Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

IAH Secure Adult Detention Facility (Polk)

June 11 - 13, 2024

U.S. Immigration and Customs Enforcement

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
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PROGRAM MANAGER INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
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:	IAH Secure Adult Detention Facility (Polk)		
Physical address:	3400 Fm 350 South Livingston, Texas 77351		
Telephone number:	(936) 967-8000		
Facility type:	Dedicated Inter-governmental Service Agreement		
PREA Incorporation Date:	9/23/2015		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(936) 967-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(936) 967-(b) (6), (b) ext. (b) (6),

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 IAH Secure Adult Detention Facility (Polk) met 36 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 4 non-compliant standards. As a result of the facility being out of compliance with 4 standards, the facility entered a 180-day corrective action period which began on August 07, 2024, and ending on February 03, 2025. 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: 4

- §115.17 - Hiring and promotion decisions.
- §115.32 - Other training.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.64 - Responder duties.

During the corrective action period the facility sufficiently demonstrated compliance with the four standards identified as out of compliance during the audit and ended the corrective action period early, on January 16, 2025, with the following results.

Number of Standards Exceeded: 0

Number of Standards Met: 4

- §115.17 - Hiring and promotion decisions.
- §115.32 - Other training.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.64 - Responder duties.

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 relied 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.

§115.17 - Hiring and promotion decisions.

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): 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." IAH 2.1.18 PREA states, "IAH prohibits hiring and/or promotion staff who have contact with detainees who have engaged in sexual abuse and/or sexual harassment. IAH staff shall ask all applicants who may be contact with detainees directly about previous misconduct; in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees. IAH shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. MTC, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Material omissions or the provision of materially false information by staff is prohibited as detailed in MTC policy 203.01.B.8.b.18 Rules of Conduct. Staff and contractors having contact with detainees, require a background check before enlisting services and every five years of continued service in accordance with MTC policy 13.20 Purchase Policy. IAH shall either conduct criminal background records checks at least every five years for current employees who may have contact with detainees or have in place a system for otherwise capturing such information for current employees." The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit to include 2 ICE employees, 10 IAH employees and 2 medical staff to verify completion of the required background investigations. OPR PSO confirmed the background investigation status of all Agency and IAH employees submitted were completed and current. The Auditor reviewed 14 staff files and confirmed background checks were completed at hire, prior to promotion and every five years for those applicable. The facility submitted an MTC Standards of Conduct form which all staff are required to sign annually. The form directs staff to "immediately report any violation or apparent violation of any guideline/rule/regulation." Review of one volunteer file and interview with the HRM revealed that volunteers and contractors are not being asked the questions required of provision (a) of the standard. The facility is asking about prior criminal history but is not asking about civil or administrative adjudication. Interview with

the HRM confirmed that new hires and contractors must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents, which the Auditor observed in the files reviewed. The HRM further confirmed that should an applicant give false information or omit misconduct the applicant would be terminated, or the employment offer withdrawn. The HRM additionally confirmed that IAH would provide information on substantiated allegations of sexual abuse upon request involving a former employee applying to a different institutional employer and checks are conducted if an employee has previous institutional employment. Interviews with two ICE staff confirmed misconduct questions are included in promotion documents.

Corrective Action:

Does Not Meet (b): The facility does not ask volunteers and contractors about civil or administrative adjudication required in provision (a) of the standard. In order to become compliant, the facility must implement a process to ask volunteers and contractors all questions required in provision (a) of the standard and shall impose a continuing affirmative duty to disclose any such misconduct. The facility must then submit documentation to the Auditor to confirm volunteers and contractors have been asked the required questions and have understood the continuing affirmative duty to report such misconduct.

Corrective Action Taken:

The facility established a corrective action plan with a comprehensive process to ensure compliance with provision (a) of the standard. This process involves asking all required questions to volunteers and contractors. Additionally, volunteers and contractors are mandated to maintain a continuous affirmative duty to disclose any relevant misconduct. The facility provided a newly implemented form, "PREA Questions for Volunteers and Contractors". The facility additionally submitted an Approved Volunteers and Contractors List and the 10 completed PREA Questions for Volunteers and Contactors forms. Additionally, the facility provided an email to applicable staff notifying them of a volunteer removal from the approved list. The Auditor now finds compliance with provision (b) of the standard.

§115.32 - Other training.

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

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "All training provided to staff, volunteers, and contractors will be based on the level of services provided in relation to contact with detainees. All completed training will be documented. However, all volunteers and contractors who have any contact with detainees must be notified of ICE/ERO and the facility's zero-tolerance policy and informed how to report such incidents." MTC 901D.02 Training Requirements states, "Part time, Volunteer, and Contractor: Orientation for part time staff, volunteer, and contractors will include training on security and confidentiality. Training may include instruction in the following areas: (i) Institutional mission and policy; (ii) Basic security procedures relating to inmate accountability, tools, keys and contraband; (iii) Ethical conduct; (iv) Rules and discipline for inmates; (v) Specialty training similar to that available for full-time employees; (vi) hostage policy; (vii) Policies and procedures regarding sexual abuse/harassment prevention, detection and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates shall have at least been notified of MTC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility shall maintain documentation confirming that the volunteers and contractors understand the training they have received." A review of IAH's ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers confirmed the training adheres to all elements required of the standard. After course completion, attendees are required to sign an acknowledgement of PREA training received. The Auditor additionally reviewed completed sign in sheets for the training. Interview with the TM confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties. During the onsite

audit, the Auditor found that volunteer and other contractor completions are sent by email to the assigned front desk clerk. The Auditor reviewed the binder located at the front containing volunteer and contractor training records but found some of the training certificates were not contained in the binder.

Corrective Action:

Does Not Meet (c): The facility does not maintain accurate confirmation at the entry point of the facility that volunteers and other contractors who have contact with immigration facility detainees have completed the training required under this standard to be verified by the entry staff when processing visitors. In order to become compliant, the facility must implement a process for any staff working the front desk to adequately confirm volunteer and other contractor completion of training prior to entrance to the facility. The facility must provide documentation of the new process and staff training on the newly implemented process.

Corrective Action Taken:

The facility submitted an "Approved Volunteer & Contractors List" with the names of nine contractors/volunteers trained and authorized for entry to the facility. The facility explained the new procedures implemented to become compliant with §115.32. These procedures are, upon completion of the Sexual Abuse and Assault Prevention and Intervention training, volunteers and contractors will be added to a visitor list maintained by the front desk staff. All training for volunteers and contractors will be conducted by the TM, who will also be responsible for updating the visitors list as needed. This list will be maintained by front desk staff to ensure that only those who have completed the required training are granted access to the facility. Those who have not completed the required training will not be granted access to the facility. The facility submitted a Staff Training and Attendance Roster with signatures that confirmed applicable staff have been trained on the requirements of standard §115.32. The Auditor finds the facility is now in compliance with provision (c) of the standard.

§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): IAH 2.1.18 PREA states, "IAH requires that detainees be screened using an objective screening instrument for risk of sexual victimization or risk of sexually abusing other detainees within 12 hours of intake. The facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The facility may determine the screening instrument to be used in consultation with MTC PREA coordinator and the customer agency. The recommended instrument to be used is the IAH form Screening for Risk of Victimization and Abusiveness. Within 30 days from the detainee's arrival at the facility, any detainee who is referred as a potential victim or predator under the guidelines of risk assessment completed by intake will have a 30-day follow-up by the PREA Manager or designee. The facility shall reassess each detainee's risk of victimization or abusiveness between 60-90 days from the date of initial assessment, and any other time when warranted based upon any additional, relevant information or following an incident of abuse or victimization. The facility shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) Age of detainee; (3) Physical built and appearance; (4) Whether the detainee has previously incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses against an adult or child; (7) Whether the detainee has self - identification as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee have self-identified as having previously experienced sexual victimization; and (9) The detainee's own concerns about his or her safety. The initial screening will 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. A detainee will be reassessed when warranted due to a

referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. Detainees may not be discipline for refusing to answer, or for not disclosing complete information in response to questions asked regarding mental, physical, or developmental disability; whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has previously experienced sexual victimization; or the detainee's own perception of vulnerability. IAH will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The Auditor reviewed an initial "Screening For Risk Of Victimization And Abusiveness" form which confirmed all elements of subsections (c) and (d) are evaluated upon intake. The Auditor reviewed 15 detainee files and confirmed all assessments were completed within 12 hours of admission into the facility and all reassessments had been completed within the 60 and 90-day requirement of the standard. The Auditor reviewed one investigation file and confirmed the detainee victim received a reassessment required of subsection (e). Interviews with intake staff and classification staff confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions on the assessment. Interviews with classification staff additionally confirmed that hard copies of the assessments are kept in detainee files which are locked within the records room and the Auditor observed. No detainees were processed into the facility during the onsite audit; however, the Auditor was able to view video of the last intake process. Detainees had forms in their hands and at least five were lined up on a wall. Detainees were taken individually into a small area and given the risk assessment. Although interviews with 30 detainees confirmed the assessment was given in "private or in a small area", interviews also confirmed that other detainees could hear responses to the questions and detainees were given the risk assessment to fill out prior to interview by staff. Review of 15 detainee's files further confirmed risk assessments had different handwriting or was completed utilizing different writing instruments suggesting that the detainees completed the assessment themselves instead of being completed by staff. The Auditor finds that the small booths utilized to complete the risk assessment offers some form of privacy; however, based on the proximity of the other detainees when they are lined up for processing, they would be able to hear responses to the questions being asked. In addition, the use of the telephone within this booth to provide translation services allows other detainees to hear responses to the questions being asked.

Corrective Action:

Does Not Meet (g): The facility does not implement appropriate controls on the dissemination to responses of the questions asked pursuant to provision (c) of this standard. In order to become compliant, the facility must implement a process which affords detainees privacy when conducting the risk assessment. In addition, the facility must train applicable staff of the new process and provide the Auditor with documentation that training has been completed.

Corrective Action Taken:

The facility initiated a plan to modify the interview rooms to ensure detainee privacy during risk assessments. The interview rooms were remodeled to enhance privacy by enclosing the ceilings and limiting the use to no more than two rooms at a time, ensuring that no detainee residents are within sight or sound of an occupied interview room. The facility submitted photographs of the modified interview rooms, a Protocol for Staff Conducting Risk Assessments, and a Staff Training Roster with applicable staff signatures. The Auditor finds the facility is now in compliance with provision (g) of the standard.

§115.64 - Responder duties.

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

Notes:

(a)(b): IAH 2.1.18 PREA states, "IAH has a first responder policy for allegations of sexual abuse. IAH's policy requires that, upon learning of an allegation that a detainee was sexually abused, the first security staff member to

respond to the report shall be required to: Separate the alleged victim and abuser, Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Confidentially (preferably by phone) notify your supervisor. IAH's approach to preventing, detecting and responding to sexual abuse and sexual harassment requires that if the first responder is not a security staff member, that responder shall be required to: Request the alleged victim not take any actions that could destroy physical evidence and Notify security staff." The facility provided ICE training curriculum for staff, contractors and volunteers and medical/mental health specialized training curriculum for review. Interviews with 10 detention officers confirmed that staff would separate the victim and alleged abuser, secure the scene, and report the incident. Staff could not articulate the requirement to request the victim and ensure the alleged abuser not take actions that destroy evidence. Review of one investigation file confirmed that the detainee was removed from the area immediately and taken to medical.

Corrective Action:

Does Not Meet (a): Detention staff could not articulate the requirement that they should request the victim and ensure the alleged abuser not take actions that destroy evidence. To become compliant, the facility must provide documentation that applicable staff have been trained on the requirement that if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Corrective Action Taken:

The facility implemented a corrective action plan to ensure that facility staff will be trained on the requirement to request that the alleged victim and ensure the alleged abuser refrain from any actions that could destroy physical evidence if the abuse occurred within a time frame that allows for the collection of such evidence. These actions include, but are not limited to, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The facility submitted the IAH Secure Adult Detention Facility Coordinated Response Sexual Abuse Checklist and two signed training logs for the topic "Provision §115.64 Responder duties" for applicable staff. The Auditor finds the facility is now in compliance with provision (a) of this 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

Auditor's Signature & Date 1/17/2025

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

Program Manager's Signature & Date 1/23/2025

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

Assistant Program Manager's Signature & Date 1/22/2025

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	6/11/2024	**To:**	6/13/2024
AUDITOR INFORMATION			
Name of auditor:	Jodi Upshaw	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
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:	IAH Secure Adult Detention Facility (Polk)		
Physical address:	3400 Fm 350 South Livingston, Texas 77351		
Telephone number:	(936) 967-8000		
Facility type:	Dedicated Inter-governmental Service Agreement		
PREA Incorporation Date:	9/23/2015		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(936) 967-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(936) 967-(b) (6), (b) ext (b) (6),

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 IAH Secure Adult Detention Facility (IAH) was conducted on June 11 – 13, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor and Ron Kidwell, 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 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. Immigration and Customs Enforcement (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. IAH is operated by Management and Training Corporation (MTC) and is located in Livingston, TX. This is the facility's third PREA audit and includes a review of the period between June 13, 2023, through June 13, 2024.

Approximately three 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 Audit Management and Review System (AMRS). Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs IAH's PREA Program is 2.1.18 Prison Rape Elimination Act (PREA). 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.mtctrains.com/PREA). No correspondence was received from any detainee, outside individual, or staff member.

IAH houses medium, and high custody level male detainees who are pending immigration reviews such as asylum decisions and expediated removal. The facility does not house juveniles or family units. The design capacity for the facility is 1,054. The facility reported that 1,732 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 19 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through IAH are from Ecuador, Honduras, and Venezuela. On the first day of the audit the facility reported 786 detainees were housed at the facility. The facility is comprised of 87 open bay/dormitory style housing units with one segregation unit. The medical unit has five cells that houses one detainee in each cell.

The entry briefing was held in the Warden's conference room on June 11, 2024. The ICE/OPR/ERAU Inspection and Compliance Specialist (ICS) (b) (6), (b) (7)(C) opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Warden, IAH
(b) (6), (b) (7)(C) Deputy Warden, IAH
(b) (6), (b) (7)(C) Warden's Secretary, IAH
(b) (6), (b) (7)(C) Prevention of Sexual Abuse Compliance Manager (PSACM), IAH
(b) (6), (b) (7)(C) Chief of Security (COS), IAH
(b) (6), (b) (7)(C) Administrative Lieutenant/Disciplinary Officer, IAH
(b) (6), (b) (7)(C) Lieutenant, IAH
(b) (6), (b) (7)(C) Health Services Administrator (HSA), IAH
(b) (6), (b) (7)(C) Mental Health Worker, IAH
(b) (6), (b) (7)(C) Training Manager (TM), IAH
(b) (6), (b) (7)(C) Supply Tech/Property Officer/Grievance Coordinator (GC), IAH

(b) (6), (b) (7)(C) Finance Manager, IAH
(b) (6), (b) (7)(C) Maintenance Supervisor, IAH
(b) (6), (b) (7)(C) Risk Manager, IAH
(b) (6), (b) (7)(C) Library Aide/Law Library, IAH
(b) (6), (b) (7)(C) Food Service Manager, IAH
(b) (6), (b) (7)(C) Chaplain, IAH
(b) (6), (b) (7)(C) Mailroom, IAH
(b) (6), (b) (7)(C) Recreation Coordinator, IAH
(b) (6), (b) (7)(C) Detention Services Manager, ICE Enforcement and Removal Operations (ERO)
(b) (6), (b) (7)(C) Assistant Contracting Officer Representative (ACOR), ICE ERO
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE ERO
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE ERO
(b) (6), (b) (7)(C) ICS, ICE OPR/ERAU
Jodi Upshaw, Lead Auditor, Creative Corrections, LLC
Ron Kidwell, Support 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 assess 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 audit commenced on June 11, 2024, and included a tour of the sally port, intake area, medical unit, housing units, segregation unit, food service, laundry, library, gym, and visitation. In addition, the Auditors observed the control center and administrative offices. Detainees are housed in open bay/dormitory style housing that contain bunkbeds with 8 or 24 detainees per housing unit. Within each unit there are a common seating area, telephones, toilet area with sinks, and a shower area. The Auditors observed English and Spanish posters in each dormitory which included: the audit notice, the DHS ICE Zero Tolerance for Sexual Abuse poster 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 Sexual Assault & Abuse Free Environment (SAAFE) House poster. During the onsite audit, the Auditors noted sight lines, potential blind spots, and (b) (7)(E) . During the onsite, the Auditors additionally tested the numbers provided for DRIL, OIG, SAAFE House, and the facility PREA Hotline and confirmed they were in good working order.

The facility did not receive any detainees during the onsite audit, but the Auditor was able to observe video of the last intake. Detainees were brought into the intake area and pat down searches were conducted. Detainees were then placed into one of 5 holding cells that had a capacity of 25 each. Detainees were assessed by medical, screened for risk by intake staff, and the detainee received a facility handbook, the ICE National Detainee handbook, and the DHS-prescribed SAA Information pamphlet.

(b) (7)(E) (b) (7)(E) . (b) (7)(E) . (b) (7)(E) . (b) (7)(E) (b) (7)(E)

(b) (7)(E) .

IAH employs 116 detention officers (51 male and 65 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and mental health staff are employed by MTC and consists of 20 medical and 2 mental health staff. The facility utilizes religious volunteers and additionally employs contract traveling nurses.

The Auditors conducted a total of 27 staff interviews which consisted of the Warden, PSACM/Incident Review Team Member/Retaliation Monitor, Human Resources Manager (HRM), COS, TM, Intake staff (1), Classification staff (1), Disciplinary Officer, GC, Investigator, Custody First Responder (1), Non-Custody First Responder (1), Supervisor who conducts unannounced rounds (1), Staff that supervise detainees in segregation (1), Mailroom staff (1), Detention Officers (10), Medical staff (1), Mental Health staff (1). Interviews were also conducted with 30 randomly selected detainees. In addition, the Auditors interviewed the AFOD, SDDO, contracted medical staff, and an advocate from SAAFE House.

The facility PAQ reported there is one facility investigator that has received specialized training on investigating sexual abuse. There was one unsubstantiated allegation of sexual abuse reported on the merged PREA allegation sheet.

On June 13, 2024, an exit briefing was held in the Warden's conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Warden, IAH
(b) (6), (b) (7)(C) Deputy Warden, IAH
(b) (6), (b) (7)(C) Warden's Secretary, IAH
(b) (6), (b) (7)(C) PSACM, IAH
(b) (6), (b) (7)(C) COS, IAH
(b) (6), (b) (7)(C) Administrative Lieutenant/Disciplinary Officer, IAH
(b) (6), (b) (7)(C) HRM, IAH
(b) (6), (b) (7)(C) TM, IAH
(b) (6), (b) (7)(C) Supply Tech/Property Officer/ GC, IAH
(b) (6), (b) (7)(C) Finance Manager, IAH
(b) (6), (b) (7)(C) Maintenance Supervisor, IAH
(b) (6), (b) (7)(C) Risk Manager, IAH
(b) (6), (b) (7)(C) ACOR, ICE ERO
(b) (6), (b) (7)(C) SDDO, ICE ERO
(b) (6), (b) (7)(C) ICS, ICE OPR/ERAU
Jodi Upshaw, Lead Auditor, Creative Corrections, LLC
Ron Kidwell, Support Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor 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: 36

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

Number of Standards Not Met: 4

- §115.17 - Hiring and promotion decisions.
- §115.32 - Other training.

- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.64 - Responder duties.

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): IAH 2.1.18 PREA states, "The IAH Secure Adult Detention Facility through this policy establishes a mandatory zero tolerance position concerning all forms of sexual abuse and further outlines the facility's approach to preventing, detecting and responding to such conduct should it occur. IAH is committed to a zero-tolerance standard for sexual violence, sexual misconduct, and sexual harassment between detainees and detainees and staff, volunteer and contractors. This policy outlines procedures and expectations related to IAH's approach to preventing, detecting and responding to sexual abuse and sexual harassment. This policy is developed in compliance with the Prison Rape Elimination Act (PREA) standards for adult prisons and jails." During the onsite audit the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the intake area, all housing units, the medical unit, library, food service area and visitation room. Interviews with 27 IAH staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided the PREA policy signed by the AFOD that confirmed the agency has reviewed and approved its PREA policy.

(d): IAH 2.1.18 PREA states, "IAH has designated a PREA compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards." IAH has appointed and employs a PSACM who serves as the facility point of contact for the agency PSA Coordinator. The Auditor reviewed the organizational chart and observed the PSACM reports directly to the Warden. Interview with the PSACM confirmed she is the point of contact for the agency PSA Coordinator. In addition, the PSACM confirmed she has sufficient time and the 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): IAH 2.1.18 PREA states, "IAH facilities will develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect detainees against abuse. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. At least once every year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed in (a) the staffing plan, (b) the deployment of monitoring technology or (c) allocation of agency/facility resources to commit to the staffing plan to ensure compliance. The facility will be document (sic) the review on the Annual Staffing Plan Review Certification and submitted to the IAH PREA coordinator and regional vice president." A review of the facility PAQ indicated IAH employs 116 security staff that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and food

service. The facility staffing also includes 20 medical and 2 mental health professionals. During the onsite audit, IAH security staff were working twelve-hour shifts: 7:00 a.m. - 7:00 p.m. or 7:00 p.m. - 7:00 a.m. and administrative staff worked an eight-hour shift from the hours of 8:00 a.m. – 5:00 p.m. The Auditor observed appropriate staffing levels in the intake area and housing units during the onsite audit. (b) (7)(E) . (b) (7)(E) (b) (7)(E) (b) (7)(E) . (b) (7)(E) The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and MTC policies. Post orders were provided for the Auditor to review which confirmed all were reviewed on an annual basis. The facility provided a PREA – Annual Staffing Plan Review Certification for 2023 which considered all elements required by subsection (c) of the standard and was signed by the Warden, PSACM, and the MTC PREA Coordinator. The Auditor reviewed one unsubstantiated sexual abuse investigation and confirmed during the sexual abuse incident review the facility took into account staffing levels and video monitoring as part of the review. Interviews with the Warden and PSACM confirmed detainee supervision guidelines are reviewed annually and considers 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.

(d) IAH 2.1.18 PREA states, "Security supervisors shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be implemented and documented for night shifts as well as day shifts. Staff shall not alert other staff of the conduct of such rounds." During the onsite audit the Auditor observed logbooks in all housing units with Unannounced PREA Round written in red ink on random shifts. The Auditor additionally observed logbooks in areas that were not occupied (no detainees had been placed in segregation) and confirmed rounds were being conducted in these areas as well. Interview with the COS indicated he was knowledgeable and could articulate unannounced security inspections are conducted to identify and deter sexual abuse of detainees. He further confirmed that if a staff member was found alerting other staff of unannounced security inspections, they could face disciplinary action. Interviews with 10 detention officers confirmed that supervisor rounds are conducted at various times during their shift and no alerts should be given to other staff.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ and interviews with the Warden, PSACM, and detention officers, IAH does not accept juvenile or family units; 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)(d): IAH 2.1.18 PREA states, "The facility will not permit cross-gender pat down searches of female detainees, absent exigent circumstances. Cross-gender pat down searches of male detainees shall not be

conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat down search is required or in exigent circumstances. All cross-gender pat down searches will be documented." During the onsite audit the Auditor observed a video of the intake process and observed same gender pat searches being conducted. The facility provided a "Cross Gender Pat Search" log confirming cross gender pat searches have been documented. Interviews with 10 detention officers confirmed that cross gender pat searches are not frequently performed; however, should one occur, they explained they are aware of the need to be documented on the log. Interviews with 30 detainees confirmed a pat search was conducted by a male staff member when they arrived. Two detainees who work in the kitchen confirmed during an informal conversation with the auditor that a male staff member conducts a pat down search upon arrival and leaving the kitchen.

(c): IAH only houses male detainees; therefore, this provision of the standard is not applicable.

(e)(f): IAH 2.1.18 PREA states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity searches of juveniles to a medical practitioner. The facility will document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female detainees." Interview with the COS and 10 detention officers confirmed that IAH does not conduct strip searches or visual body cavity searches. Interviews further confirmed that these types of searches would be conducted under exigent circumstances only and would be documented. IAH does not house juveniles.

(g): IAH 2.1.18 PREA states, "The facility will enable detainees to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility will maintain a log of exigent circumstances. The facility will develop a system by which staff of the opposite gender shall announce their presence when entering any detainee housing unit." During the onsite audit the Auditor observed signs on the housing unit doors directing opposite gender staff to announce themselves. The Auditor additionally observed staff open the door to the housing unit, announce their presence as opposite gender, and wait a few moments prior to entry. Interviews with two female detention officers confirmed they are aware of this policy, and all stated they do announce their presence when entering a unit of opposite gender. Interviews with 22 detainees confirmed opposite gender staff announce their presence; however, 8 detainees stated there were no opposite gender announcements made. The Auditor finds substantial compliance with the standard due to observations, staff interviews, and a majority of the detainees acknowledging the announcements.

(h): IAH is not designated as a Family Residential Facility; therefore, this provision of the standard is not applicable.

(i)(j): IAH 2.1.18 PREA states, "The facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics's (sic). If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. Security staff shall be trained in how to conduct cross-gender pat down searches, and searches of transgender and intersex detainees, in a professional respectful manner, and in the least intrusive manner possible, consistent with security needs. All strip searches and visual body cavity searches shall be documented." The Auditor reviewed the facility curriculum for "Cross-Gender, Transgender, and Intersex Searches" and confirmed the curriculum contains all elements of this standard's provisions. The Auditor reviewed 14 staff files and confirmed security staff have been trained on proper procedures for conducting pat down searches, including cross-gender pat down searches and searches of transgender and intersex detainees. Interviews with 10 detention officers confirmed all had received the required training on conducting pat down searches, cross-gender pat down searches, and searches of transgender or

intersex detainees. All staff further confirmed that searching a detainee to determine a detainee's genital status are not allowed.

Recommendation: (b)(d) The facility currently documents cross-gender pat searches on a "Cross Gender Pat Search" log. The Auditor recommends the facility add a block to this form to provide additional documentation of the reason the cross gender pat search was conducted for (e.g., exigent circumstances, no male staff available, etc.).

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): IAH 2.1.18 PREA states, "IAH will take appropriate steps to ensure detainees with disabilities and who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of IAH's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing. In addition, the agency and facility shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. These efforts can be accomplished by: Contracting with interpreters or other professionals (including designated facility staff) to ensure effective communication with detainees who are limited English proficient. Developing written materials used for effective communication about PREA with detainees with disabilities or limited reading skills. Training staff on PREA compliant practices for detainees with disabilities. For PREA related activities, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." During the onsite audit the Auditor observed video of detainees being processed into the facility. The detainees received PREA information via written material and a PREA video is played in the holding cells in English and Spanish. The Auditor confirmed the facility had the ICE National Detainee Handbook available in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese and the DHS-prescribed SAA information pamphlet available in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditor was able to observe detainee tablets that contained the ICE Detainee National Handbook in all 15 languages, the DHS-prescribed SAA information pamphlet in all 15 languages, and the facility handbook could be translated by utilizing the kiosks located within the housing units. Interview with classification and intake staff confirmed the video transcript and facility handbook can be printed into different languages via Google translate. Additional interpretation services can be utilized through Language Line Solutions for limited English proficient detainees, and a TTY machine is located in the law library for detainees with hearing disabilities. The interviews further confirmed staff would speak slower with limited vocabulary for those detainees who have intellectual or psychiatric disabilities, speaking louder for those detainees who have a hearing disability, and reading material or providing written communication for those detainees who may have a vision disability. Interviews with classification staff, intake staff and 10 detention officers confirmed they would not allow another detainee to interpret for another except in very limited situations if requested by the detainee and with the request approved by a supervisor. The Auditors interviewed 28 detainees utilizing Language Line Services provided by Creative

Corrections and 2 English speaking detainees. All confirmed they received the ICE National Detainee Handbook. There was no blind, low vision, hearing impaired, or detainees who had intellectual disabilities housed at IAH during the onsite audit for interview. Of the 15 detainee files reviewed, none indicated a disability.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions.

Outcome: Does Not Meet 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." IAH 2.1.18 PREA states, "IAH prohibits hiring and/or promotion staff who have contact with detainees who have engaged in sexual abuse and/or sexual harassment. IAH staff shall ask all applicants who may be contact with detainees directly about previous misconduct; in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees. IAH shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. MTC, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Material omissions or the provision of materially false information by staff is prohibited as detailed in MTC policy 203.01.B.8.b.18 Rules of Conduct. Staff and contractors having contact with detainees, require a background check before enlisting services and every five years of continued service in accordance with MTC policy 13.20 Purchase Policy. IAH shall either conduct criminal background records checks at least every five years for current employees who may have contact with detainees or have in place a system for otherwise capturing such information for current employees." The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit to include 2 ICE employees, 10 IAH employees and 2 medical staff to verify completion of the required background investigations. OPR PSO confirmed the background investigation status of all Agency and IAH employees submitted were completed and current. The Auditor reviewed 14 staff files and confirmed background checks were completed at hire, prior to promotion and every five years for those applicable. The facility submitted an MTC Standards of Conduct form which all staff are required to sign annually. The form directs staff to "immediately report any violation or apparent violation of any guideline/rule/regulation." Review of one volunteer file and interview with the HRM revealed that volunteers and contractors are not being asked the questions required of provision (a) of the standard. The facility is asking about prior criminal history but is not asking about civil or administrative adjudication. Interview with the HRM confirmed that new hires and contractors must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents, which the Auditor observed in the files reviewed. The HRM further confirmed that should an applicant give false information or omit misconduct the applicant would be terminated, or the employment offer withdrawn. The HRM additionally

confirmed that IAH would provide information on substantiated allegations of sexual abuse upon request involving a former employee applying to a different institutional employer and checks are conducted if an employee has previous institutional employment. Interviews with two ICE staff confirmed misconduct questions are included in promotion documents.

Corrective Action:

Does Not Meet (b): The facility does not ask volunteers and contractors about civil or administrative adjudication required in provision (a) of the standard. In order to become compliant, the facility must implement a process to ask volunteers and contractors all questions required in provision (a) of the standard and shall impose a continuing affirmative duty to disclose any such misconduct. The facility must then submit documentation to the Auditor to confirm volunteers and contractors have been asked the required questions and have understood the continuing affirmative duty to report such misconduct.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard

Notes:

(a): IAH has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing facility; therefore, this provision of the standard is not applicable.

(b): IAH 2.1.18 PREA states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology at the facility, IAH will consider how such technology may enhance its ability to protect detainees from sexual abuse." The facility PAQ stated that camera touchscreens were upgraded, and additional cameras were added in 2023. The facility provided a proposal of work for the Auditor to review. Within the proposal is verbiage stating identified areas that needed to be upgraded "to meet the current security and sexual assault prevention standards". Interview with the Warden confirmed that during the upgrade the facility noted areas that could benefit from additional cameras or camera angles could be improved in other areas. The interview further confirmed additional cameras were added in an effort to improve detainee protections 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." IAH 2.1.18 PREA states, "To the extent IAH is responsible for investigating allegations of sexual abuse, IAH will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth were applicable. IAH will offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or

SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. IAH will document efforts to provide SAFEs or SANEs. IAH will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available or unwilling to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or qualified IAH staff member. If an IAH staff member is used to provide services, documentation of qualifications will be maintained. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services by making available a qualified staff member from a community-based organization, or a qualified staff member. As requested by a victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. If IAH is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct the investigation, IAH will request (through agreement/MOU) that Polk County Sheriff's Office follow PREA requirements for evidence protocol and forensic examinations." IAH provided documentation that ICE has reviewed and approved the facility policy. The Auditor reviewed an MOU between IAH and SAAFE House. The MOU confirms SAAFE House will provide victim advocate services to detainees at IAH. The Auditor reviewed an MOU with IAH and St. Luke's Memorial Hospital that provides for emergency care of detainees housed at IAH that experience a sexual assault, which would include SAFE/SANE examinations. The facility additionally provided an MOU with Polk County Sheriff's Office that confirms Polk County Sheriff's Office would follow the relevant investigatory requirements set out in the Standards To Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement facilities standard Evidence Protocols and Forensic Medical Examinations §115.21. Interview with the Warden and PSACM confirmed Polk County Sheriff's Office is called for every allegation and a report number is issued for IAH. Interviews further confirmed IAH follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles, although the facility does not house juveniles. Interview with the HSA confirmed that should the detainee consent for an examination they would be transported to St. Luke's, and the examination would be provided free of cost. The detainee would be provided an advocate from the SAAFE House if requested.

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)." IAH 2.1.18 PREA states, "IAH will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including detainee-on-detainee sexual abuse or staff-on-detainee sexual misconduct). IAH requires allegations of sexual abuse or sexual harassment be referred for investigation to the Polk County Sheriff's Office with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. IAH will document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. If administrative or criminal investigations of alleged sexual abuse are performed by an entity other than IAH, efforts will be made to obtain the agencies

investigative policy. IAH will make the entity aware of investigative requirements under PREA; and require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. IAH will make its protocol available to the public. The facility will ensure that all allegations are promptly reported to the agency (ICE), and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. IAH may separately, and in addition to the above reports and referrals, conduct its own investigation. When a staff member, contractor, volunteer, detainee, prisoner, detainee (sic), or resident of the facility which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE Office of Professional Responsibility (OPR), or the DHS Office of Inspector General (OIG), as well as the appropriate ICE Field Office Director (FOD), and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation." Review of Agency policy and IAH 2.1.18 PREA confirms there is established protocol to ensure all allegations of sexual abuse are investigated by the agency, facility, or referred to an appropriate investigative authority. The Auditor reviewed the facility's website, mtctrains.com/prea/ and the Agency website, www.ice.gov and confirmed that 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. The Auditor reviewed the one investigation file and confirmed that the allegation included an administrative investigation, and a call was made to the Polk County Sheriff's Office for a report number. The Auditor additionally observed file documents and confirmed ICE was notified promptly. Interviews with the Warden, PSACM, and the facility investigator confirmed all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format indefinitely. Interviews further confirmed that hard copy files are contained in a locked cabinet with restricted key access. The Warden and PSACM additionally confirmed that when a detainee is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the alleged 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.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "Each year staff be trained on but not limited to: How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Definitions and examples of prohibited and illegal sexual behavior; Detainee and staffs rights to be free from sexual abuse and sexual harassment; The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; Instruction that sexual abuse and / or assault is never an acceptable consequence of detention; Recognition of situations where sexual abuse and/or assault may occur; Working with vulnerable populations and addressing their potential vulnerability in the general population; The dynamics of sexual abuse and sexual harassment in confinement; Recognition of the physical, behavioral, and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; 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; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual

abuse; How to avoid inappropriate relationships with detainees; How to communicate effectively and professionally with detainees, including gay, bisexual, transgender, intersex, or gender nonconforming detainees; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." The Auditor reviewed IAH's training curriculum for staff and training attendance rosters. The Auditor additionally reviewed 14 staff files which confirmed staff have received training at hire date and annually thereafter. Interview with the TM confirmed that staff receive PREA training upon hire and will receive refresher training every year after. Interviews with 10 detention officers confirmed they receive PREA training annually. Interviews with two ICE staff additionally confirmed both had received PREA training within the last year and receive this training on an annual basis. The Auditor was provided training certificates to confirm completion of the required PREA training.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "All training provided to staff, volunteers, and contractors will be based on the level of services provided in relation to contact with detainees. All completed training will be documented. However, all volunteers and contractors who have any contact with detainees must be notified of ICE/ERO and the facility's zero-tolerance policy and informed how to report such incidents." MTC 901D.02 Training Requirements states, "Part time, Volunteer, and Contractor: Orientation for part time staff, volunteer, and contractors will include training on security and confidentiality. Training may include instruction in the following areas: (i) Institutional mission and policy; (ii) Basic security procedures relating to inmate accountability, tools, keys and contraband; (iii) Ethical conduct; (iv) Rules and discipline for inmates; (v) Specialty training similar to that available for full-time employees; (vi) hostage policy; (vii) Policies and procedures regarding sexual abuse/harassment prevention, detection and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates shall have at least been notified of MTC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility shall maintain documentation confirming that the volunteers and contractors understand the training they have received." IAH's ICE Prison Rape Elimination Act (PREA) Training presented for Contractors and Volunteers and confirmed the training adheres to all elements required of the standard. After course completion attendees are required to sign an acknowledgement of PREA training received. The Auditor additionally reviewed completed sign in sheets for the training. Interview with the TM confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties. During the onsite audit, the Auditor found that volunteer and other contractor completions are sent by email to the assigned front desk clerk. The Auditor reviewed the binder located at the front containing volunteer and contractor training records but found some of the training certificates were not contained in the binder.

Corrective Action:

Does Not Meet (c): The facility does not maintain accurate confirmation at the entry point of the facility that volunteers and other contractors who have contact with immigration facility detainees have completed the training required under this standard to be verified by the entry staff when processing visitors. In order to become compliant, the facility must implement a process for any staff working the front desk to adequately confirm volunteer and other contractor completion of training prior to entrance to the facility. The facility must provide documentation of the new process and staff training on the newly implemented process.

§115.33 - Detainee education.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): IAH 2.1.18 PREA states, "Detainees will receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Training may also include: Definition of Sexual Violence; Specifics about the Prison Rape Elimination Act; Rights as a victim; Prevention/Intervention; Self-protection; Reporting Sexual Violence; Treatment and Counseling; Information about the effects of Sexual Violence on Victims; Who to contact if an offender feels vulnerable; How to contact outside Victim service providers; How to report Incidents that happen to others; Ways to avoid Sexual Violence; What happens if an offender makes a false report?; Confidentiality. Detainees who are transferred from one facility to another will be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on IAH policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Detainee PREA education is available in accessible formats for all detainees including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or limited in their reading skills. Additional interpretation services can be utilized through Language Line Solutions for limited English proficient detainees, and a TTY machine is located in the law library for detainees with hearing disabilities. IAH maintains documentation of detainee participation in PREA education sessions. IAH ensure that key information and IAH's PREA policies is continuously and readily available or visible through posters, detainee handbooks, or other written formats." During the onsite audit the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and poster for the SAAFE House throughout the facility and in the housing units. Orientation for detainees contains all information required in element (a) of this standard by way of video and written materials and detainees must sign that they acknowledge this information which documents their participation in the intake process orientation. The facility is able to translate the orientation transcript by way of Google translate. The ICE National Detainee Handbook is provided upon intake in 15 of the most prevalent languages encountered by ICE (English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, and Vietnamese and the DHS-prescribed SAA information pamphlet available in the following 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 view a detainee tablet. Tablet information contained the ICE National Detainee Handbook in 15 languages and the SAA information pamphlet in 15 languages. Although the home page is in English or Spanish, detainees have the option to click on a folder where there are options for other languages. The ICE handbook is available in 15 languages, the IAH detainee handbook is available in English and Spanish, with other languages available on the kiosk in the housing unit. The SAA information pamphlet in 15 languages is also available on the tablet. The Auditor reviewed 15 detainee files and confirmed all detainees had signed acknowledgements for PREA orientation received at intake. Interview with intake staff confirmed that written material is available for detainees who have hearing disabilities, large print is available for detainees with low vision, and a TTY machine is additionally available to provide education. Interviews with 30 detainees confirmed that all had received the ICE National Detainee Handbook in a language they could easily understand.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan provided for review is the ICE OPR Investigations

Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. IAH 2.1.18 PREA states, "In addition to the general training provided to all facility staff and employees pursuant to §115.31, the facility shall provide specialized training on sexual abuse and effective cross-agency coordination to agency or facility investigators, respectively, who conduct investigations into allegations of sexual abuse. All investigations into alleged sexual abuse must be conducted by qualified investigators." The Auditor reviewed the facility investigators' training certificates which included: PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections and PREA: Specialized Training: Investigations – Effective cross-agency coordination training produced by ICE ERO. The Auditor is familiar with the is course curriculum, reviewed it and confirmed it meets the requirements of the standard. Review of the one investigation file confirmed the investigation was completed by a qualified and trained investigator. Interview with the investigator and review of training documents confirmed the facility investigator has also completed the general PREA training required pursuant to §115.31.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

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

(b)(c): IAH 2.1.18 PREA states, "IAH will ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been [trained] in: a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How a whom to report allegations or suspicions of sexual abuse and sexual harassment. If medical staff employed by IAH conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. IAH will maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the customer agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status with the agency." The Auditor reviewed the PREA Resource Center four module Specialized Training: PREA Medical and Mental Care Standards, a sign in sheet for the training, and a training and attendance roster for general PREA training. Review of the curriculum confirms it does contain all elements of provision (b). Interviews with the HSA, mental health professional and a contract traveling nurse confirmed that all had received annual in-service training and specialized training required under this standard. The facility does not conduct forensic examinations. The facility provided documentation that the agency had reviewed and approved IAH 2.1.18 PREA policy.

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): IAH 2.1.18 PREA states, "IAH requires that detainees be screened using an objective screening instrument for risk of sexual victimization or risk of sexually abusing other detainees within 12 hours of intake. The facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The facility may determine the screening instrument to be used in consultation with MTC PREA coordinator and the customer agency. The recommended instrument to be used is the IAH form Screening for Risk of Victimization and Abusiveness. Within 30 days from the detainee's arrival at the facility, any detainee who is referred as a potential victim or predator under the guidelines of risk assessment completed by intake will have a 30-day follow-up by the PREA Manager or designee. The facility shall reassess each detainee's risk of victimization or abusiveness between 60-90 days from the date of initial assessment, and any other time when warranted based upon any additional, relevant information or following an incident of abuse or victimization. The facility shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) Age of detainee; (3) Physical built and appearance; (4) Whether the detainee has previously incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses against an adult or child; (7) Whether the detainee has self - identification as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee have self-identified as having previously experienced sexual victimization; and (9) The detainee's own concerns about his or her safety. The initial screening will 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. A detainee will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. Detainees may not be discipline for refusing to answer, or for not disclosing complete information in response to questions asked regarding mental, physical, or developmental disability; whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has previously experienced sexual victimization; or the detainee's own perception of vulnerability. IAH will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The Auditor reviewed an initial "Screening For Risk Of Victimization And Abusiveness" form which confirmed all elements of subsections (c) and (d) are evaluated upon intake. The Auditor reviewed 15 detainee files and confirmed all assessments were completed within 12 hours of admission into the facility and all reassessments had been completed within the 60- and 90-day requirement of the standard. The Auditor reviewed one investigation file and confirmed the detainee victim received a reassessment required of subsection (e). Interviews with intake staff and classification staff confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions on the assessment. Interviews with classification staff additionally confirmed that hard copies of the assessments are kept in detainee files which are locked within the records room and the Auditor observed. No detainees were processed into the facility during the onsite audit; however, the Auditor was able to view video of the last intake process. Detainees had forms in their hands and at least five were lined up on a wall. Detainees were taken individually into a small area and given the risk assessment. Although interviews with 30 detainees confirmed the assessment was given in "private or in a small area", interviews also confirmed that other detainees could hear responses to the questions and detainees were given the risk assessment to fill out prior to interview by staff. Review of 15 detainee's files further confirmed risk assessments had different handwriting or was completed utilizing different writing instruments suggesting that the detainees completed the assessment themselves instead of being completed by staff. The Auditor finds that the small booths utilized to complete the risk assessment offers some form of privacy; however, based on the proximity of the other detainees when they

are lined up for processing, they would be able to hear responses to the questions being asked. In addition, the use of the telephone within this booth to provide translation services allows other detainees to hear responses to the questions being asked.

Corrective Action:

Does Not Meet (g): The facility does not implement appropriate controls on the dissemination to responses of the questions asked pursuant to provision (c) of this standard. In order to become compliant, the facility must implement a process which affords detainees privacy when conducting the risk assessment. In addition, the facility must train applicable staff of the new process and provide the Auditor with documentation that training has been completed.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "IAH will use information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each detainee will be made. The housing assignments for transgender or intersex detainees will be made on a case-by-case basis. When operationally feasible, transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." The Auditor's 15 detainee file reviews confirmed that the facility utilizes information obtained from the risk screening assessment to make decisions on housing, recreation, voluntary work, and other activities. Interviews with intake staff and classification staff confirmed detainee victims or abusers identified during the intake process are housed accordingly when assigning housing, programming, or work. Although the facility does not receive detainees identified as potential abusers or having been convicted of a sex offense frequently, staff did articulate that these detainees would be housed away from potential victims. The PSACM confirmed in interview that detainees who identify as transgender or intersex during the intake process will receive an assessment every six months while housed at the facility. Interviews with 10 detention officers confirmed that transgender or intersex detainees would be allowed to shower separately from other detainees and could be accommodated in the medical unit or intake area.

Corrective Action:

No corrective action needed.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): IAH 2.1.18 PREA states, "IAH must document detailed reasons for placement of an individual in administrative segregation on the basis of vulnerability to sexual abuse or assault. IAH prohibits the placing of detainees at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The use of administrative segregation by to (sic) protect detainees vulnerable to sexual abuse or 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. IAH will assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Vulnerable detainees in administrative segregation for protective custody shall provide those detainees access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. Supervisory staff shall conduct a review within 72 hours of the detainee's placement in administrative segregation to

determine whether segregation is still warranted; and conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 day, and every 10 days thereafter. IAH shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. If an involuntary segregated housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population." The facility provided a blank Administrative Segregation Order and Administrative Segregation Review form, and a memorandum which stated there has not been any instances of a detainee placed in protective custody/administrative segregation due to vulnerability to sexual abuse or assault during the audit period. IAH has written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The facility provided documentation ICE has reviewed and approved the policy. During the onsite audit there were no detainees placed in protective custody/administrative segregation for interview. Interviews with the Warden, the PSACM, and staff who supervise detainees in segregation confirmed detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement. If placement was necessary detainees would have access to programs, visitation, counsel, and other services available to general population. Interviews additionally confirmed notification would be made to ICE, and it would be documented.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "IAH has established procedures allowing for multiple ways internal ways (sic) for detainees to report privately to IAH officials about sexual abuse or sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. IAH provides at least one way for detainees to report abuse or harassment to a public or private entity or office that is not part of the agency. Detainees detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. IAH also mandates that staff must accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties with no exceptions. IAH will take appropriate steps to ensure that staff document verbal reports in a 24-hour timeframe. IAH has established procedures for staff to privately report sexual abuse and sexual harassment of detainees by documenting the incident and IAH facilities will develop, document, and make its best efforts to comply on a regular basis with a staffing plan and video monitoring to protect detainees against abuse." During the onsite audit, the Auditor observed within each housing unit the DHS ICE Zero Tolerance for Sexual Abuse poster in English and Spanish with facility contact name and number, DRIL poster, consulate numbers, and the DHS OIG poster. Detainees have access to the ICE National Detainee Handbook through tablets. The Auditor called the SAAFE House number and was able to confirm they would accept detainee reports and they could remain anonymous if requested. The Auditor was also able to contact the DHS OIG office through the number provided. The Auditor reviewed the facility handbook which contains five different ways a detainee could report. The one investigation reviewed confirmed that the verbal report to staff was promptly documented. Interviews with the PSACM and 10 detention officers confirmed that detainee reports would be accepted verbally, in writing, anonymously and from third parties and these verbal reports would be promptly documented. Interviews with 30 detainees confirmed 21 knew of at least one way to report an incident of sexual abuse.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): IAH 2.1.18 PREA states, "IAH has an administrative procedure for dealing with detainee grievances regarding sexual abuse. IAH allows a detainee to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. IAH shall not require a detainee to use any informal grievance process, or to otherwise attempt to resolve the issue with staff, for an alleged incident of sexual abuse. A detainee submitting a grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. IAH will notify the detainee in writing when the organization files for an extension, including notice of the date by which a decision will be made. IAH permits third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of detainees. If a detainee declines to have third-party assistance in filing a grievance alleging sexual abuse, IAH documents the detainee's decision to decline. To carry out these responsibilities, IAH has established procedures for filing an emergency grievance alleging that a detainee is subject to a substantial risk of imminent sexual abuse. IAH has a procedure for emergency grievances alleging substantial risk of imminent sexual abuse that require an initial response within 48 hours. IAH requires that an emergency grievance alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within five days and shall respond to an appeal of the grievance decision within 30 days. Facilities 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. IAH has a written policy that limits its ability to discipline a detainee for filing a grievance to occasions where the facility demonstrates that the detainee filed the grievance in bad faith." The facility provided a blank grievance form and a memorandum stating IAH has not received any grievances related to sexual abuse during the audit period. Review of facility policy confirms the facility has implemented written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to a detainee's health, safety or welfare related to sexual abuse. Review of the facility handbook confirms detainees are notified a grievance may be filed without time limits, decisions on the grievance or appeal will be issued within five days, and detainees may utilize the assistance of another detainee, the housing officer or other facility staff, family members, or legal representatives. During the onsite audit the Auditor tested the grievance system and confirmed the GC received the test grievance timely. Although there has not been any PREA grievances filed during the audit period, interview with the GC confirmed she was knowledgeable of a detainee being able to file a PREA grievance at without time limits, the five-day response times for an initial and appeal and sending facility decisions to the appropriate ICE Field Office Director at the end of the appeal process. The GC further stated an appeal log is sent to the ICE office monthly and confirmed that if a medical grievance was received it would be immediately forwarded to the HSA for further action or investigation.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IAH 2.1.18 PREA states, "IAH facilities provide detainees with access to outside victim advocates for emotional support services related to sexual abuse by doing the following: Giving detainees mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; Giving detainees mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enables reasonable communication between detainees and these organizations in as confidential a manner as possible. IAH will inform detainee, prior to giving them access to

outside support services, the extent to which such communications will be monitored. IAH facilities will inform detainees, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. IAH facilities maintain memoranda of understanding or other agreements with community service providers that are able to provide detainees with emotional support services related to sexual abuse and IAH also maintains copies and documentations of attempts to enter such agreements." The facility provided and the Auditor reviewed an MOU with SAAFE House for detainee support services. During the onsite audit the Auditor noticed postings for SAAFE House located on the walls within the intake area, holding cells and housing units that contained a mailing address and telephone number for detainee use. The Auditor reviewed an MOU with SAAFE House that confirms this organization provides expertise and support for crisis intervention, counseling and support through the investigation and the prosecution of sexual abuse. Review of the facility handbook confirmed that telephone numbers and mailing addresses are provided for detainees to access outside support services (SAAFE House). Detainees are notified of tablet or telephone call monitoring through the facility handbook and notices on the telephones. The Auditors were able to call SAAFE House during the onsite audit and confirmed that a victim advocate or other qualified representative would provide legal advocacy, confidential emotional support services, and crisis intervention. Interview with the PSACM confirmed that SAAFE House would be utilized for services and an MOU is in place.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

IAH 2.1.18 PREA states, "IAH provides a method to receive third-party reports of detainee sexual abuse or sexual harassment in accordance with IAH policy. IAH facilities publicly distribute information on how to report detainee sexual abuse or sexual harassment on behalf of detainees." During the onsite audit the Auditor observed third party reporting posters in English and Spanish located in the holding cells, intake area, and housing units. The Auditor reviewed IAH's Company website (https://www.mtctrains.com/PREA) and confirmed it contains a link to email the MTC PREA Coordinator or the Assistant Coordinator. A review of the Agency website (www.ice.gov/prea) confirmed it also provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee.

Corrective Action:

No corrective action needed.

§115.61 - Staff 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." IAH 2.1.18 PREA states, "IAH requires all staff members to immediately report any knowledge, suspicion, or information they receive

regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the organization. Such information may be reported privately to any supervisor, the PREA Coordinator or directly to the Warden. MTC has also provided an Ethics Hot-Line which is available for staff to anonymously report knowledge of sexual abuse or sexual harassment by staff, contractors, or volunteers. IAH requires all staff to report immediately any retaliation against detainees or staff who reported an incident of sexual abuse or harassment. IAH will require all staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Any reported information from staff made verbally, in writing, anonymously, and from third parties will be promptly documented by the shift supervisor. Apart from reporting to the shift supervisor or other designated staff acting in their official capacity staff will not reveal any information related to a sexual abuse report to anyone. The shift supervisor will then report all allegations to the PREA Manager along with the Warden. Apart from reporting to the designated supervisors or officials and designated state or local services agencies, IAH's policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions." The facility provided documentation that the PREA policy was reviewed and approved by the agency. The Auditor reviewed one investigation file and confirmed that all reporting was conducted timely. None of these allegations involved a victim under the age of 18 or a vulnerable adult. Interviews with 10 detention officers confirmed all were knowledgeable in their duty to report any incident or suspicion or retaliation immediately. Staff further confirmed that they would not reveal any information about the report to anyone other than to the extent necessary. Staff were also aware they could report outside of their chain of command to the OIG number or the PREA hotline number provided to the detainees. Interviews with the Warden and PSACM confirmed that reports involving a vulnerable adult would be reported to local State agencies as well as ICE. The facility does not house juvenile detainees.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.

Outcome: Meets Standard

Notes:

IAH 2.1.18 PREA states, "When IAH learns that a detainee is subject to substantial risk of imminent sexual abuse, IAH requires immediate action to protect the detainee (i.e., it takes some action to assess appropriate protective measures without unreasonable delay)." The facility had one sexual abuse allegation for review. Review of the investigatory documents confirmed that the alleged victim was removed from the situation immediately and brought to medical for further evaluation. Interviews with the Warden, PSACM, and 10 detention officers confirmed that should they become aware 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): IAH 2.1.18 PREA states, "IAH has a policy requiring that, upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. Within 72 hours, IAH requires that the facility head provide such notification as soon as possible after receiving the allegation and provide documents. IAH's policy requires that allegations received from other facilities/agencies are investigated." The facility provided a memorandum that stated there have been no instance where notification was received from another confinement facility of sexual abuse. Interviews with the Warden and PSACM

confirmed that should IAH 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 IAH notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon receiving the allegation. In addition, the Warden and PSACM 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 IAH and reported an incident of sexual abuse or where a detainee transferred from IAH 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: Does Not Meet Standard

Notes:

(a)(b): IAH 2.1.18 PREA states, "IAH has a first responder policy for allegations of sexual abuse. IAH's policy requires that, upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser, Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Confidentially (preferably by phone) notify your supervisor. IAH's approach to preventing, detecting and responding to sexual abuse and sexual harassment requires that if the first responder is not a security staff member, that responder shall be required to: Request the alleged victim not take any actions that could destroy physical evidence and Notify security staff." The facility provided ICE training curriculum for staff, contractors and volunteers and medical/mental health specialized training curriculum for review. Interviews with 10 detention officers confirmed that staff would separate the victim and alleged abuser, secure the scene, and report the incident. Staff could not articulate the requirement to request the victim and ensure the alleged abuser not take actions that destroy evidence. Review of one investigation file confirmed that the detainee was removed from the area immediately and taken to medical.

Corrective Action:

Does Not Meet (a): Detention staff could not articulate the requirement that they should request the victim and ensure the alleged abuser not take actions that destroy evidence. To become compliant, the facility must provide documentation that applicable staff have been trained on the requirement that if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IAH 2.1.18 PREA states, "The staff member who first identifies that an assault may have occurred should refer the matter to the shift supervisor, who will coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership in accordance with IAH Coordinated Response Plan – Sexual Assault. If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by

law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The facility provided memorandums stating there has not been a detainee victim transferred to a part A or B facility or other facility that required notification of the detainee victim's potential need for medical or social services. The Facility further provided the IAH Secure Adult Detention Facility Coordinated Response Plan – Sexual Abuse for the Auditor to review. The coordinated response plan identifies roles and actions that will be assigned to the First Responder, Shift Supervisor, COS, Health Services, Mental Health, Investigator, and PSACM. Interviews with the Warden and COS confirmed the facility would use this plan should an incident occur.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

IAH 2.1.18 PREA 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." Interviews with the Warden and HRM confirmed that any staff, contractor, or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of the investigation. One allegation was reviewed; however, this allegation did not involve a staff member.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, "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." IAH 2.1.18 PREA states, "IAH protects detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff. IAH designates staff members or changers departments with monitoring for possible retaliation." The facility provided a "Retaliation Monitoring" form for the Auditor to review. The form included blocks for monitoring within 72 hours, 7-, 14-, 30-, 60- or 90-day reviews. This form would also be utilized for staff retaliation monitoring and included staff reassignment or staff performance reviews for monitoring. The PSACM is additionally tasked with retaliation monitoring. Interview with the PSACM confirmed that this form would be utilized immediately following an allegation. For additional staff support mental health at the facility could be utilized or the Employee Assistance Program is offered. Review of one investigation file confirmed that retaliation monitoring was started within 24 hours of the report being made but was discontinued due to the detainee's release.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IAH 2.1.18 PREA states, "IAH may house detainees who are alleged to have suffered sexual abuse in restrictive housing for protective custody, subject to the requirement of §115.43. A detainee victim who is in

protective custody after having been subjected to sexual abuse shall not be returned to general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse." The facility provided a memorandum that stated there has not been any instance of a detainee placed into protective custody after having been subjected to sexual abuse, a blank "Administrative Segregation Review" and a blank "Disciplinary Segregation Order and Review" form. Review of one investigation file confirmed that the detainee victim was not placed into any type of administrative segregation or restricted housing after the incident. Interviews with the Warden and PSACM 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. Interviews additionally confirmed that a reassessment would be completed before returning the detainee to general population. The Warden further confirmed that ICE would be notified should a detainee be held in the Special Management unit for 72 hours. Further interview with the Warden revealed that IAH seeks out any other alternative housing option prior to administrative segregation or restrictive housing not just for a PREA incident but utilizes these options as a last resort. The Warden further stated his average daily segregation housing number for last year was under 1%.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): IAH 2.1.18 PREA states, "All facility investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Where IAH Investigators are involved, they shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; and documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. When the quality of evidence appears to support criminal prosecution, IAH investigators typically will turn such evidence over to outside investigators. Should IAH investigators be involved, they shall conduct completed interviews only after consulting with the Warden, prior to seeking out prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee or staff. No IAH facility shall require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for termination an investigation. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed. IAH will take appropriate steps to ensure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. IAH retains all written reports pertaining to administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by IAH, plus

five years. Any state entity or Department of Justice component that conducts administrative or criminal investigations of alleged sexual assault or sexual harassment does so pursuant to the requirements of standard. All allegations of detainee sexual abuse or sexual harassment and their subsequent investigations shall be entered into the Operations Data System (ODS) within 72 hours of receiving the allegation." IAH utilizes one investigator to conduct administrative investigations. Review of one investigation file confirmed the administrative investigation was completed promptly, thoroughly, objectively and were conducted by specially trained and qualified investigator. Additionally, the file followed the written procedures for administrative investigations and provisions as required by subsection (c) of the standard. An interview with the investigator confirmed that she has completed the specialized investigator training required under standard 115.34. The investigator further confirmed that should an allegation result in a criminal investigation an administrative investigation would be completed at the conclusion. The investigator confirmed that there are written procedures that would be utilized for administrative investigations and even if the alleged victim or abuser left the facility or control of the facility the investigation would continue until it was finished. Should a criminal investigation need to be conducted, IAH would remain informed through telephone calls, emails or in person updates with the Polk County Sheriff's Office.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Notes:

ICE Policy 11062.2 states, "Administrative investigations imposes (sic) no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. IAH 2.1.18 PREA states, "When an administrative investigation is undertaken, the IAH shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." Review of one investigation file 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 preponderance of the evidence was utilizing in determining the investigation outcome.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

IAH 2.1.18 PREA states, "IAH has a policy requiring that any detainee who makes an allegation that he or she suffered sexual abuse in an IAH facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfound (sic) following an investigation by IAH. If an outside entity conducts such investigations, IAH requests the relevant information from the investigative entity in order to inform the detainee as to the outcome of the investigation. Following a detainee's allegation that he or she has been sexually abused by another detainee in an IAH facility, IAH will take appropriate steps to ensure that IAH subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. IAH has a policy that all notifications to detainees described under this standard are documented." The Auditor completed and submitted the required Notification of PREA Investigation Result to Detainee form to the TL. There was no date entered in the "Date Results Given To Alleged Victim" block. In addition, the notes section on the form reflected the detainee was released from

custody prior to case closure and the closure date was entered as January 11, 2024. The investigation file reflected the detainee was notified of the investigation results by the facility on September 13, 2023, and the case was closed by ICE on January 11, 2024. The detainee was subsequently released on September 20, 2023. Interviews with the Warden and PSACM confirmed that notification would be made to the detainee if they were still housed at the facility. If a detainee was no longer housed at the facility notification of the completed investigation would be made to ICE/ERO. In all cases notification would be given to ICE/ERO for detainees not in custody or transferred to a different facility. Despite the inconsistency with information found in the investigation file compared to the Notification of PREA Investigation Result to Detainee form, the Auditor finds the facility in substantial compliance with this standard.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IAH 2.1.18 PREA states, "IAH prohibits hiring and/or promotion staff who engage in sexual abuse/sexual harassment against detainees. Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. IAH staff shall face adverse action, up to and including removal from their position and from federal service, when there is a substantiated allegation of sexual abuse or when there has been a violation of agency sexual abuse rules, policies, or standards. Disciplinary sanctions for violations of IAH policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of IAH sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." The facility provided a memorandum that IAH has never had a sustained PERA finding against an employee, nor has an employee faced disciplinary action or resigned while under a PREA investigation. Interviews with the Warden and 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.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "IAH policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. IAH facilities require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with detainees. IAH facilities take remedial measures and prohibit further contact with detainees in the case of any other violation IAH sexual abuse or sexual harassment policies by a contractor or volunteer." The facility provided a memorandum that states IAH has not had any incidents of a contractor or volunteer that was terminated or resigned for a PREA incident or any instance of IAH having to report to a relevant licensing body. The Auditor reviewed a sample letter that be utilized for an organization or company terminating services of a volunteer or contractor. The facility also provided a sample letter that would be sent to the Sheriff of Polk County notifying their office of the termination. Interview with the Warden confirmed that

any contractor or volunteer who has engaged in sexual abuse will be prohibited from any detainee contact and depending on the circumstances would not be able to enter the facility until an investigation is completed. The Warden further confirmed that any contractor or volunteer who engages in sexual abuse would be reported immediately to the Sheriff's Office and any relevant licensing bodies.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): IAH 2.1.18 PREA states, "Detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in detainee-on-detainee sexual abuse. Detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for detainee-on-detainee sexual abuse. All steps in the disciplinary process provided in paragraph (a)(b), any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The disciplinary process shall consider a detainees' mental disabilities or mental illness, and how it may have contributed to his behavior will be considered when determining what type of sanction, if any, should be imposed. IAH shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. IAH will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations of abuse. While offering therapy, counseling, and other interventions designed to address and correct underlying reasons and motivations for abuse, IAH facilities consider whether to require the offending detainee to participate in such interventions as a condition of access to programming or other benefits. IAH disciplines detainees for sexual conduct with staff only upon finding that the staff member did not consent to such contact. IAH prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. IAH prohibits all sexual activity between detainees and disciplines detainees for such activity. IAH also deems such activity to constitute sexual abuse only if it determines that the activity is coerced." The Auditor reviewed an "Incident of Prohibited Acts" form. The form is utilized to document the rule violation, evidence to support findings, sanction imposed, blocks for information about disciplinary segregation, date and time of disciplinary hearing and signature lines for staff and detainee. The Warden reviews all sanctions and can concur with findings, terminate proceedings, or impose alternative sanctions. The Auditor reviewed the IAH handbook which has prohibited acts listed as major and minor offenses within four different levels of severity. Interview with the Disciplinary Officer confirmed that a detainee's mental disability or illness would be considered in determining 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. Interviews with the Warden and PSACM confirmed that the disciplinary process is progressive with increasing sanctions and an appeals process is in place. One investigation file was reviewed; however, it did not involve disciplinary action.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "If the assessment pursuant to §115.41 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. IAH's medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." The facility provided and the Auditor reviewed a progress note from mental health for a detainee that disclosed prior victimization on the risk screening form that confirmed it was completed within 72 hours. Observation of IAH's risk assessment form confirms that it contains a block for classification staff to enter the date of referral. Interview with classification staff and an intake officer further confirmed this process. The Auditor observed emails for past notifications to medical/mental health for detainees who disclosed prior victimization on the risk assessment form. The interview further confirmed that IAH does not receive detainees who have been convicted of sex offenses or history of sexual abuse perpetration while incarcerated frequently; however, staff would refer these detainees in the same manner. Interviews with medical and mental health staff confirmed that upon referral medical would complete an evaluation within two working days and mental health would complete an evaluation within three working days.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): IAH 2.1.18 PREA states, "IAH's medical and mental health staff maintain secondary materials (e.g., form, long) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided. Detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Emergency medical treatment services provided to the victim shall be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Interviews with the Warden and HSA confirmed that emergency medical treatment would be provided by St. Lukes Memorial Hospital and SAFE/SANE examinations would be performed there. The HSA further confirmed that treatment is provided without cost and whether the detainee cooperates with the investigation. Review of the one allegation confirmed the detainee was brought to medical, triaged for medical or mental health as required, given PREA information, and information for follow up care. The allegation did not require off site care at St. Lukes or the use of a SAFE/SANE examination.

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)(e)(f)(g): IAH 2.1.18 PREA states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. As deemed appropriate, victims of sexual abuse while detained at IAH, will be offered medical and mental health evaluations which shall include but are not limited to: (a) Follow-up services; (b) Treatment plans; (c) Referrals for continued care following transfer or placement in another facility or release; (d) Pregnancy test; (e) Test for STD and HIV. The services provided by IAH medical and mental health staff will be consistent with the community level of care. Female victims of sexual abuse while incarcerated are offered pregnancy tests in IAH facilities. If pregnancy results from sexual abuse while incarcerated at an IAH facility, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical

services. Detainee victims of sexual abuse while incarcerated at an IAH facility are offered tests for sexually transmitted infections as medically appropriate. Treatment services 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 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." The Auditor reviewed one investigation file which confirmed that medical and mental health services were offered. Interviews with the HSA and mental health professional confirmed that detainees are provided services consistent with care in the community. Services would also include tests for sexually transmitted infections. Interviews further confirmed that treatment plans would be continued, and treatment would be free of cost to the detainee whether they cooperate with the investigation. Although IAH does not frequently receive detainees who have been convicted of sex offenses or history of sexual abuse perpetration while incarcerated ; however, staff articulated a mental health examination would be offered when they are referred by classification. If the detainee chooses to accept services, they would be seen within the 60 days, as required of this standard.

(d): IAH does not house female detainees; therefore, this provision of the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Notes:

(a)(b)(c): IAH 2.1.18 PREA states, "IAH will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. IAH requires that sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the investigation. IAH's sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. IAH prepare (sic) a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made, recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the agency PSA Coordinator. IAH facility implements the recommendations for improvement or documents its reason for not doing so." The Auditor reviewed the one investigation file and confirmed a sexual abuse incident review was conducted within 30 days of the conclusion of the investigation. The Auditor reviewed the Sexual Abuse or Assault Incident Review Form utilized by the facility and confirmed the review team concerned if the incident was motivated or caused by race, ethnicity, gender identification or any other group dynamics. The facility provided the IAH annual PREA report. Interviews with the Warden and PSACM confirmed sexual abuse incident reviews are conducted within 30 days upon conclusion of the investigation, which was further supported by documentation in the files. Staff further confirmed an annual review would be conducted, and a report prepared and forwarded to required ICE personnel even if the facility had no reports of sexual abuse during the reporting period.

Recommendation: The Auditor recommends that IAH 2.1.18 PREA be updated under Section 39 (a) to reflect the standard language that a sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation. The written report does not need to be completed on unfounded cases; however, the sexual abuse incident review does need to be completed. IAH 2.1.18 PREA additionally directs "sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the investigation"; however, the standard requires the review to be completed within 30 days. The Auditor recommends deletion of the word "ordinarily".

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): IAH 2.1.18 PREA states, "IAH shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post release treatment, if necessary, and/or counseling in accordance with established schedules. The DHS Office of Inspector General shall maintain the official investigative file related to claims of sexual abuse investigated by the DHS Office of Inspector General." Interview with the PSACM confirmed case records associated with claims of sexual abuse are secured in a locked cabinet which the Auditor observed.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditor had access and 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 posted throughout the facility 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 7/10/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 8/1/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 8/1/2024

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility