the toll-free number to the DHS OIG and confirmed a PIN number was needed to complete the call. In interviews with six detainees, it was indicated they could not articulate ways in which they could report an incident if something should occur.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of all submitted CCSSM policies confirmed the facility has not developed policy and procedures to ensure that the detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Auditor reviewed the facility detainee Handbook available in English and Spanish only and confirmed the handbook includes the contact information for the DHS OIG and the Chippewa County Sheriff's Office Crime Tip/PREA (Prison Rape Elimination) Act LINE; however, the information is not available to detainees who speak a language other than English or Spanish. In addition, based on documentation submitted, the Auditor could not confirm detainees receive the facility handbook. During the on-site audit, the Auditor observed posted information that advised the detainees how to contact their consular officials and the DHS OIG, to confidentially and if desired anonymously report an incident of sexual abuse; however, the Auditor tested the toll-free number to the DHS OIG and confirmed a PIN number was needed to complete the call. To become compliant, the facility must develop policy and procedures to ensure that detainees have multiple ways to privately report an incident of sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition, the facility must provide a method that allows detainees to report an allegation of sexual abuse privately and anonymously to a public or private entity that is not part of the Agency. Once developed, the facility must submit documentation that the detainee population has been informed of the multiple ways in which they can report an incident of sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents in a manner that all detainees could understand. Documentation of the provided method for a detainee to report an allegation of sexual abuse privately and anonymously to a public or

private entity that is not part of the Agency and the corresponding notification to the detainee population must be provided to the Auditor.

§115.52 - Grievances.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d)(e)(f): CCSSM policy 3.10.1 states, "Inmate/detainees may bypass the informal resolution process while filing an Emergency LOC." A review of policy 3.10.1 confirms it does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse, a formal grievance related to sexual abuse can be filed at any time, not imposing a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse, bringing medical emergencies to the immediate attention of proper medical personnel for further assessment, or sending all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The facility e handbook states, "Inmate/Detainees may bypass the informal resolution process while filing an Emergency LOC. Inmate/detainee shall indicate on the Letter of Concern (CCCF-200A) form the nature of the emergency and write the word "Emergency" at the top of the letter of concern." The facility handbook further states, "Step 1-Corporals or designee will be the respondent. The due date shall be within five (5) business days after the receipt of the Letter of Concern Form (200-A). Step II-(Form 200 B) Sergeant or his/her designee will be the respondent. The due date for Step II-(Form-200-B) shall be fifteen (15) days after the receipt of the LOC Form (200-B). Step III-The Sheriff or his/her designee will be the respondent. The due date for Step III-(Form-200-B) shall be fifteen (15) days after the receipt of the LOC Form (200-B)" and "you may not submit a Letter of Concern (grievance) on behalf of anyone else. You may, however, seek assistance from another detainee/inmate or staff member in preparing your Letter of Concern (grievance)." A review of the facility handbook confirms it does not include the detainee may seek assistance from family members or legal representatives. In an interview with the facility GO, it was indicated that all time limits are waived if the grievance alleges sexual abuse; however, he could not articulate how the detainees are informed the time limits are waived. The GO further indicated a detainee could request assistance from a staff, another detainee, family members and their legal representative, if need be. In addition, the GO indicated, the facility has five days to respond from the date of the filing of the grievance. The Sheriff has 15 days to respond on appeals. If the facility received a grievance alleging sexual abuse, he/she would be immediately taken to medical for an assessment and medical attention. The GO further indicated all grievances related to sexual abuse and the facility's decisions are immediately forwarded to the ICE Field Office once the grievance has been decided. In interviews with six detainees, it was confirmed they could not articulate the grievance process, including they may obtain help from staff, family members, or legal representatives, with filing a grievance. There were no allegations of sexual abuse reported through the grievance system at HCSSM during the audit period.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. A review of HCCSM policy 3.10.1 confirmed it does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, a review of HCCSM policy 3.10.1, and in interviews with the facility GO, the Auditor could not confirm a formal grievance related to sexual abuse can be filed at any time following an incident of sexual abuse. To become compliant the facility must update HCCSM policy 3.10.1 to include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, the facility must implement a practice that does not impose a time limit when a detainee may submit a grievance regarding an allegation of sexual abuse. In addition, the facility must notify detainees in a manner all will understand the facility practice does not impose a time limit when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility shall train all applicable staff on the implemented practice and document such training. If applicable, the facility must submit any grievance files that includes an allegation of sexual abuse, and the corresponding sexual abuse investigation file, that occur during the corrective action period, to confirm that the facility has implement the procedures.

Recommendation (d)(e)(f): The Auditor recommends that the facility update CCSSM policy 3.10.1 to include the requirements to bring medical emergencies to the immediate attention of proper medical personnel for further assessment, sending all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD at the end of the grievance process, issuing a decision on the grievance within five days of receipt, responding to an appeal of the grievance within 30 days, sending all grievances and the corresponding decision to the appropriate field office, and detainees may use assistance from family members and legal representatives when filing a grievance related to sexual abuse.

§115.53 - Detainee access to outside confidential support services.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d): A review of all CCSSM policies submitted by the facility confirms the facility does not have written policies that include outside agencies in the facility's sexual abuse prevention and intervention protocols. The Auditor reviewed the facility handbook and confirmed it advises detainees the extent to which phone calls would be monitored; however, it does not advise the detainees the extent to which reported allegations of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility handbook confirmed it did not include information about local organizations that can assist detainees who have been victims of sexual abuse. During the on-site audit, the Auditor observed a flyer posted in the housing unit, which states, "24-hour Crisis Centers - These programs provide confidential counseling and support to victims of sexual abuse and/or victims of domestic violence. Programs are listed by location, but many provide services to multiple counties. You can also be connected with local services by calling the National Hotline (RAINN) 1-800-656-HOPE." The flyer included telephone numbers for all crisis centers in Michigan to include DPRC and provides the phone numbers; however, no addresses were provided. In addition, the flyer does not

inform the detainee the extent to which such communications will be monitored and to the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services. In an interview with the facility JA/PSA Compliance Manager, it was indicated that the facility could utilize the services of the facility mental health provided or a victim advocate from the CCPO. The Auditor reviewed an email between the JA/PSA Compliance Manager and the Victims' Rights Coordinator with the CCPO and confirmed a victim advocate would be provided for crisis intervention when necessary for the victims of a charged offense. During the on-site audit, the Auditor spoke to a victim advocate from DPRC and confirmed the DPRC does not have an MOU in place with the facility. Interviews with six detainees confirmed they were not aware of services provided for emotional support, crisis intervention, or counseling.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c), and (d) of the standard. A review of all CCSSM policies submitted by the facility confirms the facility does not have written policies that include outside agencies in the facility's sexual abuse prevention and intervention protocols. The Auditor reviewed the facility handbook and confirmed it advises detainees the extent to which phone calls would be monitored; however, it does not advise the detainees the extent to which reported allegations of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility handbook confirmed it did not include information about local organizations that can assist detainees who have been victims of sexual abuse. During the on-site audit, the Auditor observed a flyer posted in the housing unit that included telephone numbers for all crisis centers in Michigan to include DPRC; however, there are no addresses provided. In addition, the flyer does not inform the detainee the extent to which such communications will be monitored and to the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services. During the on-site audit, the Auditor spoke to a victim advocate from DPRC and confirmed the facility currently does not have an MOU in place with DPRC. To become compliant, the facility must attempt to establish an MOU with DPRC, or any other community service provider, who could provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victims' needs most appropriately. In addition, the facility must advise detainees with addresses to local organizations that can assist detainees who have been victims of sexual abuse and the extent that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to these services.

§115.54 - Third-party reporting.

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

Notes:

CCSSM website (https://www.chippewacountymi.gov/sheriff-correctional-facility), states, "Third-party reports of sexual assault and abuse involving an inmate can be reported by dialing (906) 635-7621. Third party reports may also be submitted via the Chippewa County Sheriff's Office App by accessing the "submit a tip" function." The Auditor tested and confirmed the phone number provided is to the CCSO. If a report is made utilizing this option, the report would be taken and forwarded to the JA/PSA Compliance Manager for an investigation. The Auditor attempted to access the "submit a tip" function; however, the Auditor was unable to locate the function. In an interview with the JA/PSA Compliance Manager, it was indicated the third party must download the CCSO app from the Google Play store, to access the "submit a tip" function. The Auditor reviewed the website and confirmed the need to download the CCSO app is not provided to the public. In addition, the Auditor reviewed the ICE web page (https://www.ice.gov) and confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee.

Recommendation: The Auditor would recommend that information or instructions for third party reporting be included in the facility handbook. In addition, the Auditor recommends the facility include instructions on the facility website on how to access the "submit a tip" function.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." CCSSM policy 5.1 states, "An allegation of sexual abuse and/or assault shall be immediately reported to a supervisor. If a supervisor is unavailable the incident may be reported outside of the staff member's chain of command." CCSSM policy 5.1 further states, "Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know in order to make decisions concerning the detainee-victims welfare, and for law enforcement and/or investigative purposes." A review of CCSSM policy 5.1 confirms it does not require staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. An interview with the JA/PSA Compliance Manager indicated all allegations are reported to the ERO and the FOD. In addition, interviews with the JA/PSA Compliance Manager and the DDO indicated all policies have been forwarded and approved by the Agency. Interviews with four security line staff indicated they are aware of their responsibilities to immediately report an incident of sexual abuse and that they shall not reveal information concerning

the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need-to-know in order to make decisions concerning the detainee-victims welfare, and for law enforcement and/or investigative purposes; however, interviews could not confirm staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with four security line staff could not confirm the facility provides a method for staff to report misconduct outside of their chain of command. The answers varied, one reported a report can be made to the Michigan State Police, another reported a report can be made to the Sheriff, and two were unaware of any method to report outside the chain of command. In an interview with the facility JA/PSA Compliance Manager it was indicated, staff are required to immediately report sexual abuse. Staff can make a report outside the chain of command to the Michigan Whistleblower. If the victim is a vulnerable adult a report would be made to the Adult Protective Services. The facility does not house juvenile detainees.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of policy 5.1 confirms it does not require staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with four security line staff indicated they are aware of their responsibilities to immediately report an incident of sexual abuse; however, interviews could not confirm staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews did not confirm the facility provides a method for staff to report misconduct outside of their chain of command. To become complaint, the facility must update HCSSM policy 5.1 in include the requirement all applicable staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation abuse such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Once updated the facility must submit updated HCSSM policy 5.1 to the Agency for review, approval, and document that all security line staff and supervisors have been trained on the updated HCSSM policy 5.1. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

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

In an interview with the facility JA/PSA Compliance Manager it was indicated if there is a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, staff are required to take immediate action. In interviews with four security line staff, it was confirmed that if a detainee was subject to a substantial risk of imminent sexual abuse, they would take immediate action to protect the detainee. There was one allegation of sexual abuse reported at CCSSM during the reporting period; however, in a review of the PREA Allegation Spreadsheet it was confirmed the allegation continues to be open, noting awaiting investigative response.

§115.63 - Reporting to other confinement facilities.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d): In an interview with the facility JA/PSA Compliance Manager it was indicated if the facility received an allegation that a detainee was sexually abused while confined in another facility, he would immediately notify the JA of that facility within 72 hours by phone and follow up with an email. If the facility received notification from another facility that a detainee alleged, he/she was sexually abused while housed at CCSSM, the allegation would immediately be referred for an investigation and notification made to the ICE FOD. The facility received one allegation of sexual abuse made by a detainee, which had occurred at another facility; however, per the PREA Allegation Spreadsheet the case remains open, noting awaiting investigative information.

§115.64 - Responder duties.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b): CCSSM policy 5.1 states, "First Responders including non-security staff (e.g., vendors/volunteers/etc.) will advise victims not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.)." A review of CCSSM policy 5.1 confirms it does not differentiate between security first responders and non-security first responders. In addition, a review of CCSSM policy 5.1 further confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse would be separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the

victim or perpetrator to do anything that would destroy evidence such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of this standard. A review of CCSSM policy 5.1 confirms it does not differentiate between security first responders and non-security first responders. In addition, a review of CCSSM policy 5.1 further confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating or that non-security first responders notify security staff. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse that would be taken which included separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated that they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the victim or perpetrator to do anything that would destroy evidence such as using washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating. To become compliant the facility must update CCSSM policy 5.1 so that the verbiage differentiates between security first responders and non-security first responders. In addition, the facility must update CCSSM policy 5.1 to include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, and ensure the alleged abuser does not to take any action, that security first responders and non-security first responders request the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing his or her clothes, urinating, defecating, smoking, drinking, or eating. The facility must further update CCSSM policy 5.1 to include a non-security first responder is to notify security staff. Once updated, the facility must submit documentation that all security and non-security first responders were trained on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): CCSSM policy 5.1 states, "First Responders including non-security staff (e.g., vendors/volunteers/etc.) will advise victims not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.)." CCSSM policy 5.1 further states, "If a victim is transferred between detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services (unless, in the case of transfer to a non-ICE facility, the victim requests otherwise). If the receiving facility is unknown to the sending facility, the sending facility shall notify ICE/ERO, so that he or she can notify the receiving facility." A review of CCSSM policy 5.1 confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. In addition, a review of CCSSM policy 5.1 confirms it includes actions to be taken by medical and mental health staff; however, it does not include actions to be taken by facility investigators or differentiate between security first responders and non-security first responders. A review of CCSSM policy 5.1 further confirms it does not contain the verbiage "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. During interviews with four security line staff, it was indicated the actions they would take following an incident of sexual abuse would be separating the victim and perpetrator, calling for back up, securing the crime scene, and calling for medical. In addition, the four security line staff indicated they would not allow the victim or the perpetrator to do anything that would destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In interviews with two non-security first responders, it was indicated they would order the action to stop and call for help. In addition, one non-security first responder interviewed indicated they would not allow the victim or perpetrator to do anything that would destroy evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating. Interviews with the facility RN indicated with the detainee's consent, she would complete an ICE Facility Transfer Form, and would provide all medical information regarding a sexual assault to include the need for continued medical services or mental health services, in a sealed envelope.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsection (a), (b), (c) and (d) of this standard. A review of CCSSM policy 5.1 confirms it does not include the first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken

to collect any physical evidence, or will ensure the alleged abuser does not to take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating). A review of CCSSM policy 5.1 further confirms it does not require first responders, both security and non-security, to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating) or that non-security first responders notify security staff. In addition, a review of CCSSM policy 5.1 confirms it includes actions to be taken by medical and mental health staff; however, it does not differentiate between security first responders and non-security first responders. A review of CCSSM policy 5.1 further confirms it does not contain the verbiage "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." To become compliant the facility must update CCSSM policy 5.1 to include all elements required by subsections (a), (b), (c), and (d) of the standard. Once updated, the facility must provide the Auditor with the updated HCSSM policy 5.1 and documentation that all applicable staff, including medical, have been trained on updated HCSSM policy 5.1. If applicable, the facility must submit to the Auditor any sexual abuse allegation investigation files that occurred during the CAP period.

§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:

CCSSM policy 5.1 states, "Allegations of employee, contractor, and/or volunteer sexual contact with an inmate/detainee will be investigated immediately when they become known. Inmate/detainee complaints alleging sexual contact by an employee, contractor and/or volunteer will be forwarded to the Sheriff and/or designee who will arrange for the incident to be investigated. Employees may be immediately relieved of duty by the Jail Administrator if it is deemed necessary. An employee may be suspended pending the outcome of an investigation into an allegation of sexual contact and subject to internal disciplinary procedures and/or criminal prosecution. Staff suspected of perpetrating sexual abuse and/or assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse and assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards. Incidents of substantiated sexual abuse and assault by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to ICE/ERO regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." In an interview with the facility JA/PSA Compliance Manager it was indicated that when an allegation of sexual abuse is made, which includes staff, contractors or volunteers suspected of perpetrating sexual abuse they will be removed from all duties requiring detainee contact pending the outcome of an investigation. There was one reported sexual abuse allegation at HCSSM during the audit period; however, per the PREA Allegation Spreadsheet the allegation remains open, with a notation "awaiting investigative response."

Recommendation: The Auditor recommends that the verbiage "if it is deemed necessary" when removing an employee, contractor, or volunteer for all detainee contact following an allegation of sexual abuse be removed from HCSSM policy 5.1.

§115.67 - Agency protection against retaliation.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): CCSSM policy 5.1.6, Protection Against Retaliation - SAAPI, states, "Staff, contractors, 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 and assault, or for participating in sexual abuse and assault as a result of force, coercion, threats, or fear of force. The facility shall employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse and assault or for cooperating with investigations. For at least 90 days following a report of sexual abuse and assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." According to the PREA Allegation Spreadsheet, and in an interview with a detainee during the on-site audit, the Auditor confirmed there were two allegations of sexual abuse reported during the audit period; however, the facility did not submit documentation to confirm either detainee was being monitored following the reported incident.

Does Not Meet (c): According to the PREA Allegation Spreadsheet, and in an interview with a detainee during the on-site audit, the Auditor confirmed there were two allegations of sexual abuse reported during the audit period; however, the facility did not submit documentation to confirm either detainee was being monitored following the reported incident. To become compliant the facility must submit to the Auditor documentation that both detainees who reported an incident of sexual abuse during the audit period received monitoring due to the reported incidents. In addition, the facility must submit to the Auditor any sexual abuse allegation investigations and the corresponding monitoring documentation that occur during the CAP period.

§115.68 - Post-allegation protective custody.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d): CCSSM policy 5.1 states, "Inmate/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing. The victim will be classified to Protective Custody and segregated from the General Population when deemed appropriate." CCSSM policy 5.1 further states, "An inmate/detainee claiming to be the victim of sexual contact by another inmate/detainee will be separated from the alleged perpetrator by housing assignment and placed on Protective Custody. The victim and perpetrator will be prevented from having further contact." CCSSM policy 5.14 Access to Emergency Medical and Mental Health Services – SAAPI, states, "Mental health will reassess any inmate/detainee placed on administrative segregation status due to sexual abuse before they are returned to general population. Victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee." CCSSM policy 5.14 states, "In the event an inmate/detainee is placed on administrative segregation status, the following shall occur: A copy of the Segregation Order (5-14A) shall be immediately forwarded to ICE/ERO for any ICE detainee placed on administrative segregation" and "Review(s) of Administrative Segregation will be conducted as follows: The Jail Sergeant and/or designee will conduct a review within seventy-two (72) hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The Jail Sergeant and/or designee will review the order every seven (7) days until the 30th day in segregation. After the first thirty (30) days has passed the Sergeant will review each case on ten (10) day intervals. CCSSM policy 5.14 further states, "Inmate/detainees on administrative segregation will receive the same general privileges as inmate/detainees in general population." A review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In an interview with the facility JA/PSA Compliance Manager, it was indicated whenever a detainee is placed into protective custody the ICE FOD is notified immediately and a detainee victim of sexual abuse would be placed in the least restrictive housing unit (protective custody) to guarantee their safety; however, a review of CCSSM policies 5.1 and 5.14 confirm protective custody at CCSSM does not meet the requirements set forth in standard §115.43. There were no detainees placed in protective custody during the audit period due to an incident of sexual abuse.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of CCSSM policies 5.1 and 5.14 confirms neither policy include the requirements to use administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, and when no other viable housing unit exits, as a last resort. In addition, a review of CCSSM policies 5.1 and 5.14 further confirms neither policy includes the requirement to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. To become compliant the facility must implement a practice that requires the use of administrative segregation to protect detainees vulnerable to sexual abuse or assault only after reasonable efforts have been made to provide appropriate housing, shall be made for the least amount of time practicable, when no other viable housing unit exits, as a last resort, and to place detainees in protective custody for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Once implemented, the facility must submit documentation that confirms all applicable staff have been trained on the new practice. If applicable, the facility must submit any allegation of sexual abuse investigations that include the detainee being placed in protective custody due to an allegation of sexual abuse, and the corresponding detainee's detention file, that occur during the CAP period.

§115.71 - Criminal and administrative investigations.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(e)(f): CCSSM policy 5.1.10 states, "If a detainee alleges sexual abuse and assault, a sensitive and coordinated response is necessary. The Chippewa County Correctional Facility shall coordinate with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault. All investigations of alleged sexual abuse and assault shall be prompt, thorough, objective, and fair and conducted by specially trained, qualified investigators." CCSSM policy 5.1.10 policy further states, "Upon conclusion of a criminal investigation, where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determine to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity. The administrative investigation will include the following provisions: a. preservation of direct or circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; b. interviewing alleged victims, suspected perpetrators, and witnesses; c. reviewing all prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; d. assessment of the credibility of an alleged victim, suspect, or witness without regard to the individual's statuses detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse

and assault to submit to a polygraph; e. an effort to determine whether actions or failures to act at the facility contributed to the abuse; f. documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and g. retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation." In addition, CCSSM policy 5.1.10 states, "The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating the investigation. When outside agencies investigate sexual abuse and assault, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The facility PAQ indicated the facility has two investigators who have received specialized training on sexual abuse and effective cross-agency coordination. In an interview, the JA/Investigator indicated that regardless of if the victim or the perpetrator is no longer employed or in the facility control, the allegation would be investigated promptly, thoroughly, and objectively. He further explained, detainee-on-detainee allegations would be investigated by the facility investigators and if criminal, by the CCSO detective and if an allegation of sexual abuse includes a staff-on-detainee, the allegation would be referred to the MMT which is comprised of investigators from all counties within Michigan that investigates criminal cases that involve staff to ensure that the allegation is investigated by an outside agency. In an interview, the JA/Investigator and the CCSO Detective confirmed if a criminal case is substantiated the facility would conduct an administrative investigation, if the criminal case was unsubstantiated the investigator would review all available reports and information to determine if an administrative investigation is necessary and only after consultation with the investigating entity and they were aware of all elements required in subsection (c) and follow them; however, facility investigators have not received specialized training in investigating sexual abuse allegations in a confinement setting. According to the PREA Allegation Spreadsheet, there was one allegation of sexual abuse reported during the audit period; however, the case remains open, with a notation, "awaiting investigative response."

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Interviews with the JA/Investigator and the CCSO detective indicated they have not received specialized training as required by §115.34. To become compliant, the facility must document that all Investigators have received specialized training as required by standard §115.34. If applicable, the facility must submit to the Auditor all allegations of sexual abuse investigation files that occur during the CAP period.

§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:

Agency Policy 11062.2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." CCSSM policy 5.1.10 states, "When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated." In an interview with a facility Investigator, it was indicated the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. There was one allegation of sexual abuse reported during the audit period; however, per the PREA Allegation Spreadsheet the case remains open, noting awaiting investigative response.

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

Agency Policy 11062.2 states, "For detainees still in ICE immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse or assault, notify the detainee as to the result of the investigation and any responsive action taken, in coordination with the FOD." CCSSM policy 5.1 states, "If feasible, the facility will notify an inmate/detainee the results of an investigation and/or any responsive action taken." An interview with the JA/PSA Compliance Manager indicated a detainee would be notified of the results of an investigation or any actions taken. There was one allegation of sexual abuse reported during the audit period; however, per the PREA Allegation Spreadsheet the case remains open, noting awaiting investigative response.

§115.76 - Disciplinary sanctions for staff.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d): CCSSM policy 5.1 states, "Allegations of employee, contractor, and/or volunteer sexual contact with an inmate/detainee will be investigated immediately when they become known. Inmate/detainee complaints alleging sexual contact by an employee, contractor and/or volunteer will be forwarded to the Sheriff and/or designee who will arrange for the incident to be investigated. Employees may be immediately relieved of duty by the Jail Administrator if it is deemed necessary. An employee may be suspended pending the outcome of an investigation into an allegation of sexual contact and subject to internal disciplinary procedures and/or criminal prosecution. Staff suspected of perpetrating sexual abuse and/or assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation." Review of the facility policy indicated staff are not subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. In an interview with the facility JA/PSA Compliance Manager it was indicated that staff are subject to termination for a substantiated allegation of sexual abuse or for violating the facility sexual abuse policies and will be reported to law enforcement for criminal charges and the facility would ensure reasonable efforts to report removals or resignations in

lieu of removal for violations of the agency or facility policies to any relevant licensing bodies. Interviews with the facility JA/PSA Compliance Manager and the DO indicated that all policies and procedures have been approved by the Agency. There was one sexual abuse allegation reported during the audit period; however, per the PREA Allegation Spreadsheet, the case remains open, noting awaiting investigative response.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. In an interview with the facility JA/PSA Compliance Manager it was indicated that staff are subject to termination for a substantiated allegation of sexual abuse or for violating the facility sexual abuse policies and will be reported to law enforcement for criminal charges and the facility would ensure reasonable efforts to report removals or resignations in lieu of removal for violations of the agency or facility policies to any relevant licensing bodies. However, a review of CCSSM policy 5.1 confirms it does not include staff are subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. To be compliant, the facility must update CCSSM policy 5.1 to include the requirement that staff are subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. Once updated the facility must resubmit CCSSM policy 5.1 to the Agency for review and approval. The facility must submit documentation to the Auditor that confirms all applicable staff have been trained on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a staff person as the alleged perpetrator.

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

(a)(b)(c): CCSSM policy 5.1 states, "Any contractor or volunteer who has engaged in sexual abuse and assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards. Incidents of substantiated sexual abuse and assault by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to ICE/ERO regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." In an interview with the facility JA/PSA Compliance Manager it was indicated that contractor and volunteers who engage in sexual abuse are prohibited from contact with detainees and they would be removed from the facility pending the outcome of an investigation, In an interview with the facility JA/PSA Compliance Manager it was further indicated the facility would ensure reasonable efforts to report removals or resignations in lieu of removal for violations of the agency or facility policies to any relevant licensing bodies. There were no allegations of sexual abuse reported at CCSSM that involved a contractor or a volunteer during the audit period.

§115.78 - Disciplinary sanctions for detainees.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d)(e)(f): CCSSM policy 5.1 states, "Inmate/detainees identified as sexual predators will be placed on an appropriate segregation status through disciplinary action. Classification, or reclassification as may be appropriate." CCSSM policy 5.1 further states, "The facility will not discipline an inmate/detainee for any sexual contact with a staff member and/or for reporting a sexual contact with a staff member unless the staff member did not consent." In addition, CCSSM policy 5.1 states, "Reports of sexual abuse that are made in good faith based upon reasonable belief the alleged conduct occurred shall not constitute as a false report even if the allegation is not substantiated." A review of CCSSM policy 3.13 confirms a detainee would be subject to disciplinary sanction following an administrative or criminal finding that the detainee engaged in sexual abuse and the detainee disciplinary system has progressive levels of review, appeals, procedures, and documentation procedures. The disciplinary process does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Auditor reviewed the facility Handbook. The handbook includes disciplinary violations that would result in disciplinary sanctions, civil prosecution, or criminal prosecution. The major violations include engaging in sex acts with others and proposition of sexual acts. In an interview with the facility JA/PSA it was indicated the facility does have a disciplinary process that includes progressive levels of review, appeal procedures, and documentation procedures and sanctions intended to encourage the detainee to conform with rules and regulations and are commensurate with the severity of the committed act. Detainees would not be disciplined if staff consented to the activity.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. The disciplinary process does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. To become compliant, the facility shall update policy 3.13 to included verbiage that the disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed. The facility shall train all relevant staff on the updated policy and provide documentation of such training to the Auditor.

§115.81 - Medical and mental health assessments; history of sexual abuse.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): CCSSM policy 7.2.2, Referrals for Sexual Abuse Victims or Abusers – ICE Detainees, states, "If during any medical intake screening and/or classification assessment an ICE detainee indicates they have experienced sexual victimization or perpetuated sexual

abuse, staff will immediately refer the detainee to Health Services. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral." In interviews with Intake and Classification staff it was indicated they do not do referrals to mental health during the intake process as medical staff will see detainees within 12 hours of intake and make the referral. In an interview with the facility RN, it was indicated that medical staff will see a detainee within 12 hours of intake for a medical assessment which includes a PREA assessment, and if indicated, the detainee will receive a follow-up health evaluation within two days of the initial assessment. If a detainee indicates that they have experienced prior sexual victimization or have perpetrated sexual abuse, medical staff will make a referral to mental health. In an interview with a CSW, it was indicated if a referral is received due to sexual victimization or for a perpetrator, the detainee would be seen the same day or the next day following receipt of the referral. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form includes a PREA screening which asks the following: history of violence towards others; history of being victimized; history of being sexually assaulted; history of sexually assaulting others; is the person obviously higher risk for victimizations or assault; what genders does the patient identify as: male, female, gender neutral, other. The form also states, "if self-identification differs from outward appearance, notify the jail administrator for housing decision." The Auditor reviewed eight detainee files, none of the detainees stated they had previously experienced sexual abuse or previously perpetrated sexual abuse.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In interviews with Intake and Classification staff, it was indicated they do not do referrals to mental health during the intake process as medical staff will see detainees within 12 hours of intake and make the referral. The Auditor reviewed the Medical History and Health Appraisal utilized by medical staff to conduct the initial health assessment. The form includes a PREA screening which asks the following: history of violence towards others; history of being victimized; history of being sexually assaulted; history of sexually assaulting others; is the person obviously higher risk for victimizations or assault; what genders does the patient identify as: male, female, gender neutral, other. The form also states, "if self-identification differs from outward appearance, notify the jail administrator for housing decision." To become compliant, the facility must utilize the assessment pursuant to 115.41 to indicate if a detainee has experienced prior sexual victimization or perpetrated sexual abuse. In addition, the assessment must include all elements required by subsection (c) of standard 115.41. In addition, once indicated a detainee has experienced prior sexual victimization or perpetrated sexual abuse Intake staff must refer the detainee to medical and/or mental health for follow-up as appropriate. The facility must submit to the Auditor documentation that all Intake, medical, and mental health staff have been trained on the implemented practice. If applicable, the facility must submit to the Auditor all detainee files that include a detainee who has experienced sexual victimization or perpetrated sexual abuse and the corresponding medical and mental health records that occur during the CAP period.

§115.82 - Access to emergency medical and mental health services.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): CCSSM policy 5.1.4 states, "Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care." In an interview with the facility RN, it was indicated detainee victims of sexual abuse are given timely, unimpeded access to emergency treatment, at no cost to the detainee and in accordance with professional accepted standards of care, regardless of if the victim names the abuser or cooperates with any investigation arising out of the incident. The RN further indicated the facility medical staff would provide the detainee with emergency contraception and sexually transmitted infections prophylaxis. In addition, the medical staff would refer the detainee to mental health for crisis intervention. There was one allegation of sexual abuse reported during the audit period; however, according to the PREA Allegation Spreadsheet the case remains open, noting awaiting investigative response.

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

(a)(b)(c)(d)(e)(f)(g): CCSSM policy 5.1.5 states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse and assault while in immigration detention. The evaluation and treatment of such victims shall include, as appropriate, 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 facility shall provide such victims with medical and mental health services consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse and assault, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse and assault while detained shall be offered tests for sexually transmitted infections as medically appropriate. The facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." CCSSM policy 5.1.4 states, "Detainee victims of sexual abuse and assault shall be provided emergency medical and mental health services and ongoing care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." An interview with the facility RN indicated a detainee who has been victimized by sexual abuse is offered a medical and mental health evaluation. The evaluation and treatment would include follow-up services, treatment plans and referrals for continued care following their transfer or release from custody. Victims are provided

medical and mental health services, free of charge and that are consistent, if not better, than the level of care they would receive in the community. In addition, she indicated female detainee victims would be offered pregnancy tests, and if there is a positive result, they are given timely comprehensive information about lawful pregnancy related medical services and are offered those services, if requested. In an interview with the facility CSW it was indicated a mental health evaluation would be completed on all known detainee-on-detainee abusers within 60 days of learning about such abuse history. Treatment would be offered and if the detainee, agrees to participate, a plan would be put in place. During an interview with an LEP detainee, the detainee reported a sexual abuse allegation to the Auditor. There was one allegation of sexual abuse reported during the audit period; however, per the PREA Allegation Spreadsheet the allegation remains open, with a notation "awaiting investigative response."

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b)(c): CCSSM policy 5.1.7, Sexual Abuse Incident Reviews – SAAPI, states, "The Chippewa County Correctional Facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse and assault and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault." CCSSM policy 5.1.7 further states, "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to ICE/ERO for transmission to the ICE/ERO PSA Coordinator. The facility shall also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The facility shall conduct an annual review of all sexual abuse and assault investigations and resulting incident reviews to assess and improve sexual abuse and assault intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." In an interview with the facility JA/PSA Compliance Manager it was indicated the facility has established a review team to conduct a sexual abuse and assault incident review at the conclusion of each investigation. The facility JA/PSA Compliance Manager further indicated the facility would consider all required elements of the standard. In addition, the JA/PSA Compliance Manager indicated the facility does conduct an annual review of all sexual abuse investigations, a negative report would be prepared and forwarded to the ICE Field Office Director. The Auditor reviewed the facility 2022 Annual Sexual Abuse Report and confirmed the report had been sent to the ICE FOD, the Agency PSA Coordinator, and the Sheriff. There was one allegation of sexual abuse reported during the audit period; however, per the PREA Allegation Spreadsheet, the case remains open, noting awaiting investigative response.

§115.87 - Data collection.

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

Notes:

(a): CCSSM policy 5.1 states, "All case records associated with claims of sexual abuse shall be maintained in a general file and administrative investigation file. The general file shall consist of the following information: the victim(s) and assailant(s) of sexual assault; crime characteristics; detailed reporting timeline, including the name of the staff member receiving the report of the sexual assault, date, and time the report was received, and steps taken to communicate the report up the chain of command; and all formal and/or informal actions taken. The administrative investigative file shall consist of the following: all reports; medical forms; supporting memos and videotapes, if any; and any other evidentiary materials pertaining to the allegation. These files shall be kept as confidential, and the information released for legitimate need-to-know reasons only. All files shall be maintained in chronological order and kept in a secure location." In an interview with the facility JA/PSA Compliance Manager it was indicated all investigative files regarding an allegation of sexual abuse would be secured within his office. The Auditor observed the area and confirmed it was secure.

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

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:	0

Number of standards met:	13
Number of standards not met:	27
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.

Robin Bruck 4/24/2023

Auditor's Signature & Date

(b) (6), (b) (7)(C) 4/24/2023

Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) 4/24/2023

Program Manager's Signature & Date