

Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report Houston Contract Detention Facility

April 9 - 11, 2024



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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Houston
Field Office Director:	Bret Bradford
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive, Houston, TX 77060

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Houston Contract Detention Facility
Physical address:	15850 Export Plaza Drive, Houston, Texas 77032
Telephone number:	(281) 449-1481
Facility type:	Contract Detention Facility
PREA Incorporation Date:	4/28/2016

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(281) 755-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(281) 227-(b) (6), (b) (7)(C)

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 Houston Contract Detention Facility met 37 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 3 non-compliant standards. As a result of the facility being out of compliance with 3 standards, the facility entered into a 180-day corrective action period which began on June 12, 2024, and ended on December 09, 2024. 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: 3

- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.

Number of Standards Exceeded: 0

Number of Standards Met: 3

- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.

Number of Standards Not Met: 0

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.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): Policy 14-2-DHS states, "Detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. A new detainee shall be kept separate from the general population until he/she has been classified and housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility." Policy 14-2-DHS further states, "The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: 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; The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The facility submitted a 15-minute Holding Room Cell Watch Log which included arrival time and housing within 12 hours of detainees' arrival, a detainee risk assessment that contained all required information defined in provisions (c) and (d) of this standard, a memorandum stating HCDF has not had any sexual abuse requiring reassessment, and an ICE Custody Classification Worksheet for a reclassification. The Auditor was able to view a partial female intake process during the first day of the onsite audit. There are two separate intake areas for male and female detainees. Detainees were brought into the appropriate intake area and placed within a holding cell. During an interview with the Classification Supervisor the Auditor was able to view an additional portion of the intake process. The Auditor observed several detainees lined up against the wall facing the intake staff and was able to hear the interpretation device being utilized. The Auditor reviewed 15 detainee files which confirmed the intake process was completed within twelve hours of admission into the facility and detainees held over 60 days had been reassessed as required of the standard. Interviews with the AW/PSA Compliance Manager and intake staff confirmed that detainees are not disciplined for refusing to answer questions on the screening tool. Interview with intake staff further confirmed that access to the system is based on job roles and information disclosed on the screening tool is not available to all staff. Intake staff further confirmed if a detainee scored high for victimization a notice is sent to the supervisor and medical prior to housing the detainee. Thirty detainees were interviewed, and those interviews confirmed most of the detainees were lined up against the intake wall and asked

some risk assessment questions. Additionally, further inquiry revealed that detainees were asked some of the risk assessment questions by mental health staff and many had disclosed sexual victimization during that screening. The Auditor requested mental health disclose the names of detainees that had reported previous sexual victimization to them in an effort to determine if the intake process may have contributed to a detainee not disclosing previous sexual victimization in a group setting. The mental health department provided names of 5 males and 19 females that were immediately given a new risk assessment. The Auditor was able to determine that if a detainee did disclose during the group risk assessment they were referred and identified appropriately. Those detainees that did not disclose in the group setting and disclosed during the private medical/mental health assessment were not identified appropriately on the risk assessment form. The Auditor requested access to review video of the portion of the intake process, but the facility was unable to provide the video due to technical difficulties.

Corrective Action:

Does not meet (a)(g): The facility is not conducting the risk screening in a manner that prevents sensitive information from being exploited. As a result, the facility is unable to accurately assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims. In order to become compliant, the facility must develop and implement procedures that ensure sensitive and protected information is controlled and not conveyed in a manner that can be exploited by other detainees or staff. Once implemented, the facility must provide the Auditor with a list of intakes and corresponding video feed of intakes (to be determined by Auditor) occurring during the CAP period that demonstrate that detainees are being asked the screening questions pursuant to this standard in a private setting, so sensitive information is not able to be exploited to the detainee's detriment by staff or other detainees. The facility must provide documentation to the Auditor that all affected staff have been trained on the newly established procedures.

Corrective Action Taken:

The facility submitted a PREA Assessment Deficiency Training with staff signatures directing staff to conduct the PREA assessment questionnaire in a separate area for detainees who identified as transgender and information about why the privacy partitions were added. The facility additionally submitted a photograph of newly installed privacy partitions in the intake area. The facility also submitted an invoice for two (2) white noise machines and screen shots of one-on-one interviews on 11/08/2024, 11/09/2024, and 11/19/2024. The Auditor finds the submitted screen shots have provided sufficient privacy to protect discussing sensitive information during the risk screening process. The Auditor now finds substantial compliance with provisions (a) and (g) of the standard.

§115.42 - Use of assessment information.

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

Notes:

(a)(b)(c): Policy 14-2-DHS states, "The facility shall use the information obtained from the 14-2B-DHS Sexual Abuse Screening Tool to inform assignment of detainees to housing on housing, recreation, voluntary work, and other activities. The facility shall make individualized determinations to ensure the safety of each detainee. Placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility. Housing and program placement decisions for transgender or intersex detainees shall not be based solely on the identity documents or physical anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall be taken into consideration. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." The facility submitted an initial Assessment Questionnaire Information form and then a reassessment after a detainee identified as a transgender and had experienced previous sexual victimization. Interview with intake staff confirmed that if a detainee scored high for victimization or identified as transgender or intersex a notification is sent to the

supervisor and medical prior to housing the detainee. There were no detainees housed at HCDF during the onsite that scored high for potentially sexual abusive behavior. Interview with the AW/PSA Compliance Manager confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interview with medical and mental health staff confirmed they would be notified should a transgender or intersex detainee be housed at HCDF. Interviews with the AW/PSA Compliance Manager and eight random staff confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or medical unit, if requested. During the onsite there was one detainee who identified as transgender housed at HCDF. The detainee was placed in a dormitory by herself until the Transgender Care Committee (TCC) could be conducted. The Auditor was able to attend the (TCC) for this detainee in addition to an interview. The facility found that due to a credible fear release the detainee would remain in the housing unit by herself until release, which was amicable to the detainee who anticipated an immediate release. The detainee had previously expressed concerns of not wanting to be alone during the interview and during the TCC did not have a gender preference of housing. The Auditor finds that the facility did not adequately place this detainee appropriately after the TCC into appropriate housing or administrative segregation. Although the facility allowed the detainee to remain in a dormitory by herself due to pending release, the detainee still had not been released by the end of the audit. The detainee should have been afforded the protections considered under §115.43 or immediately placed the detainee within an appropriate housing. The facility is additionally not compliant with §115.41 and subsequently not compliant with this standard.

Corrective Action:

Does not meet (a)(b): The facility is not compliant with provision (a) due to non-compliance with 115.41 in that the information being collected on the risk assessment is not reliable or accurate based on the methodology being used during intake to collect the information. The facility is not compliant with provision (b) based on a suggested practice that transgender/intersex detainees will be housed based solely on identity documents or physical anatomy of the detainee. To become compliant the facility must complete corrective action as directed for standard §115.41. Additionally, the facility must provide training for appropriate staff regarding all requirements found in provision (b) of this standard related to placement decisions for transgender and intersex detainees and provide documentation to the Auditor of completion. In addition, the facility must provide the Auditor with documentation of any TCC completed during the CAP period and subsequent placement decisions.

Corrective Action Taken:

The facility submitted a PREA Assessment Deficiency Training with applicable staff signatures reviewing the requirements found in provision (b) of the standard. The facility also submitted a memorandum outlining detailed procedures during intake and evaluating appropriate housing decisions for a transgender or intersex detainee and a memorandum that HCDF has not received or housed any detainees that identified as transgender during the CAP period. As noted above, the facility gained compliance with §115.41 during the CAP period and the Auditor now finds substantial compliance with provisions (a) and (b) of this standard.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e): Policy 14-2 DHS states. "Placement of a detainee in administrative segregation on the basis of vulnerability to sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees vulnerable to sexual abuse may be assigned to administrative segregation for their protection only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. Detainees vulnerable to sexual abuse placed in administrative segregation for protective custody shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, visitation,

counsel education, and other services are available to the general population to maximum the extent possible and the reasons for such limitations. A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether restrictive housing is still warranted. An identical review shall be conducted after the detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into administrative segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The facility submitted a memorandum that HCDF has not placed any detainees in administrative segregation or protective custody due to sexual abuse vulnerability during the audit period and a blank Confinement Record form showing reviews at seventy-two (72) hours, every week thereafter for eight weeks and then every ten days. The facility provided documentation that ICE had reviewed and approved the facility policy. The Auditor finds HCDF confinement reviews are more restrictive than the standard requires in that weekly reviews are conducted for 60 days instead of the 30 days required of the standard. Interview with the Warden, AW/PSA Compliance Manager, and staff who supervise detainees in segregation confirmed that use of administrative segregation would only be utilized as a last resort for vulnerable detainees and would only be used for a minimum amount of time, but less than 30 days. Interviews additionally confirmed that reviews would be conducted at the required time frames. During the onsite there were no detainees placed in protective custody due to a vulnerability for sexual abuse or assault for the Auditor to interview. However, in practice, the facility housed a transgender detainee in a housing unit by themselves upon intake. Staff interviews revealed this placement was made pending a TCC hearing. After the TCC meeting a determination was made to have the detainee remain in this housing unit segregated from the remainder of the general population detainees. While the facility indicated to the Auditor that this detainee was not placed on administrative segregation status, all appearances indicated to the Auditor that this detainee was being separated from the general population, as the facility staff and TCC determined the detainee could not be safely housed with either the male or female population. Having made this determination to segregate the detainee from the other general population detainees for a period more than 72 hours, the requirements of facility policy related to 115.43 should have been initiated. From the date of the detainees arrival to the end of the onsite audit the detainee had been in this housing placement for more than 72 hours, yet no documentation was being recorded (as set forth in 115.43) to include: detailed reason for current placement; access to programs, visitation, counsel, and other services available to general population; supervisory review within 72 hours of placement; notification to the appropriate ICE FOD within 72 hours of placement.

Corrective Action:

The facility is not compliant with (a)(b)(c)(d)(e). During the onsite the facility advised there were no detainees placed in protective custody due to a vulnerability for sexual abuse or assault for the Auditor to interview. However, in practice, the facility housed a transgender detainee in a housing unit by themselves, separated from the other general population detainees, upon intake and subsequent to a TCC hearing. The TCC meeting minutes did not provide detailed justification why this detainee could not be housed in general population with other general population detainees. While the facility indicated to the Auditor that this detainee was not placed on administrative segregation status, all appearances indicated to the Auditor that this detainee was being separated from the general population due to the determination the detainee could not be safely housed with either the male or female population. Once a placement decision to house this detainee separate from the general population was made, the requirements of facility policy related to 115.43 was not initiated. From the date of the detainees arrival to the end of the onsite audit the detainee had been in this housing placement for more than 72 hours, yet no documentation was being recorded (as set forth in 115.43) to include: detailed reason for current placement; access to programs, visitation, counsel, and other services available to general population; supervisory review within 72 hours of placement; notification to the appropriate ICE FOD within 72 hours of placement. To become compliant, the facility must re-evaluate their viable housing options for transgender/intersex detainees and ensure that their practices with segregating detainees from general population follow all requirements set forth in their policies and are in alignment with requirements of 115.43. The facility must provide the Auditor

with documentation related to housing decisions for any detainee who identifies as transgender/intersex and appropriate documentation that complies with 115.43 if the detainee is separated from general population detainees on the basis of a vulnerability to sexual abuse or assault during the CAP period.

Corrective Action Taken:

The facility submitted a PREA Assessment Deficiency Training with applicable staff signatures reviewing the policy requirements related to §115.43. The facility also submitted a memorandum outlining detailed procedures during intake and evaluating appropriate housing decisions for a transgender or intersex detainee and a memorandum that HCDF has not received or housed any detainees that identified as transgender during the CAP period. The Auditor now finds substantial compliance with provisions, (a), (b), (c), (d), and (e) 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.

Jodi Upshaw 1/2/2025
Auditor's Signature & Date

(b) (6), (b) (7)(C) 1/2/2025
Program Manager's Signature & Date

(b) (6), (b) (7)(C) 1/2/2025
Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	4/09/2024	To:	4/11/2024
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AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Houston
Field Office Director:	Bret Bradford
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive Houston, TX 77060

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Houston Contract Detention Facility
Physical address:	15850 Export Plaza Drive Houston, Texas 77032
Telephone number:	281.449-1481
Facility type:	Contract Detention Facility
PREA Incorporation Date:	4/28/2016

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	936.344-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	281.755-(b) (6), (b) (7)(C)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Houston Contract Detention Facility (HCDF) was conducted on April 9 – 11, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor and Robin Bruck, Support Auditor, both employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the U.S. (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. HCDF is operated by CoreCivic and is located in Houston, TX. This audit was the third DHS PREA audit for this facility and includes a review of the period between April 11, 2023, through April 11, 2024.

Approximately four weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs HCDF's PREA Program is 14-2-DHS Sexual Abuse Prevention and Response. Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.corecivic/facilities/Houston-processing-center>). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite.

HCDF houses low, medium, and high custody level male and female detainees who are pending immigration reviews such as asylum decisions and expedited removal. The facility does not house juveniles or family units. The design capacity for the facility is 1,000. The facility reported that 8,372 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 27 days. According to the Pre-audit Questionnaire (PAQ), the top three nationalities processed through HCDF are from Venezuela, Nicaragua, and Honduras. On the first day of the audit the facility reported 376 detainees were housed at the facility. The facility is comprised of 26 open bay/dormitory style housing units. There is also one female and one male segregation unit. The medical unit has three negative pressure rooms and three medical housing rooms with a capacity of either two or four detainees per room.

The entry briefing was held in the facility chapel on April 9, 2024. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PREA Coordinator, CoreCivic
(b) (6), (b) (7)(C), Deputy Managing Director, CoreCivic
(b) (6), (b) (7)(C), Warden, HCDF
(b) (6), (b) (7)(C), Assistant Warden (AW), PSA Compliance Manager, HCDF
(b) (6), (b) (7)(C), Quality Assurance Manager, HCDF
(b) (6), (b) (7)(C), Quality Assurance Coordinator, HCDF
(b) (6), (b) (7)(C), Classification Supervisor, HCDF
(b) (6), (b) (7)(C), Unit Manager, HCDF
(b) (6), (b) (7)(C), Case Manager, HCDF
(b) (6), (b) (7)(C), Classification Officer, HCDF

(b) (6), (b) (7)(C), Learning and Development Manager (LDM), HCDF
(b) (6), (b) (7)(C), Chief of Unit Management, HCDF
(b) (6), (b) (7)(C), Captain, HCDF
(b) (6), (b) (7)(C), Captain, HCDF
(b) (6), (b) (7)(C), Assistant Field Officer Director (AFOD), ICE ERO
(b) (6), (b) (7)(C), Supervisory Deportation and Detention Officer (SDDO), ICE ERO
(b) (6), (b) (7)(C), Deportation Officer (DO), Contracting Officer Representative (COR), ICE ERO
(b) (6), (b) (7)(C), Deportation Officer, ICE ERO
(b) (6), (b) (7)(C), Assistant Contracting Officer Representative, ICE ERO
(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE OPR/ERAU
(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC
Robin Bruck, Certified Auditor, Creative Corrections, LLC

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

The onsite tour commenced on April 9, 2024, and areas viewed included the sally port, male and female reception, and discharge (R and D), medical/mental health unit, male and female housing units, food service, chapel, library, gym, and visitation. Male and female detainees are housed in open bay/dormitory style housing that contain bunkbeds with a detainee capacity of either 20, 32, 40, or 60. Within each room there is a common seating area, telephones, toilet area with sinks, and a shower area. The Auditors observed posters in each dormitory which included: the audit notice, the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed ICE Sexual Abuse Awareness (SAA) Information pamphlet, DHS Office of Inspector General (OIG) poster, Consular numbers and a Family Time Crisis and Counseling Center poster. During the onsite audit, the Auditors noted (b) (7)(E)

The Lead Auditor was able to watch a part of the detainee intake process. Detainees were brought into the sallyport area and then brought into the male or female R and D area where pat-down searches were conducted. Once these searches were conducted, detainees were able to shower and receive facility clothing and hygiene items. Detainees were then assessed by medical, screened for risk by intake staff, and the detainee would receive a facility handbook, the ICE National Detainee handbook, and the DHS-prescribed SAA Information pamphlet.

HCDF has (b) (7)(E) located throughout all areas of the facility except bathroom and shower areas. The (b) (7)(E). (b) (7)(E). (b) (7)(E). The Auditors observed placement of the (b) (7)(E). The Auditors viewed (b) (7)(E).

HCDF employs 302 security officers (136 male and 166 female) with the remaining staff consisting of administrative, management, food service, medical/mental health, and support staff. The medical and mental health unit consists of 61 medical and 4 mental health staff. HCDF has volunteers that enter the facility providing religious services. Food service is provided by Trinity Service Group. The Auditor interviewed 26 staff members which consisted of the Warden, Assistant Warden/PSA Compliance Manager, Human Resources Manager (HRM), Investigator, LDM, Grievance Officer (GO), Disciplinary Officer, Classification Supervisor, Intake Staff (3), Retaliation Monitor, and Security Staff (8). In addition, the Auditor interviewed a Detention and Deportation Officer/ICE COR, ICE Health Service Corps (IHSC) Medical staff (2), IHSC Mental Health staff (2), Contractor (1) and 30 randomly selected detainees. The facility PAQ reported there is one facility investigator that has received specialized training on investigating sexual abuse. There was one allegation of sexual abuse reported during the audit period.

On April 11, 2024, an exit briefing was held in the facility chapel. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), Warden, HCDF
(b) (6), (b) (7)(C), AW, PSA Compliance Manager, HCDF
(b) (6), (b) (7)(C) Doctor, Clinical Director, ICE Health Service Corps
(b) (6), (b) (7)(C), Acting Health Services Administrator (HSA), IHSC
(b) (6), (b) (7)(C), Quality Assurance Manager, HCDF
(b) (6), (b) (7)(C), Quality Assurance Coordinator, HCDF
(b) (6), (b) (7)(C), Investigator, HCDF
(b) (6), (b) (7)(C), Classification Supervisor, HCDF
(b) (6), (b) (7)(C), Unit Manager, HCDF
(b) (6), (b) (7)(C), Unit Manager, HCDF
(b) (6), (b) (7)(C), Chief of Security, HCDF
(b) (6), (b) (7)(C), Chief of Unit Management, HCDF
(b) (6), (b) (7)(C), Captain, HCDF
(b) (6), (b) (7)(C), Shift Supervisor, HCDF
(b) (6), (b) (7)(C), AFOD, ICE ERO via telephone
(b) (6), (b) (7)(C), SDDO, ICE ERO
(b) (6), (b) (7)(C), SDDO, ICE ERO
(b) (6), (b) (7)(C), Deportation Officer, COR, ICE ERO
(b) (6), (b) (7)(C), Assistant COR, ICE ERO
(b) (6), (b) (7)(C), TL, ICS, ICE OPR/ERAU
(b) (6), (b) (7)(C), ICS, ICE OPR/ERAU
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC
Robin Bruck, Certified Auditor, Creative Corrections, LLC

The Lead Auditor informed those in attendance that final compliance determinations could not be made until a thorough review of requested documentation, onsite notes, and interview notes were completed. The Auditors thanked those in attendance for cooperation during the audit.

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 Met: 37

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §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
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 3

- §115.41 - Assessment for risk of victimization and abusiveness

- §115.42 - Use of assessment information
- §115.43 - Protective Custody

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): “CoreCivic Policy 14-2 DHS Sexual Abuse Prevention and Response mandates zero-tolerance towards all forms of sexual abuse. This policy outlines the facility’s approach to preventing, detecting and responding to such conduct. Facility employees, contractors and volunteers are required to sign the 14-2J, DHS CoreCivic Zero Tolerance Policy Acknowledgment Form to acknowledge the CoreCivic Zero Tolerance Policy.” During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice in the R and D area, housing units, medical/mental health area, and food service. Interviews with CoreCivic staff, Trinity contractor, and medical/mental health staff confirmed they were all aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided documentation that the agency has reviewed and approved its PREA policy.

(d): Policy 14-2-DHS states, “This facility has a designated Prevention of Sexual Assault (PSA) Compliance Manager who serves as the facility point-of-contact for the local Immigration and Customs Enforcement (ICE) Field Office and the ICE Prevention of Sexual Assault (PSA) Coordinator. The facility PSA Compliance Manager shall have sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures.” HCDF has appointed and employs a PSA Compliance Manager who serves as the facility point of contact for ICE and the agency PSA Coordinator. Review of the organizational chart confirmed the PSA Compliance Manager is the AW and reports directly to the Warden. Interview with the AW confirmed he is the point of contact for the facility and Agency PSA Coordinator. The AW further confirmed he has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “In coordination with the facility, the CoreCivic Facility Support Center (FSC) has developed comprehensive detainee supervision guidelines to determine and meet the facility detainee supervision needs. Guidelines are located in the policies, procedures and post orders, for operating and maintaining the facility. These are contained in a manual that is accessible to all employees and the contracting agency. This manual is reviewed at least annually and updated as necessary. To protect detainees against sexual abuse, this facility ensures sufficient supervision of detainees through appropriate staffing levels and, where applicable, video monitoring. In calculating staffing levels and determining the need for video monitoring, the following factors are taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility’s physical plant; The composition of the detainee population; The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse; Recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of

time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, a SA-API [Sexual Abuse and Assault Prevention and Intervention] Staffing Plan Assessment shall be reviewed for each facility.” The facility submitted documentation that their detainee supervision guidelines were reviewed in 2022, 2023, and 2024. A review of the facility PAQ indicated HCDF employs 423 staff working two 12-hour shifts (6:00 a.m. - 6:00 p.m. or 6:00 p.m. - 6:00 a.m.) or an 8-hour shift from 8:00 a.m. - 5:00 p.m. during the audit period. There are 302 security staff, consisting of 136 males and 166 females. The remaining staff consists of support personnel in administration positions, maintenance, and contractors from Trinity Service Group and TransCor. Facility staffing also includes 61 medical and 4 mental health staff employed by IHSC. The facility additionally has religious service volunteers that enter the facility. The Auditor observed appropriate staffing levels during the onsite audit in the R and D area, housing units, recreation areas, and medical unit. There are a total of (b) (7)(E) strategically located throughout the facility. (b) (7)(E)

(b) (7)(E). (b) (7)(E) During the onsite audit, the Auditor observed adequate cameras within the (b) (7)(E) The facility has developed comprehensive detainee supervision guidelines via Policy 14-2-DHS, Post Orders and CoreCivic Corporate and Facility policies. The facility provided post orders and a Policy Document Review/Revision Request that confirmed the post orders were reviewed in 2022, 2023, and 2024. The facility additionally submitted a 2024 – 2025 PREA Staffing Plan for the Auditor to review. The completed assessments took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. The Auditor reviewed one sexual abuse incident review and confirmed during the review the facility took into account staffing levels and video monitoring as part of the review. Interview with the AW/PSA Compliance Manager confirmed that appropriate staffing levels are determined as part of the Annual PREA Staffing Plan Assessment and yearly review of the comprehensive detainee supervision guidelines.

(d): Policy 14.2-DHS states, “Staff, including supervisors, shall conduct frequent unannounced security inspection rounds to identify and deter sexual abuse of detainees. Rounds shall occur with varying frequency. This practice shall be implemented for night shifts as well as day shifts and in all areas of the facility where detainees are permitted. The occurrence of such rounds shall be documented. Employees are prohibited from alerting other employees that inspection rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.” The facility provided five Supervisor Daily Checklist forms with times and names for unannounced PREA inspections and copies of logbooks annotated with unannounced PREA rounds. During the onsite audit the Auditor observed logbooks within the housing units with PREA rounds marked in red ink. These rounds were conducted on day and night shifts and were logged at random times throughout each shift. Interviews with eight random security staff confirmed that supervisors do conduct rounds during each shift at random times. Staff further confirmed that alerting other units of supervisor rounds is prohibited. An interview with a supervisor that conducts unannounced rounds confirmed the rounds were being conducted at each post during each shift and documentation of the round is entered into the logbook in red ink.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ, submitted memorandum and interviews with the Warden, AW/PSA Compliance Manager, DO/COR, and eight random staff HCDF does not house juvenile or family unit detainees; therefore, the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches**Outcome:** Meets Standard**Notes:**

(b)(c)(d): Policy 14-2-DHS states, “Cross-gender pat searches of male detainees (female staff on male detainee) shall not be conducted unless, after reasonable diligence, staff of the same gender are not available at the time the pat-down search is required, or, in exigent circumstances. Cross-gender pat searches of female detainees (male staff on female detainee) shall not be conducted unless in exigent circumstances. Any cross-gender pat searches, cross gender strip search, or cross gender visual body cavity search shall be documented in a log for that purpose and shall be documented in a 5-1B Notice to Administration including details of the exigent circumstances.” The facility submitted a memorandum which stated there have not been any cross-gender pat searches conducted at the facility during the audit period. Although the Auditor was able to view a portion of the intake process the pat searches were not observed. The Auditor was able to view video of detainees arriving at the facility and observed same gender pat down searches were conducted. Interviews with eight security staff confirmed that cross gender pat searches are not allowed and are not conducted at HCDF. All staff confirmed that should a cross gender pat search be conducted; it would be documented in a search log and a notice to administration would be completed. Interviews with 30 detainees confirmed that if they received a pat down search it was conducted by a staff member of the same gender.

(e)(f): Policy 14-2-DHS states, “A staff member of the same gender as the detainee shall perform strip searches. Any cross-gender strip searches or visual body cavity searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances. In the event of strip search or visual body search under exigent circumstances, a staff member of the same gender as the detainee shall be present to observe the strip search performed by the officer of the opposite gender. Should this occur, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file. Visual body cavity searches shall not be conducted on juveniles. Any cross-gender pat searches, cross gender strip search, or cross gender visual body cavity search shall be documented.” The facility submitted a memorandum that stated there have not been any strip searches conducted at HCDF during the audit period. Eight security staff confirmed that strip or body cavity searches are not conducted at HCDF. An interview with medical staff additionally confirmed that strip or body cavity searches are not conducted at HCDF.

(g): Policy 14-2-DHS states, “Detainees shall be able 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.” Policy 14-2-DHS further states, “Staff of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” During the onsite the Auditor noticed direct viewing of a toilet in the female R and D unit; however, the facility does not allow males to work in this area by policy when females are being processed. During the onsite audit the Auditor observed staff of the opposite gender announce their presence upon entry into the housing units. Interviews with eight security staff confirmed they are aware of this policy, and all stated they do announce their presence when entering a unit of opposite gender. The facility has a policy that males do not work in a female unit, which includes the female areas of R and D. Interviews with 25 detainees confirmed that opposite gender staff announce their presence when entering a housing unit.

(h): HCDF does not house family units; therefore, provision (h) is not applicable.

(i)(j): Policy 14-2-DHS states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is

unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Policy 14-2-DHS further states, “Security staff shall be trained in proper procedures for conducting pat-down searches, including cross gender pat-down searches and searches of transgender and intersex detainees. All pat down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy. This shall include consideration of officer safety.” The facility submitted training transcripts for security staff completion of the Search Procedures course. Interview with the LDM confirmed that security staff are required to complete the search procedure curriculum on an annual basis. Interviews with eight security staff confirmed that cross gender strip searches, body cavity searches or searches to determine the detainee’s genital status are not allowed. Interviews further confirmed all staff had received training on proper pat down searches to include cross-gender pat down searches and searches of transgender and intersex detainees. Interview with a transgender detainee housed at HCDF during the onsite audit further confirmed that during intake processing the detainee was asked what gender was preferred for a pat down search and the facility made necessary accommodations to meet the request. The detainee further reported the search was completed by the requested gender staff in a professional and respectful manner and not to determine genital characteristics.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “The facility shall ensure that detainees with disabilities or Limited English Proficiency (LEP) have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf, hard of hearing, or have speech disabilities, the facility shall provide access to written materials and options such as telephone handset amplifiers, telephones compatible with hearing aids, or telecommunications devices for deaf persons (TTYs). The facility shall provide access to the video sign language interpreter services through the Language Line or other provider. For detainees who have intellectual and/or psychiatric disabilities, are cognitively impaired, or have limited reading skills, the facility shall offer in person oral presentations of SAAPI material at intake and orientation. This same accommodation shall be offered to blind detainees or detainees with low vision and speech disabilities. The facility shall provide detainees who are LEP with language assistance, including bilingual staff or professional telephonic interpretation services, to provide them with meaningful access to programs and activities. Interpretation services shall be provided by someone other than another detainee, 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. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser is not authorized in matters relating to allegations of sexual abuse. Provisions for written translation of materials related to sexual abuse shall be made for any significant segments of the population with LEP. These include the ICE Detainee Handbook and DHS Sexual Assault Awareness Information Pamphlet. Oral interpretation or assistance shall be provided to any detainee who speaks a language in which written material has not been translated or who is illiterate.” The facility provided a facility detainee handbook in English and Spanish and were able to provide the ICE National Detainee handbook in the 15 available languages as needed (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese). During the onsite audit the Auditor observed the ICE Detention Reporting and Information Line (DRIL) posters, the DHS-prescribed SAA information pamphlet in English and Spanish, ERO Language Services resource flyers and the DHS-prescribed sexual assault awareness notice in English and Spanish with the AW/PSA Compliance Manager’s name and contact information posted on walls. The SAA information pamphlet is available for printing in 15

languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The prominent languages spoken by detainees housed at HCDF are English and Spanish; however, detainees have access to tablets located in the housing units which can translate PREA information into over 50 languages. HCDF employs a large number of bilingual Spanish speaking staff and can provide translation services without utilizing a language line. If a detainee does not speak English or Spanish, intake staff stated they would utilize the language line (Lion Bridge) to interpret information. Shift Supervisors have access to a handheld unit that can provide translation assistance to security staff when needed. During the onsite audit the Auditor observed this device being utilized for Spanish speaking detainees in the R and D area. Should a detainee have a cognitive disability, R and D staff stated they would speak slower or communicate with the detainee using vocabulary the detainee could understand. Interviews with R and D staff further confirmed that should a detainee have a visual disability intake information would be read to them. If the detainee had a hearing disability, material would be provided in written formats or presented by sign language through video interpretation. Interviews with eight security staff confirmed they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and approved by the supervisor and the agency. Interviews with 24 detainees that spoke Spanish confirmed that intake information was presented in Spanish. Two detainees were interviewed that spoke Arabic and a dialect of Russian and confirmed they were provided information in their spoken language and an interpreter was utilized during the intake process.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(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. Policy 14-2-DHS states, “To the extent permitted by law, CoreCivic shall decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who: Has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity as outlined above. All applicants, employees, and contractors who may have direct contact with detainees shall be asked about previous misconduct, as outlined above, and shall document this on the CoreCivic 14-2H-DHS Self-Declaration of Sexual Abuse Form. The 14-2H DHS shall be utilized as follows: Completion upon application for employment. The CoreCivic online application form section that requires disclosure of misconduct as described above may be utilized in lieu of the 14-2H DHS form for new applicants; Completion as part of the promotional interview

process; Signed annually by each employee and contractor, to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. Consistent with federal, state, and local law each CoreCivic facility shall make its best effort to contact all prior institutional employers for information on Substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to obtain such prior employment information unless an ICE/DHS form is required for this purpose, or this information is obtained by ICE as part of the hiring process. Before hiring new employees or enlisting the services of any contractor who may have contact with detainees, each CoreCivic operated immigration facility shall, through ICE, require a criminal history background check. Subsequent criminal background records checks shall be at least every five (5) years for current employees and contractors who may have contact with detainees. To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. Unless prohibited by law, CoreCivic shall provide information on Substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The facility submitted a memorandum which stated there had not been any staff PREA misconduct during the audit period. The facility additionally submitted a blank Self-Declaration of Sexual Abuse form for the Auditor to review. A background investigation form for employees, 18 ICE staff, IHSC and contractor names were submitted to the OPR PSO Unit which confirmed background investigation status of all were completed and current. The Auditor reviewed 10 staff files (which included two new hires) and confirmed that all had received a background check prior to employment and the required five-year background investigations. HCDF staff files also confirmed by staff signatures that material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. Review of staff files further confirmed that staff annually sign a continuing affirmative duty to disclose 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. Interview with the HRM confirmed new hires must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion process. The HRM also confirmed that HCDF would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic shall consider the effect of the design, acquisition, expansion, or modification on the company’s ability to protect detainees from sexual abuse. Such considerations shall be documented on the 7-1B, PREA Physical Plant Considerations form, and the 7-1A Application for Alteration/Addition. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic shall consider how such technology may enhance the ability to protect detainees from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form, and the 7-1A Application for Alteration/Addition.” The facility reported in the PAQ that they had (b) (7)(E). While onsite the Auditor observed the male recreation yard being renovated. The facility submitted a 7-1A and 7-1B for this

renovation. Interview with the AW/PSA Compliance Manager and review of the completed 7-1A and 7-1B confirmed the facility considered placement (b) (7)(E) and how such placement may protect detainees from sexual abuse.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

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." 14-2-DHS states, "The facility shall request through Memorandum of Understanding (MOU) that the responsible outside local law enforcement agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. As requested by the victim, either a victim advocate from a rape crisis center, a qualified facility staff member, or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals. Advocates provided by the hospital conducting the forensic exams may be utilized. Forensic medical exams shall be provided at no cost to the detainee and only with the detainee's consent. At this facility, victim advocacy services during SAFE/SANE exams are provided by the following: Family Time Crisis and Counseling Center. If medically indicated or necessary for the collection of evidence as determined by law enforcement, forensic medical examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) if available. If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. At this facility, SAFE/SANE exams are provided by the following: N. E. Hospital Emergency Room, or LBJ Hospital Emergency Room, or Kingwood Hospital Emergency Room. The facility shall attempt to enter into a written Memorandum of Understanding (MOU) with the outside investigating agency outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. At this facility, the following law enforcement agency conducts criminal investigations: Houston Police Department." The facility submitted an MOU with the Family Time Crisis and Counseling Center, a memorandum that Memorial Hermann Northeast Hospital has a SAFE/SANE available, and emails to the Houston Fire Department and Houston Police Department requesting signatures for an attached MOU. The facility provided an informational poster for Family Time Crisis and Counseling Center which listed available services as: counseling, a 24-hour crisis helpline, hospital accompaniment for victims of sexual assault by trained advocates, and trained staff to provide legal advocacy. The Auditor conducted a telephone test to Family Time Crisis and Counseling Center and confirmed the center would provide counseling to detainees housed at HCDF and accompany victims of sexual abuse during a forensic examination. Interview with mental health staff confirmed that detainees could request counseling services from IHSC staff. Interview with the AW/PSA Compliance Manager confirmed that HCDF follows a uniform evidence protocol that has been developed in coordination with DHS. The Investigator confirmed that Houston Police Department (HPD) would conduct criminal investigations for the facility and HCDF has requested HPD follow the requirements of provisions (a) through (d) of the standard during an investigation. Review of one investigation file confirmed the detainee was not transferred off site for a SANE/SAFE examination due to the nature of the complaint.

Corrective Action:

No corrective action needed.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(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).” Policy 14-2-DHS states, “The Warden/Facility Administrator shall ensure that an administrative investigation and/or a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse. Criminal investigations are referred to a law enforcement agency with legal authority to conduct criminal investigations. Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. CoreCivic shall post this policy containing investigation protocols on the CoreCivic Web site. The protocols shall be made available to the public. All allegations of sexual abuse that are potentially criminal in nature shall be promptly reported to a law enforcement agency with the legal authority to conduct criminal investigations. The notification of law enforcement shall be documented. In addition to notification to local law enforcement, the facility shall make a concurrent notification to ICE on all allegations of sexual abuse. When a detainee, 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, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. 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, the ICE Office of Professional Responsibility (or the DHS Office of Inspector General), as well as to the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility.” The Auditor reviewed an email to HPD requesting signature for an attached MOU, a copy of the CoreCivic website PREA page, and a memorandum stating that HCDF has not had any allegations requiring an investigation or report to local law enforcement during the audit period. A review of Agency policy and 14-2-DHS confirm that there is established protocol to ensure all allegations of sexual abuse is investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.corecivic/facilities/Houston-procesing-center>) and confirmed the Agency website includes the Agency’s investigative protocol and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. Interview with the Investigator confirmed that that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format for at least five years. Interview with the AW/PSA Compliance Manager confirmed that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the DO confirmed after the facility notification of an incident he would then notify the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG. Review of one investigation file confirmed that all notifications were made promptly and appropriately.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training**Outcome:** Meets Standard**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: The agency and facility zero-tolerance policies for all forms of sexual abuse; The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; Recognition of situations where sexual abuse and/or assault may occur; Recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond 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/or assault; and The requirement to limit reporting of sexual abuse and assault to personnel with a need to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes." Policy 14-2-DHS further states, "The 14-2A-DHS, Training Acknowledgement form shall be completed by each employee serving as verification and understanding of the contents of training. The completed forms shall be maintained by the facility Learning Development Manager. Where available, electronic signature and records may be utilized to document on-line provision of training in lieu of the 14-2A Form." The facility submitted a PREA Overview Facilitators Guide and electronic staff transcripts for PREA course completions in 2021, 2022, and 2023. The Auditor reviewed HCDF's staff training curriculum and confirmed it contains all provisions required of this standard. An interview with the LDM confirmed that preservice training is conducted in person, but annual training is delivered electronically. The LDM tracks training by running transcripts, posting schedules, and providing email notifications to department heads of staff that are due for training. Interviews with eight security staff additionally confirmed PREA training was completed within the past year. Interview with the DO confirmed that training has been completed within the last year by him and the other assigned DO which was confirmed by the Auditor observing a certification of completion.

Corrective Action:

No corrective action needed.

§115.32 - Other Training**Outcome:** Meets Standard**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and their level of contact they have with inmates/detainees. All volunteers and contractors who have any contact with detainees shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and information on how to report such incidents by signing the 14-2J, DHS CoreCivic Zero Tolerance Policy Acknowledgment form." The facility submitted electronic transcripts for contractor PREA training, PREA Overview training curriculum, Training/Activity Attendance Rosters for volunteer PREA training, and signed PREA Zero Tolerance Policy Acknowledgements for contractors. Interview with the LDM confirmed contractors and volunteers are required to complete PREA training. Trinity contractors are trained by the facility and the Chaplain conducts training for volunteers; both of these trainings are conducted in person. After completion of training participants are required to sign a

PREA Zero Tolerance Policy Acknowledgement. Contractors who enter the facility on an infrequent basis are required to sign a PREA Zero Tolerance Policy Acknowledgement prior to entrance. Interview with a contractor confirmed that PREA training had been received prior to having detainee contact. During the onsite there were no volunteers who entered the facility for the Auditor to interview.

Corrective Action:

No corrective action needed.

§115.33 - Detainee Education

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees shall be provided with information about the facility’s SA-API Program. Such information shall include, at a minimum: The facility’s zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officers (e.g., facility mental health, DHS Inspector General, or ICE Joint Intake Center); Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee’s immigration proceedings; and The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Intake education shall be provided in formats accessible to all detainees, including those who are Limited English Proficient (LEP), hearing impaired, visually impaired, or otherwise disabled, or who have limited reading skills. The facility shall maintain documentation of detainee participation in in the intake process education and orientation. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice (Sexual Abuse and Assault Awareness Pamphlet); The name of the facility PSA Compliance Manager; Information about local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). The DHS Sexual Assault Awareness Information pamphlet and the ICE Detainee National Handbook shall be provided at intake in written translations published on the ICE website to detainees identified as speaking and reading those languages.” The facility submitted for the Auditor’s review a detainee orientation video transcript in English and Spanish, the facility handbook in English and Spanish, a signed intake Receive and Discharge List with PREA Orientation Video checked, a New Detainee Orientation information sheet (a Unit orientation is given orally by the Officer once the detainee is housed), the DHS-prescribed sexual abuse awareness notice, DHS OIG poster, DRIL poster, Family Time Crisis and Counseling Center poster, Consulars list with numbers, SA-API pamphlet in 15 languages, and the ICE National Detainee Handbook in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). During the onsite audit the Auditor was able to observe part of an intake process. The Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and the DHS sexual assault awareness pamphlet on the walls in the R and D area. Detainees were given the DHS SA-API pamphlet in their spoken language and a facility handbook while an orientation video was played in the cells. Although the orientation video was played in English and Spanish only, R and D staff confirmed that detainees who speak other languages would receive education by staff reading the transcript using an interpreter through a language line. The Auditor additionally observed the DHS-prescribed sexual assault awareness notice, DHS OIG poster, consular numbers, DRIL poster, and Family Time Crisis and Counseling Center posted in the housing units. The Auditor reviewed 15 detainee files which documented the language line was utilized to provide detainee orientation in Arabic, Russian and Spanish. All files contained a signed acknowledgement form of written PREA material received in a language of their understanding. Interview with R and D staff confirmed that detainees receive the facility handbook and DHS

SAA informational pamphlet upon intake. Should a detainee speak a language other than English or Spanish, R and D staff would utilize the language line or a handheld interpretation device. If a detainee required the use of a sign language interpreter, the facility has access to sign language video interpretation and hearing-impaired detainees could be assisted by way of video sign language. Detainees with low reading skills or cognitive impairment would be assisted by a staff member to provide the required education. R and D staff further confirmed that once a detainee is assigned to housing, they will receive another staff orientation in the housing unit that includes PREA information. Interviews with 30 detainees confirmed 26 had received PREA information when they got to the facility in written format provided in a language of their understanding. HCDF also provides the ICE National Detainee handbook in all 15 languages (Arabic, Bengali, Simplified Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, K'iche' (Quiché)/Kxlantzij and Vietnamese) accessible through tablets available in the housing units.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS states, “In addition to the general training provided to all employees and contractors, the facility shall provide specialized training on sexual abuse to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training shall cover: Interviewing sexual abuse and assault victims; Sexual abuse and assault evidence collection in confinement settings; The criteria and evidence required for administrative action or prosecutorial referral; and Effective cross-agency coordination in the investigation process. Documentation confirming that Investigators and Qualified Health Care and Mental Health Care Professionals have completed the required specialized training in conducting sexual abuse investigations shall be maintained in the employee/contractor training file.” The facility reported in the PAQ that they have one facility investigator who has received specialized training on sexual abuse and effective cross-agency coordination. The facility submitted an On-the-Job Training Verification for the Investigator, which listed dates of course completions and was signed by a supervisor. The facility additionally provided a certification of completion for the Investigating Sexual Abuse in a Confinement Setting web course presented by the National Institute of Corrections. The facility provided and the Auditor reviewed the training slides for DHS PREA §115.34: Effective Cross-Agency Coordination Training Template. Collectively these trainings were found to include all the required topics. The Auditor confirmed the Investigator had completed the general staff training required under standard §115.31, the specialized training pursuant to this standard, and was the investigator for the one PREA allegation that occurred during the audit

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below: How to detect and assess signs of sexual abuse; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse; How and to whom to report allegations of sexual abuse; and How to preserve physical evidence of sexual abuse.” The facility provided IHSC Directive 03-01 Sexual Abuse and Assault Prevention and Intervention policy, the U.S. Immigration and Customs Enforcement Behavioral Health PREA-SAAPI Training slides, IHSC PREA training slides, 2023 Annual PREA-SAAPI training sign in sheets, and a sampling of certificates

of completion for the National PREA Resource Center Specialized training course for mental health and medical providers. The Auditor was provided documentation that the agency has reviewed and approved HCDF's PREA policy. Interviews with two medical and two mental health staff confirmed IHSC PREA training is received annually, and all medical and mental health staff are required to complete the specialized medical training.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): Policy 14-2-DHS states, "Detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. A new detainee shall be kept separate from the general population until he/she has been classified and housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility." Policy 14-2-DHS further states, "The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: 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; The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The facility submitted a 15-minute Holding Room Cell Watch Log which included arrival time and housing within 12 hours of detainees' arrival, a detainee risk assessment that contained all required information defined in provisions (c) and (d) of this standard, a memorandum stating HCDF has not had any sexual abuse requiring reassessment, and an ICE Custody Classification Worksheet for a reclassification. The Auditor was able to view a partial female intake process during the first day of the onsite audit. There are two separate intake areas for male and female detainees. Detainees were brought into the appropriate intake area and placed within a holding cell. During an interview with the Classification Supervisor the Auditor was able to view an additional portion of the intake process. The Auditor observed several detainees lined up against the wall facing the intake staff and was able to hear the interpretation device being utilized. The Auditor reviewed 15 detainee files which confirmed the intake process was completed within twelve hours of admission into the facility and detainees held over 60 days had been reassessed as required of the standard. Interviews with the AW/PSA Compliance Manager and intake staff confirmed that detainees are not disciplined for refusing to answer questions on the screening tool. Interview with intake staff further confirmed that access to the system is based on job roles and information disclosed on the screening tool is not available to all staff. Intake staff further confirmed if a detainee scored high for victimization a notice is sent to the supervisor and medical prior to housing the detainee. Thirty detainees were interviewed, and those interviews confirmed most of the detainees were lined up against the intake wall and asked some risk assessment questions. Additionally, further inquiry revealed that detainees were asked some of the risk assessment questions by mental health staff during their intake interview with the detainees and many had

disclosed sexual victimization during that screening. The Auditor requested mental health disclose the names of detainees that had reported previous sexual victimization to them in an effort to determine if the intake process may have contributed to a detainee not disclosing previous sexual victimization in a group setting. The mental health department provided names of 5 males and 19 females that were immediately given a new risk assessment. The Auditor was able to determine that if a detainee did disclose during the group risk assessment they were referred and identified appropriately. Those detainees that did not disclose prior sexual victimization in the group setting and disclosed during the private medical/mental health assessment were not identified appropriately on the initial risk assessment form. But once this was discovered a new risk assessment was conducted. The Auditor requested access to review video of the portion of the intake process, but the facility was unable to provide the video due to technical difficulties.

Corrective Action:

Does not meet (a)(g): The facility is not conducting the risk screening in a manner that prevents sensitive information from being exploited. As a result, the facility is unable to accurately assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims. In order to become compliant, the facility must develop and implement procedures that ensure sensitive and protected information is controlled and not conveyed in a manner that can be exploited by other detainees or staff. Once implemented, the facility must provide the Auditor with a list of intakes and corresponding video feed of intakes (to be determined by Auditor) occurring during the CAP period that demonstrate that detainees are being asked the screening questions pursuant to this standard one-on-one in a private setting where no other staff or detainees are able to hear/see the information being provided, so sensitive information is not able to be exploited to the detainee's detriment by staff or other detainees. The facility must provide documentation to the Auditor that all affected staff have been trained on the newly established procedures.

§115.42 - Use of assessment information

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, "The facility shall use the information obtained from the 14-2B-DHS Sexual Abuse Screening Tool to inform assignment of detainees to housing on housing, recreation, voluntary work, and other activities. The facility shall make individualized determinations to ensure the safety of each detainee. Placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility. Housing and program placement decisions for transgender or intersex detainees shall not be based solely on the identity documents or physical anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall be taken into consideration. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." The facility submitted an initial Assessment Questionnaire Information form and then a reassessment after a detainee identified as a transgender and had experienced previous sexual victimization. Interview with intake staff confirmed that if a detainee scored high for victimization or identified as transgender or intersex a notification is sent to the supervisor and medical prior to housing the detainee. There were no detainees housed at HCDF during the onsite visit that scored high for potentially sexual abusive behavior. Interview with the AW/PSA Compliance Manager confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interview with medical and mental health staff confirmed they would be notified should a transgender or intersex detainee be housed at HCDF. Interviews the AW/PSA Compliance Manager and eight random staff confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or medical unit, if requested. During the onsite there was one detainee who identified as transgender housed at HCDF. The detainee was placed in a dormitory where no other detainees were housed until the Transgender Classification Committee (TCC) could be conducted. Prior to the TCC the Auditor witnessed a discussion among staff that suggested the detainee would be placed in a housing unit that corresponded with the detainee's biological sex.

The Auditor was able to attend the TCC for this detainee in addition to conducting an interview with the detainee. The detainee expressed no preference in housing assignment during an interview with the Auditor. The TCC found that the detainee would remain in the housing unit currently assigned until release, which was amicable to the detainee. The Auditor finds that the conversation held prior to the TCC suggests that the facility staff is unaware that placements based on a predetermination solely on physical anatomy is prohibited. The TCC placement outcome determination that the detainee remain in the dormitory by themselves indicates that the facility felt the detainee could not be safely housed in either a female or male housing unit, which suggests the housing placement was on the basis of the detainee's vulnerability to sexual abuse or assault. The facility explained to the Auditor that the detainee was not being placed on administrative segregation status and no privileges would be restricted. Although the detainee was not placed on any official segregation status, the detainee was essentially segregated from the rest of the general population. With the detainee remaining on general population status, the housing placement affords no regulation for the provisions found in 115.43. Since the detainee is segregated from the remainder of the general population, there is nothing in place to ensure that any reviews will be conducted on any frequency to assess whether or not the housing placement decision is still warranted over time. Additionally, the facility is not compliant with provision (a) based on non-compliance with §115.41 and the facility's inability to collect and use accurate information during the assessment to make informed placement decisions.

Corrective Action:

Does not meet (a)(b): The facility is not complaint with provision (a) due to non-compliance with 115.41 in that the information being collected on the risk assessment is not reliable or accurate based on the methodology being used during intake to collect the information. The facility is not compliant with provision (b) based on a suggested practice that transgender/intersex detainees will be housed based solely on identity documents or physical anatomy of the detainee. To become compliant the facility must complete corrective action as directed for standard §115.41. Additionally, the facility must provide training for appropriate staff regarding all requirements found in provision (b) of this standard related to placement decisions for transgender and intersex detainees and provide documentation to the Auditor of completion. In addition, the facility must provide the Auditor with documentation of any TCC completed during the CAP period and subsequent placement decisions.

§115.43 - Protective Custody

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e): Policy 14-2 DHS states. "Placement of a detainee in administrative segregation on the basis of vulnerability to sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to prove appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees vulnerable to sexual abuse may be assigned to administrative segregation for their protection only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. Detainees vulnerable to sexual abuse placed in administrative segregation for protective custody shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, visitation, counsel education, and other services are available to the general population to maximum the extent possible and the reasons for such limitations. A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether restrictive housing is still warranted. An identical review shall be conducted after the detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into administrative segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The facility submitted a memorandum that HCDF has not placed any detainees in administrative segregation or protective custody due to sexual abuse vulnerability during the audit period and a blank Confinement Record form showing reviews at seventy-two (72) hours, every week thereafter

for eight weeks and then every ten days. The facility provided documentation that ICE had reviewed and approved the facility policy. The Auditor finds HCDF confinement reviews are more restrictive than the standard requires in that weekly reviews are conducted for 60 days instead of the 30 days required of the standard. Interview with the Warden, AW/PSA Compliance Manager, and staff who supervise detainees in segregation confirmed that use of administrative segregation would only be utilized as a last resort for vulnerable detainees and would only be used for a minimum amount of time, but less than 30 days. Interviews additionally confirmed that reviews would be conducted at the required time frames. During the onsite there were no detainees placed in protective custody due to a vulnerability for sexual abuse or assault for the Auditor to interview. However, in practice, the facility housed a transgender detainee in a housing unit by themselves upon intake. Staff interviews revealed this placement was made pending a TCC hearing. After the TCC meeting a determination was made to have the detainee remain in this housing unit segregated from the remainder of the general population detainees. While the facility indicated to the Auditor that this detainee was not placed on administrative segregation status, all appearances indicated to the Auditor that this detainee was being separated from the general population, as the facility staff and TCC determined the detainee could not be safely housed with either the male or female population. Having made this determination to segregate the detainee from the other general population detainees, the requirements of facility policy related to 115.43 should have been initiated. From the date of the detainees arrival to the end of the onsite audit the detainee had been in this housing placement for more than 72 hours, yet no documentation was being recorded (as set forth in 115.43) to include: detailed reason for current placement; access to programs, visitation, counsel, and other services available to general population; supervisory review within 72 hours of placement; notification to the appropriate ICE FOD within 72 hours of placement.

Corrective Action:

The facility is not compliant with (a)(b)(c)(d)(e). During the onsite the facility advised there were no detainees placed in protective custody due to a vulnerability for sexual abuse or assault for the Auditor to interview. However, in practice, the facility housed a transgender detainee in a housing unit by themselves, separated from the other general population detainees, upon intake and subsequent to a TCC hearing. The TCC meeting minutes did not provide detailed justification why this detainee could not be housed in general population with other general population detainees. While the facility indicated to the Auditor that this detainee was not placed on administrative segregation status, all appearances indicated to the Auditor that this detainee was being separated from the general population due to the determination the detainee could not be safely housed with either the male or female population. Once a placement decision to house this detainee separate from the other general population was made, the requirements of facility policy related to 115.43 was not initiated. From the date of the detainees arrival to the end of the onsite audit the detainee had been in this housing placement for more than 72 hours, yet no documentation was being recorded (as set forth in 115.43) to include: detailed reason for current placement; access to programs, visitation, counsel, and other services available to general population; supervisory review within 72 hours of placement; notification to the appropriate ICE FOD within 72 hours of placement. To become compliant, the facility must re-evaluate their viable housing options for transgender/intersex detainees and ensure that any practice that includes segregating any detainee from general population for any justifiable reason determined by the facility follow all requirements set forth in their policies and are in alignment with requirements of 115.43. The facility must provide the Auditor with documentation related to housing decisions for any detainee who identifies as transgender/intersex and appropriate documentation that complies with 115.43 if the detainee is separated from general population detainees on the basis of a vulnerability to sexual abuse or assault during the CAP period.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “Detainees at this facility shall be provided with multiple ways to privately and anonymously report pressure, threats, or incidents of sexual abuse, as well as possible retaliation by other

detainees or employees for reporting sexual abuse and staff neglect, or violation of responsibilities that may have contributed to such incidents. The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General, and the DHS Detention Reporting and Information Line (DRIL). Reporting shall be confidential, and anonymous if desired. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: a. verbally telling any employee; b. submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; c. calling the posted facility internal SAAPI (PREA) reporting line number; forwarding a letter (including anonymously), sealed and marked “confidential”, to the facility SAAPI Compliance Manager, Warden/Administrator, Investigator or any other employee; e. calling or writing someone outside the facility who can notify facility staff. ICE has established the following reporting methods for Detainees: Reporting to an ICE/Enforcement and Removal Operations (ERO) staff member who visits the facility; Writing a letter reporting the sexual abuse to the ICE officer in charge, ICE Assistant Field Office Director (AFOD), or ICE Field Office Director (FOD) using special mail procedures to ensure confidentiality; Filing a written formal request or emergency grievance to ICE; Calling the ICE Detention and Reporting and Information Line (DRIL) toll free at 1-888351-4024 or 9116#; Reporting to the US Department of Homeland Security (DHS) Office of the Inspector General (OIG) toll-free telephone number at 1-800-323-8603 (or 518#). Callers may remain anonymous by request. Detainee reports of sexual abuse and assault shall be forwarded to agency officials for investigation; Writing to the ICE Office of Inspector General (OIG) at DHS Office of Inspector General, Attention: Office of Investigations Hotline, 245 Murray Lane, Building 410/Mail Stop 0305, Washington DC 20528; Writing to the posted contact information for a local Law Enforcement agency and remain anonymous by request (Houston Police Department, Public Affairs Division, Community Services Unit, 1200 Travis, Suite 2100, Houston, Texas 77002,. Staff shall take all allegations of sexual abuse and assault seriously, including written, verbal, anonymous and third-party reports, and treat them as if the allegation is credible. All verbal reports shall be promptly documented.” The facility submitted a list of consular numbers, detainee facility handbook, and the DHS OIG poster. During the onsite audit, the Auditor observed the consular posters, contact information for DHS OIG, the DHS-prescribed sexual assault awareness notice in English and Spanish with facility's PSA Compliance Manager's contact name and number, reporting number for the ICE DRIL and poster for Family Time Crisis Center. The Auditor reviewed the facility handbook which contains reporting instructions which included: sending a letter to the Warden or other staff member marking it “Confidential”, writing or calling someone outside of the facility, contacting the DHS OIG by telephone or writing, or writing a letter to the CoreCivic Managing Director, Facility Operations or writing or calling Family Crisis Counseling Center. The DHS-prescribed sexual assault awareness pamphlet is provided to detainees upon intake, which additionally provides some of the same reporting information. The Auditor tested the facility reporting numbers for the DHS OIG, DRIL, and Family Time Counseling Center onsite and was able to successfully reach all agencies. Review of the one investigation file did not involve outside reporting, but instead was reported to mental health. Interview with the AW/PSA Compliance Manager confirmed detainees could utilize the DHS OIG or Consular telephone number for reporting an allegation. Interviews with eight security staff confirmed they would accept reports made verbally, in writing, anonymously and from a third party, and they would promptly document verbal reports. Interviews with 30 detainees confirmed 28 knew of at least one way to report an incident of sexual abuse. The Auditor was able to confirm through interviews that the two who reported they did not know how to report did receive a facility handbook in their chosen language upon intake. It was additionally confirmed that reporting information is included in the handbook.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “Detainees shall be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Formal Grievances filed by detainees involving allegations of sexual abuse that present an immediate threat to a detainee's health, safety, or welfare, shall be removed from the grievance process, and shall be forwarded immediately to the Facility investigator or Administrative Duty Officer. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send 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. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives.” The facility submitted a memorandum stating there has not been any grievance appeals filed during the audit period and submitted the facility detainee handbook which outlines the grievance process and timelines. The Auditor reviewed a section of the facility handbook titled “Grievance Procedures”. The handbook includes information to detainees on how to file a formal grievance related to sexual abuse at any time in lieu of lodging an informal grievance or complaint, does not impose a time limit on when a detainee can file a grievance regarding an allegation of sexual abuse, facility timelines on when responses are due to the detainee and notifies the detainee that they may obtain assistance from another detainee, family member, legal representative or staff to file the grievance. Interview with the GO confirmed detainees may file a grievance by utilizing a written form or electronically through tablets. Additionally, detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances and may enlist assistance from staff, family, other detainees, or legal representatives to fill out the grievance. The GO was knowledgeable about HCDF’s policy of issuing a decision within 5 days at each level of the grievance process to include appeals and ICE response and was aware of the requirement to take reasonable steps to expedite requests for assistance from other parties. There were no grievances submitted at HCDF pertaining to a PREA incident for the audit period.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14-2-DHS states, “CoreCivic shall maintain, or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. This facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. At this facility, the following community agencies provide outside confidential support services: Family Time Crisis and Counseling Center, 1203 South Houston Ave., Humble, Texas 77339. The facility shall require through the MOU that agencies providing confidential support services inform detainees, prior to rendering services, of the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Telephone calls to outside victim advocate agencies such as a rape crisis center shall be confidential and shall not be monitored or recorded. Outgoing mail to and from approved outside victim advocate agencies shall

not be opened and read.” The facility submitted a signed MOU with Family Time Crisis Center. The MOU lists responsibilities for the facility and agency. The facility additionally submitted posters for the Family Time Crisis and Counseling Center in English and Spanish and facility detainee handbook with an address and telephone number for Family Time. The Auditor observed posted information for Family Time Crisis and Counseling Center in English and Spanish throughout the facility that listed an address and telephone number for detainee use. The facility further provides access to the center by posting a speed dial number for detainee use, which allows the call to be placed confidentially and without being monitored. The Auditor reviewed the facility detainee handbook, which included an address and telephone number for the center. Just below this address and telephone number is the message, “All methods of reporting can be reported anonymously.” The facility’s detainee handbook advises detainees that all phone calls are subject to monitoring and/or recording and that detainees may obtain an unmonitored call by submitting a Request for Information form to their Unit Manager. Interview with the advocate confirmed the center would provide counseling to detainees housed at HCDF. Interviews with 30 detainees could not confirm if they knew about Family Time Crisis and Counseling Center; however, the Auditor confirmed this information is available in the housing units and within the facility detainee handbook.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, “Third-party reports of sexual abuse and assault may be made by contacting the following: ICE Detention and Reporting and Information Line (DRIL) at 1-888-351-4024, ICE Joint Intake Center (JIC) toll-free hotline number 1-877-246-8253 or e-mail joint.intake@dhs.gov, CoreCivic Ethics Line at www.CoreCivic.com/EthicsLine or 1-800-461-9330.” The facility submitted the DHS OIG poster and the CoreCivic PREA information page that included three methods of reporting. The Auditor reviewed the facility website (<https://www.corecivic/facilities/houston-processing-center>) and confirmed it provides four different methods for third party reporting. Review of the ICE web page (<https://www.ice.gov/prea>) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee. During the onsite audit the Auditor observed the DRIL and DHS OIG posters in English and Spanish posted on walls in R and D, in the housing units, and the medical/mental health area. On the walls in the visitation area the Auditor observed the DHS OIG and DRIL posters. The Auditor attempted and was successful in completing calls to the DHS OIG and DRIL lines from a housing unit.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

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.” Policy 14-2-DHS states,

“Staff, including contractors and volunteers, are required 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 of retaliation. Staff may privately report the sexual abuse of detainees outside of their chain of command by forwarding a letter, sealed, and marked “Confidential”, to the Warden or facility PSA Compliance Manager. Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Line at www.CoreCivic.com/EthicsLine or 1-800-461-9330. When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee. Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in the Coordinated Response/Sexual Abuse Response Team (SART) section of Response Procedures. Apart from reporting to designated supervisors or facility officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws. The facility may request that local law enforcement make this report.” Interviews with eight random security staff confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail www.corecivic.com/ethicsline. In addition, interviews also confirmed that they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the investigator confirmed that if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. There have been no allegations of sexual abuse that included a juvenile or vulnerable adult during the audit period. The Auditor was provided with documentation of the agency’s review and approval of the facility policy.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, “When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee. Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in the Coordinated Response/Sexual Abuse Response Team (SART) section of Response Procedures.” The Auditor reviewed one investigation file. Review of the case confirmed HCDF took immediate protective actions by removing the victim from the area to provide safety and start the investigation process. In this incident, the alleged perpetrator was reassigned to a different housing unit. Interviews with the Warden and eight security staff confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14-2-DHS states, “Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: The Warden/Facility Administrator of the facility that received the allegation shall contact the Warden/Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation; A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred; The facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA). Upon receiving notification from another agency or another facility (e.g. state, federal, local, or other private operator) that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the CoreCivic facility, the following actions shall be taken: The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A detainee statement should be requested. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred for criminal investigation, if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur; If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The incident shall be reported through the 5-1 Incident Reporting Database (IRD); Notification shall be made to the ICE Field Office Director/designee.” The facility submitted a memorandum that stated HCDF has not received any detainee claims of sexual allegations that occurred at another facility nor received a notification from another facility after a detainee’s transfer during the audit period that an incident of sexual abuse occurred at HCDF. Interviews with the Warden and AW/PSA Compliance Manager confirmed that should HCDF receive information a detainee was sexually abused while housed at another facility, notifications would be made to the facility where the abuse occurred and ICE FOD notification will be made within 72 hours. Should a detainee be transferred and HCDF notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon the receiving the allegation. In addition, the Warden and AW/PSA Compliance Manager confirmed that notification would be made by telephone with a follow up email. There were no occurrences where a detainee transferred from another facility to HCDF and reported an incident of sexual abuse or where a detainee transferred from HCDF to another facility and reported an incident of sexual abuse during the audit period.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS states, “Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. Alleged victims shall be immediately escorted to the Health Services Department. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if determined necessary for medical treatment. Health Services Staff shall follow the protocols in CoreCivic Policy 13-79 Sexual Assault Response. For allegations that do not involve physical contact there is no requirement to escort a detainee victim to Health Services for evaluation. If the alleged sexual abuse occurred within a time period that still allows for

the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged abuser is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall, ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. 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 notify security staff.” Interviews with eight security staff confirmed that all had a first responder card that contained verbiage of this standard; however, interviews confirmed that staff were unable to articulate they should request the victim not take actions and ensure the alleged abuser not take actions. Review of the training curriculum confirmed the appropriate language for this standard. The Auditor requested the AW/PSA Compliance Manager send out a reminder email to staff to request the victim not take actions and ensure the alleged abuser not take actions to destroy evidence with read receipts for compliance during the onsite. The Auditor additionally interviewed two contractors who confirmed they would notify security staff immediately and request the alleged victim not take actions to destroy evidence. The Auditor reviewed the one investigation file that occurred during the audit period, but the incident did not require a response team.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14.2-DHS states, “This policy section shall serve as the written institutional plan to coordinate actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. Incidents where there is no allegation of physical contact or risk of imminent threat of sexual contact may not require the same range of coordinated response. The facility has established a Sexual Abuse Response Team (SART) to identify roles and provide a coordinated response. The SART shall be designated by the Warden/Facility Administrator and may include but is not limited to [the following: PSA Compliance Manager; Facility Investigator, Medical representative; Security representative; Mental health representative; and Victim Services Coordinator].” Policy 14.2-DHS also states, “If a victim of sexual abuse is transferred from this facility to a facility covered by DHS SA-API Standards, 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. If the victim of sexual abuse is transferred from this facility to a facility not covered by DHS SA-API Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s need for medical or social services, unless the victim requests otherwise.” HCDF utilizes 14-2-DHS as their coordinated response plan. This policy identifies roles that will be assigned to the Sexual Abuse Response Team (SART), assigned duties for each role, and coordinating actions. Interview with the AW/PSA Compliance Manager confirmed the facility would utilize 14-2-DHS policy as its institutional plan should an incident occur. The AW/PSA Compliance Manager further confirmed that should a detainee be transferred to a DHS facility, HCDF would inform the receiving facility of the detainee’s need for potential medical or social services and should a detainee be transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, “Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Review of the one investigation file confirmed that the allegation did not involve a staff, contractor, or volunteer. Interviews with the Warden and HRM confirmed that CoreCivic staff are removed and placed on administrative leave or removed from contact with detainees pending investigation results. The interviews further confirmed that contractors and volunteers would also be removed from contact with detainees until the investigation has been concluded.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 states, “ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” Policy 14-2-DHS 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, or for participating in sexual abuse 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 or for cooperating with investigations. Immediately following receipt of a report of sexual abuse and then for at least ninety (90) days following, 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. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need. Items the facility should monitor for detainees include disciplinary reports, housing or program or work changes. For staff, items to monitor include disciplinary reports, negative performance reviews, or reassignments.” The facility submitted a blank Retaliation Monitoring Report utilized for staff or detainees and a memorandum that stated there has not been any sexual abuse reports during the audit period to monitor for retaliation. There were no grievances filed for retaliation within the last 12 months for the Auditor to review. HCDF had one allegation during the audit period. The investigation file included retaliation monitoring for disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and a box to check if the monitor met with the detainee or staff member in person. Interview with the AW/PSA Compliance Manager confirmed that retaliation is prohibited, multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring. Interviews with eight security staff additionally confirmed that retaliation toward anyone is not allowed.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14-2-DHS states, “The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at

the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into administrative segregation whenever a detainee has been placed in administrative segregation.” The facility submitted a memorandum that stated there has not been a detainee placed in segregated housing or a reassessment completed due to the absence of a sexual abuse report during the audit period. Review of the one investigation file confirmed that the detainee did not request protective custody after the incident. Interviews with the AW/PSA Compliance Manager additionally confirmed a detainee has not requested protective custody after a PREA incident. The interview further confirmed that detainee victims would be held in the least restrictive environment and would not be held any longer than five days except in unusual circumstances or if the detainee requested it and a reassessment would be completed before returning the detainee to general population.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): Policy 14-2-DHS states, “The Warden/Facility Administrator shall ensure that an administrative investigation and/or a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. Administrative investigations into alleged sexual abuse shall be prompt, thorough, and objective and conducted by qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, CoreCivic facility investigators shall conduct an administrative investigation. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, facility investigators shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be coordinated with the appropriate investigative office within ICE/DHS, the local ICE AFOD/designee, and the responsible criminal investigative entity. Administrative Investigations shall include the following: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; and Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. The facility shall not initiate an administrative investigation until such time as the responsible law enforcement agency declines to pursue a criminal investigation to ensure that the criminal investigation is not compromised. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. When outside agencies conduct investigations of sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. The facility investigator shall document contacts with the agency conducting the criminal investigation.” HCDF utilizes one investigator to conduct administrative investigations. Review of one investigative file confirmed that the administrative investigation was completed promptly, thoroughly, objectively and was conducted by the specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed for the investigator. An interview with the investigator confirmed that

should an allegation result in a criminal investigation an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility the investigation would continue until it was finished. Should a criminal investigation need to be conducted, HCDF would remain informed through telephone calls, emails or in person updates with the HPD. The investigator further stated that HCDF contacts HPD for every allegation. An interview with the AW/PSA Compliance Manager who is also the facility's designated investigator, confirmed that the facility utilizes Policy 14-2-DHS for administrative investigation procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigations.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Policy 14-2-DHS 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." Review of the one investigation file, which was deemed unfounded, confirmed that no standard higher than a preponderance of the evidence was utilized to determine the investigation outcome. Interview with the facility investigator confirmed that during the investigation there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, "The facility shall, when the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse, notify the detainee as to the result of the investigation and any responsive action taken." The Auditor submitted the Notification to Detainee of PREA Investigation Results form to the TL. Review of the form and the closed investigative file confirmed that the detainee was notified that the allegation was unfounded.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14-2-DHS states, "Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The Warden/Facility Administrator shall determine, on a case-by-case basis, whether or not placement of a staff member on administrative leave is warranted. This determination shall take into account the gravity and credibility of the allegations. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse policies. CoreCivic facility employees are not in the Federal Service. Removal from their position within CoreCivic and termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse, as defined in this Policy under the definitions of sexual abuse of a detainee

by a staff member, contractor, or volunteer. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse as defined above shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known." The facility submitted a memorandum that there has not been any staff terminations or other sanctions for violation of sexual abuse policies or notifications needed to law enforcement, and a blank form letter to notify an employee of administrative leave pending an internal investigation. HCDF had one allegation during the audit period which did not involve staff. The facility provided documentation to confirm the agency has reviewed and approved Policy 14-2-DHS. Interview with the Warden and the HRM confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The Warden further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies as appropriate for the circumstance.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, "Following an investigation, substantiated allegations of sexual abuse by any contractor or volunteer shall result in prohibition from contact with detainees. The facility shall make reasonable efforts to report substantiated incidents of sexual abuse by contractors and/or volunteers to any relevant licensing bodies, to the extent known. Incidents of Substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. 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 or assault but have violated other provisions within these standards." The facility submitted a memorandum that there have not been any incidents of a contractor or volunteer violating sexual abuse policies or suspected of perpetrating sexual abuse that warranted removal of duties requiring detainee contact. HCDF had one allegation during the audit period which did not involve a contractor or volunteer. Interview with the Warden and the HR Manager confirmed that any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. Contractors and Volunteer removal from detainee contact could also include violations of other facility PREA policies. The Warden further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies as appropriate for the circumstance.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, "Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's

disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The facility shall have a disciplinary system with progressive levels of appeals, reviews, procedures, and documentation requirements. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A detainee may be disciplined for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Detainees who deliberately allege false claims of sexual abuse may be disciplined." The facility submitted a memorandum that there have not been any disciplinary sanctions for a detainee having engaged in sexual abuse during the audit period and an Institution Disciplinary Panel Report for the Auditor to review. Review of the facility detainee handbook confirms that offenses are listed into the following categories: greatest offense, highest offense, high moderate, or low moderate with sexual assault listed in the greatest offense category and engaging in sexual acts and making sexual proposals or threats listed in the highest offense category. Sanctions imposed for the infraction appear to be commensurate with the prohibited act. Review of the Institution Disciplinary Panel Report found no indication that consideration of whether the detainee's mental disability or mental illness may have contributed to the behavior when determining the sanction. The Auditor reviewed the one investigation file, but the action did not warrant a disciplinary report. Interview with the Disciplinary Officer did confirm that a detainee's mental health disability is considered when determining imposed sanctions and would be noted on the comments section of the Disciplinary Panel Report. The Disciplinary Officer further confirmed that the HCDF has a formal disciplinary process with progressive levels of sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Additionally, sanctions are commensurate with the severity of the prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Interview with the Warden additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, "If screening from the 14-2B, DHS Screening Tool indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. 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 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." The facility submitted a memorandum that stated there has not been a medical or mental health follow up from intake for victimization or prior perpetrated abuse during the audit period. During the intake process detainees are given an assessment required by standard §115.41, which does inquire about prior sexual victimization or abusiveness history. Should a detainee indicate prior sexual victimization or having perpetrated sexual abuse during the assessment screening a referral is made to medical staff. Interview with intake staff confirmed that the referral is made through email. The Auditor was able to observe a referral email sent to medical/mental health staff. Detainees are seen by medical as part of the intake process and are asked similar questions, with referrals input into the medical system. Interview with two medical staff and one mental health staff confirmed that referrals are received through the system and the patient is then scheduled for appropriate care. Interviews further confirmed that detainees are seen for a more in-depth medical appointment

within 24 hours and mental health referrals are seen within 48 hours. Interviews further confirmed that detainees who were identified as perpetrating sexual abuse would also be seen by medical or mental health.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS 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. 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.” The facility provided a memorandum which stated there have not been any emergency medical or medical health services provided to detainee victims during the audit period. There was one allegation that occurred during the audit period and did not result in a victim being transported for emergency medical services. Review of the investigation file confirmed that an appropriate referral was made to mental health. Interviews with medical and mental health staff confirmed detainees would receive emergent care at Memorial Hermann Northeast Hospital or Houston Methodist Hospital free of charge to include crisis intervention, emergency contraception and sexually transmitted infections prophylaxis. Medical and mental health staff further confirmed that any treatment plans would be continued at the facility and follow up care would be provided as required.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): Policy 14-2-DHS states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse 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 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, 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 while detained shall be offered tests for sexually transmitted infections as medically appropriate. 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. The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” The facility submitted a memorandum which stated there have not been any sexual abuse victims or abusers that required an evaluation within 60 days. The facility had one allegation during the audit period. Review of the investigation file confirmed the victim was referred appropriately to medical and mental health. Interviews with medical staff confirmed that that detainees are provided services consistent with care in the community, that females would be offered pregnancy tests, comprehensive pregnancy-related education and timely access and comprehensive education about lawful pregnancy-related services. Services would also include

tests for sexually transmitted infections. All treatment would be free of cost to the detainee whether they cooperate with the investigation. Mental health care staff additionally confirmed that detainee care is consistent with care received in the community. There were no detainee-on-detainee abusers housed at the facility during the onsite or the audit period; however, mental health staff did confirm a mental health evaluation would be offered upon learning of the abuse history. During the onsite audit there were no detainees still housed at the facility that reported an allegation.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation. A written report of the review shall be prepared within thirty (30) days of the conclusion of the investigation. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. All findings and recommendations for improvement shall be documented on the ICE Sexual Abuse or Assault Incident Review Form. Completed review forms shall be forwarded to the Warden/Facility Administrator for review, and the facility PSA Compliance Manager. The Report shall be forwarded to the ICE PSA Coordinator through the local ICE Field Office. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The annual reporting period shall be determined by ICE. Facilities shall utilize the ICE Annual Sexual Abuse and Assault Report form. Completed forms shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office.” The facility submitted a memorandum that stated there has not been a substantiated or unsubstantiated sexual abuse incident requiring investigation or reporting to the agency PSA Coordinator and a letter entitled “PREA-Annual Review 2023” stating the facility has not had any PREA related incidents during 2023. The Auditor reviewed a Sexual Abuse or Assault Incident Review form completed for one incident that occurred during the audit period. Review of the incident review confirmed that it was completed within 30 days upon conclusion of the investigation and evaluated whether a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility evaluated whether the incident 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. Interviews with the Warden and AW/PSA Compliance Manager and Incident Review team member confirmed that reviews are conducted at the completion of all investigations of sexual abuse and the report and response are forwarded to the agency PSA Coordinator. The facility provided an email sent to the FOD for the 2023 annual review that was a negative report.

Corrective Action:

No corrective action needed.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): Policy 14-2-DHS states, “The facility investigator or other individual designated by the Warden/Facility Administrator shall maintain incident investigation files chronologically and in a secure location. The files shall include the following information: Incident reports; Investigative reports; Detainee information; Case disposition; Medical and counseling evaluation findings; Recommendation for post release treatment if necessary; and Counseling records.” The Auditor observed a locked file cabinet that contained investigation files during interview with the Investigator.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were observed were posted in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was allowed to interview staff and detainees in private. The Auditor did not receive correspondence from any detainee, staff, or outside entity prior to the onsite audit.

Corrective Action:

No corrective action needed.

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.

Jodi Upshaw

5/31/2024

Auditor’s Signature & Date

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

6/4/2024

Program Manager’s Signature & Date

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

6/3/2024

Assistant Program Manager’s Signature & Date



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

(b) (7)(E)

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