

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



**Homeland  
Security**

**AUDITOR INFORMATION**

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

**PROGRAM MANAGER INFORMATION**

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

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	San Antonio
<b>Field Office Director:</b>	Moises Becerra
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1777 NE Loop 410, San Antonio, TX 78217

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	South Texas Family Residential Center
<b>Physical address:</b>	300 El Rancho Way, Dilley, Texas 78017
<b>Telephone number:</b>	(830) 378-6500
<b>Facility type:</b>	Dedicated Inter-governmental Service Agreement
<b>PREA Incorporation Date:</b>	9/18/2015

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	830-378-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	830-378-(b) (6), (b) (7)(C)

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS

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

During the audit, the Auditor found South Texas Family Residential Center met 37 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 2 non-compliant standards. As a result of the facility being out of compliance with 2 standards, the facility entered into a 180-day corrective action period which began on May 8, 2024, and ending on November 4, 2024. In consideration of the facility's pending closure effective August 9, 2024, and the Corrective Action Plan (CAP) being accepted as complete as of August 1, 2024, the CAP period ended early. The purpose of the corrective action period is for the facility to develop and implement a CAP to bring these standards into compliance.

#### **Number of Standards Initially Not Met: 2**

- §115.73 - Reporting to detainees.
- §115.78 - Disciplinary sanctions for detainees.

#### **Number of Standards Exceeded: 0**

#### **Number of Standards Met: 2**

- §115.73 - Reporting to detainees.
- §115.78 - Disciplinary sanctions for detainees.

#### **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.

### **§115.73 - Reporting to detainees.**

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

**Notes:**

Policy 14-2-DHS states, "The facility shall, when the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse, notify the detainee as to the result of the investigation and any responsive action taken. All detainee notifications or attempted notifications shall be documented on the 14-2E Detainee Allegation Status Notification. The detainee shall sign the 14-2E, Detainee Allegation Status Notification verifying that such notification has been received. The signed 14-2E shall be filed in the detainee's file and facility investigation file." The facility disclosed that they had not been making notifications about the result of the investigations to detainees. Review of 10 investigation files additionally confirmed that detainee notifications were absent in all files, which is contradictory to Policy 14-2-DHS. Additionally, the Auditor submitted the Notification to Detainee of PREA Investigation Results form to inquire if ERO had made the required notifications prior to the onsite audit; however, this form was not returned resulting in non-compliance with this standard.

**Corrective Action:**

The facility and the agency have not demonstrated compliance with notifying detainees of the result of investigations, or any responsive actions taken. To become compliant, the facility/ERO must provide the Auditor with documentation that detainees have been properly notified of investigation results and responsive action taken, as applicable, for five investigations occurring during the CAP period.

**Corrective Action Taken:**

On June 20, 2024, the facility submitted a "Training Activity Enrollment/Attendance Roster" with attendee signatures and Operational Memorandum #2024-001, which outlines procedures for detainee notification upon conclusion of a PREA investigation. The Auditor accepted the proposed corrective action; however, the standard remained non-compliant pending submission of Agency detainee notifications, as applicable, for five investigations during the CAP period. On August 1, 2024, the facility submitted a memorandum which stated there had not been any allegations of sexual abuse during the CAP period and there were no notifications to be made. Additionally, the facility provided a memorandum of its closure as of August 9, 2024. The Auditor accepts the CAP submitted on June 20, 2024, and finds the facility compliant with this standard.

### **§115.78 - Disciplinary sanctions for detainees.**

**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): Policy 14-2-DHS states, "Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. Because the burden of proof is substantially easier to prove in a detainee's disciplinary case than in a criminal prosecution, a detainee may be institutionally disciplined even though law enforcement officials decline

to prosecute. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The facility shall have a disciplinary system with progressive levels of appeals, reviews, procedures, and documentation requirements. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A detainee may be disciplined for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Detainees who deliberately allege false claims of sexual abuse may be disciplined.” Review of the facility detainee handbook confirms that offenses are listed as low, moderate or major with rape, sexual assault, sexual misconduct listed as major offenses. The facility submitted a Resident Disciplinary Report and Executive Review Briefing for a sexual misconduct infraction for the Auditor to review. Sanctions imposed for the infraction appear to be commensurate with the prohibited act; however, the Executive Review Briefing did not consider whether the detainee's mental disability or mental illness contributed to the behavior when determining the sanction. The Auditor reviewed 10 investigation files of which 3 included disciplinary reports. In all three cases, the disciplinary process did not consider whether the detainee's mental disability or mental illness contributed to the behavior when determining the sanction. Interview with the Disciplinary Officer confirmed that the STFRC has a formal disciplinary process with progressive levels of sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Additionally, sanctions are commensurate with the severity of the prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Interviews with the FA, AFA/PSA Compliance Manager, and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

**Corrective Action:**

Does Not Meet (d): STFRC does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of disciplinary sanction, if any, should be imposed. To become compliant, the facility must implement procedure to evaluate if a detainee's mental disability or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed. The facility must provide the Auditor with documentation of the newly implemented procedure and training records to indicate applicable staff have been trained on these new procedures. The facility must also provide the Auditor, as applicable, with any detainee disciplinary taken as a result of a substantiated sexual abuse allegation during the CAP period so the Auditor may assess compliance with the newly implemented procedure.

**Corrective Action Taken:**

On June 20, 2024, the facility submitted a “Training Activity Enrollment/Attendance Roster” with attendee signatures and Operational Memorandum #2024-002, which outlines procedures considering whether a detainee's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Auditor accepted the proposed corrective action; however, the standard remained non-compliant to allow the facility to demonstrate compliance during any substantiated detainee-on-detainee sexual abuse allegations during the CAP period. On August 1, 2024, the facility submitted a memorandum which stated there had not been any allegations of sexual abuse during the CAP period and there was no detainee discipline that could have been taken. Additionally, the facility submitted a memorandum of its pending closure on August 9, 2024. The Auditor accepts the CAP submitted on June 20, 2024, and finds the facility compliant with provision (d) of the standard.

**AUDITOR CERTIFICATION:**

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

*Jodi Upshaw*

8/22/2024

**Auditor's Signature & Date**

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

8/26/2024

**Program Manager's Signature & Date**

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

8/26/2024

**Assistant Program Manager's Signature & Date**

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



**Homeland  
Security**

**AUDIT DATES**

<b>.From:</b>	3/05/2024	<b>.To:</b>	3/07/2024
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**AUDITOR INFORMATION**

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

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**Basic Information About the Facility**

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<b>.PREA Incorporation Date:</b>	9/18/2015

**Facility Leadership**

<b>.Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>.Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(830) 378- (b) (6), (b) (7)(C)
<b>.Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>.Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(830) 378- (b) (6), (b) (7)(C)

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the South Texas Family Residential Center (STFRC) was conducted on March 5 – 7, 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. STFRC is operated by CoreCivic and is located in Dilley, Texas (TX). The audit period is from May 27, 2021, through March 7, 2024. This is the facility's third PREA audit.

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

Although STFRC refers to those housed at the facility as residents, the Auditor is using the term "detainee" for report clarity. STFRC houses low custody level male and female detainees who are pending immigration reviews such as asylum decisions, sponsorship finalization and deportation. The facility does not house juveniles and has not accepted family units since 2021. The design capacity for the facility is 2,400. The facility reported that 14,230 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 50 days. According to the Pre-audit Questionnaire (PAQ), the top three nationalities processed through STFRC are from Guatemala, Honduras, and Venezuela. On the first day of the audit, the facility reported 1,866 detainees were housed at the facility. The facility is comprised of five neighborhoods with four complexes located in each. Each complex houses up to 120 detainees within 10 dormitory style rooms. The medical unit has 6 negative pressure and 10 medical/mental health rooms. STFRC does not have a disciplinary, administrative segregation or protective custody unit.

The entry briefing was held in the Facility Administrator's conference room on March 5, 2024. The TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PREA Coordinator, CoreCivic

(b) (6), (b) (7)(C), Facility Administrator (FA), STFRC

(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), PSA Compliance Manager, STFRC

(b) (6), (b) (7)(C), Quality Assurance Manager (QAM), STFRC

(b) (6), (b) (7)(C), Supervisory Deportation and Detention Officer (SDDO), ICE Enforcement and Removal Operations (ERO)

(b) (6), (b) (7)(C), Deportation Officer, ICE/ERO

(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU

(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

Ronnie Kidwell, Certified Auditor, Creative Corrections, LLC

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

The onsite audit commenced on March 5, 2024, and included the sally port, intake area, medical/mental health unit, male and female housing units, food service, chapel, library, gym, visitation, barber shop, and commissary. Male and female detainees are housed within rooms that contain three or six bunkbeds for a total room capacity of 6 or 12 detainees. There are 10 rooms sharing a common hallway. (b) (7)(E)

area for juice and snacks, activity room, laundry, and telephone room located in the middle. In the activity room the Auditor observed posters which included: the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed Sexual Assault Awareness Information pamphlet and a Rape, Assault, Incest National Network (RAINN) Sexual Assault Hotline poster. In the telephone room, the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, contact information for the DHS Office of Inspector General (OIG), foreign consulate numbers and the ICE Detention and Reporting and Information Line (DRIL) poster. During the onsite audit, the Auditor noted sight lines, potential blind spots, and (b) (7)(E).

Incoming detainees had already been processed, but the Lead Auditor was walked through each step of the intake process by intake staff. Based on the simulation, detainees are brought into the sallyport area where pat-down searches are conducted. Once the pat-down search is conducted, detainees are brought into the intake area and receive clothing and hygiene items. The detainee is allowed to shower within this area if needed. Detainees are then assessed by medical, intake staff completes the risk assessment, provides the detainee with written PREA education which consists of a facility handbook, and the DHS-prescribed Sexual Assault Awareness Information pamphlet.

(b) (7)(E)

(b) (7)(E)

STFRC employs 345 security officers (143 male and 202 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and mental health services are provided by ICE Health Service Corps (IHSC) and consists of 99 medical and 5 mental health staff. There are no volunteers that enter the facility. The Auditors interviewed 20 staff members which consisted of the FA, AFA/PSA Compliance Manager, Human Resources (HR) Manager, Investigator, Learning and Development Manager (LDM), Grievance Officer (GO), Disciplinary Officer, Incident Review Team member, Unit Manager, First Responder, First Line Supervisor, and Security Staff (3), a Detention and Deportation Officer (DO), medical staff (2), mental health staff (1), contractors (2). In addition, the Auditors interviewed 30 randomly selected detainees.



The facility PAQ reported there is one facility investigator that has received specialized training on investigating sexual abuse. There were 18 allegations of sexual abuse reported during the audit period. On March 7, 2024, an exit briefing was held in the FA's conference room. The TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PREA Coordinator, CoreCivic  
(b) (6), (b) (7)(C), FA, STFRC  
(b) (6), (b) (7)(C), AFA, PSA Compliance Manager, STFRC  
(b) (6), (b) (7)(C), Quality Assurance Manager, STFRC  
(b) (6), (b) (7)(C), Disciplinary Officer, STFRC  
(b) (6), (b) (7)(C), Health Services Administrator (HSA), IHSC  
(b) (6), (b) (7)(C), Facility Healthcare Program Manager, IHSC  
(b) (6), (b) (7)(C), SDDO, ICE/ERO  
(b) (6), (b) (7)(C), Deportation Officer, ICE/ERO  
(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU  
(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU  
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC  
Ronnie Kidwell, Certified Auditor, Creative Corrections, LLC

The Auditors 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 Auditors thanked those in attendance for cooperation during the audit.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 0**

**Number of Standards Met: 37**

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff Training
- §115.32 - Other Training
- §115.33 - Detainee Education
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.43 - Protective Custody
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review
- §115.87 - Data collection
- §115.201 - Scope of Audit

**Number of Standards Not Met: 2**

- §115.73 - Reporting to detainees

- §115.78 - Disciplinary sanctions for detainees

**Number of Standards Not Applicable: 2**

- §115.14 - Juvenile and family detainees
- §115.18 - Upgrades to facilities and technologies

## 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): Policy 14-2-DHS states, “CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse. This includes incidents of detainee on detainee sexual abuse as well staff on detainee sexual abuse. CoreCivic Policy 14-2 DHS Sexual Abuse Prevention and Response mandates zero-tolerance toward all forms of sexual abuse. This policy outlines the facility approach to preventing, detecting and responding to such conduct.” During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice in the intake area, complex activity rooms, medical, visitation, and library. Interviews with CoreCivic staff, contractors, and IHSC staff confirmed they were all aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The Auditor was provided documentation that the agency has reviewed and approved the facility’s PREA policy.

(d): Policy 14-2-DHS states, “This facility has designated a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who serves as the facility point-of-contact for the local Immigration and Customs Enforcement (ICE) Field Office and the ICE PSA Coordinator. The PSA Compliance Manager must have sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures.” STFRC has appointed and employs a PSA Compliance Manager who serves as the facility point of contact for ICE and the agency PSA Coordinator. Review of the organizational chart confirmed the PSA Compliance Manager is the AFA and reports directly to the FA. Interview with the AFA confirmed she is the point of contact for the facility and Agency PSA Coordinator. The AFA further 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): Policy 14-2-DHS states, “In coordination with the facility, the CoreCivic Facility Support Center (FSC) has developed comprehensive detainee supervision guidelines to determine and meet the facility detainee supervision needs. Guidelines are located in the policies, procedures, and post orders, for operating and maintaining the facility. These are contained in a manual that is accessible to all employees and the contracting agency. This manual is reviewed at least annually and updated as necessary. To protect detainees against sexual abuse, this facility ensures sufficient supervision of detainees through appropriate staffing levels and, where applicable, video monitoring. In calculating staffing levels and determining the need for video monitoring, the following factors are taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility’s physical plant; The composition of the detainee population; The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse; Recommendations of

sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA Staffing Plan Assessment will be completed.” A review of the facility PAQ indicated STFRC has a total of 345 security staff, consisting of 143 males and 202 females, working three 8-hour shifts 6:00 a.m. - 2:00 p.m., 2:00 p.m. - 10:00 p.m. and 10:00 p.m. - 6:00 a.m. The remaining staff consists of support personnel in administration positions, maintenance, and food service. Facility staffing also includes 99 medical and 5 mental health staff employed by IHSC. The Auditor observed appropriate staffing levels during the onsite in the intake area, housing units, and medical unit. There are a (b) (7)(E)

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

(b) (7)(E)

During the onsite audit, the Auditor observed (b) (7)(E)

The facility has developed comprehensive detainee supervision guidelines via Policy 14-2-DHS, Post Orders and CoreCivic corporate and facility policies. The facility provided post orders and an Annual Policy Manual Audit for 2023 and 2024 that confirmed all policies and post orders have been reviewed on an annual basis. The facility further submitted an Annual PREA Staffing Plan Assessment for the years of 2022 and 2023. The completed assessments took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. The Auditor reviewed 10 sexual abuse incident reviews and confirmed during the review the facility took into account staffing levels and video monitoring as part of the review. Interviews with the FA and AFA/PSA Compliance Manager confirmed that appropriate staffing levels are determined as part of the Annual PREA Staffing Plan Assessment and yearly review of the comprehensive detainee supervision guidelines.

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

**Corrective Action:**

No corrective action needed.

**§115.14 - Juvenile and family detainees**

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): According to the PAQ, submitted memorandum and interviews with the FA, AFA/PSA Compliance Manager, QAM and three random staff STFRC has not housed juvenile or family unit detainees since 2021; therefore, the standard is not applicable.

**Corrective Action:**

No corrective action needed.

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

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

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

(g): Policy 14-2-DHS states, “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” Policy 14-2-DHS further states, “Staff of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” During the onsite audit the Auditor observed staff of the opposite gender announce their presence upon entry into the housing units. Interviews with three security staff confirmed they are aware of this policy, and all stated they announce their presence when entering a unit of opposite gender. Interviews with 30 detainees confirmed that opposite gender staff announce their presence when entering a housing unit.

(h): STFRC has not housed family units since 2021; therefore, provision (h) is not applicable.

(i)(j): Policy 14-2-DHS states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Policy 14-2-DHS further states, “Security staff shall be trained in proper procedures for conducting pat-down searches, including cross gender pat-down searches and searches of transgender and intersex detainees. All pat down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy. This shall include consideration of officer safety.” The facility submitted a facilitator guide for Search Procedures for the Auditor to

review. Review of the curriculum confirms it contains all elements required of the standard. Interviews with three security staff confirmed that cross gender strip, body cavity searches or searches to determine the detainee's genital status are not allowed. Review of 10 staff files confirmed all had received training on proper pat down searches to include cross-gender pat down searches and searches of transgender and intersex detainees. Interviews further confirmed all staff had received training on proper pat down searches to include cross-gender pat down searches and searches of transgender and intersex detainees. Interview with the LDM confirmed that security staff are required to complete the search procedure curriculum on an annual basis during in-service training.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "The facility shall ensure that detainees with disabilities or Limited English Proficiency (LEP) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or have speech disabilities, the facility shall provide access to written materials and options such as telephone handset amplifiers, telephones compatible with hearing aids, or telecommunications devices for deaf persons (TTYs). The facility shall provide access to the video sign language interpreter services through the Language Line or other provider. For detainees who have intellectual and/or psychiatric disabilities, are cognitively impaired, or have limited reading skills, the facility shall offer in person oral presentations of SA-API material at intake and orientation. This same accommodation shall be offered to blind detainees or detainees with low vision and speech disabilities. The facility shall provide detainees who are LEP with language assistance, including bilingual staff or professional telephonic interpretation services, to provide them with meaningful access to programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks a language in which written material has not been translated or who is illiterate. Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser is not authorized in matters relating to allegations of sexual abuse." During the onsite audit the Auditor observed the DRIL posters, the DHS-prescribed Sexual Assault Awareness Information pamphlet in English and Spanish, ERO Language Services resource flyers and the DHS-prescribed Sexual Assault Awareness Notice in English and Spanish with the PSA Compliance Manager's name and contact information posted on walls. The Sexual Assault Awareness Information pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The prominent languages spoken by detainees housed at STFRC are English and Spanish. STFRC employs a large number of bilingual staff and can provide translation services without utilizing a language line. If a detainee does not speak English or Spanish, intake staff stated they would utilize the language line (Lion Bridge) to interpret information. Unit Managers located in the housing units carry cell phones and can use Google Translate to communicate with detainees if needed. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using vocabulary the detainee could understand. An interview with intake staff further confirmed that should a detainee have a visual disability, intake information would be read to them, detainees who are deaf or had a hearing disability would have information presented by sign language video interpretation. If the detainee had a hearing disability, material would be provided in written formats. Interviews with three security staff confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if

requested by the detainee and if the agency deems it is appropriate. Interviews with detainees that only spoke Spanish confirmed that intake information was presented in Spanish.

**Corrective Action:**

No corrective action needed.

**§115.17 - Hiring and promotion decisions**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, "collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Policy 14-2-DHS states, "To the extent permitted by law, CoreCivic will decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity as outlined above. To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. All applicants, employees, and contractors who may have direct contact with detainees shall be asked about previous misconduct, as outlined above, and shall document this on the CoreCivic 14-2H-DHS Self-Declaration of Sexual Abuse Form. The 14-2H-DHS [form] shall be utilized as follows: Completion upon application for employment. The CoreCivic online application form section that requires disclosure of misconduct as described above may be utilized in lieu of the 14-2H DHS form for new applicants; Completion as part of the promotional interview process; Signed annually by each employee and contractor, to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. Consistent with federal, state, and local law each CoreCivic facility shall make its best effort to contact all prior institutional employers for information on Substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to obtain such prior employment information." Policy 14-2-DHS further states, "Unless prohibited by law, CoreCivic shall provide information on Substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The Auditor reviewed 11 staff files and confirmed that all had received a background check prior to employment and the required five-year background investigations. STFRC staff files also confirmed via signatures that they have been advised material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. Review of staff files further confirmed that the 12-2H-DHS Self-Declaration of Sexual Abuse form was in each file and was signed



annually. Interview with the HR Manager confirmed new hires must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion process. The HR Manager also confirmed that STFRC would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer. A background investigation form for employees, ICE staff, IHSC and contractors was submitted to the OPR PSO Unit which confirmed background investigation status of all were completed and current.

**Corrective Action:**

No corrective action needed.

**§115.18 - Upgrades to facilities and technologies**

**Outcome:** Not Applicable

**Notes:**

A review of the PAQ, submitted memorandum and interviews conducted with the FA and AFA/PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. Therefore, this standard is not applicable.

**Corrective Action:**

No corrective action needed.

**§115.21 - Evidence protocols and forensic medical examinations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." 14-2-DHS states, "Forensic medical exams shall be provided at no cost to the detainee and only with the detainee's consent. If medically indicated or necessary for the collection of evidence as determined by law enforcement, forensic medical examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) if available. If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. At this facility, SAFE/SANE exams are provided by the following: Methodist Healthcare System San Antonio, Methodist Hospital. As requested by the victim, either a victim advocate from a rape crisis center, a qualified facility staff member, or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals. Advocates provided by the hospital conducting the forensic exams may be utilized. The facility shall request through Memorandum of Understanding (MOU) that the responsible outside local law enforcement agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The facility provided a RAINN poster as evidence of detainee crisis intervention and counseling availability. The Auditor reviewed a memorandum of understanding between

STFRC and Methodist Healthcare System of San Antonio which confirmed Methodist would provide SANE/SAFE examinations as needed. The Auditor additionally reviewed a memorandum of understanding between STFRC and the City of Dilley, Texas Police Department which requested the Dilley Police Department (DPD) to coordinate and conduct criminal investigations in accordance with the provisions of this standard. The Auditor conducted a telephone test to the RAINN number posted, which connected to the San Antonio, Texas, Rape Crisis Center. Interview with the advocate confirmed the center would provide counseling to detainees housed at STFRC. Interview with mental health staff confirmed that detainees could request counseling services by request. Interview with the AFA/PSA Compliance Manager confirmed that STFRC follows a uniform evidence protocol that has been developed in coordination with DHS. The AFA/PSA Compliance Manager additionally confirmed that DPD would conduct criminal investigations for the facility and STFRC has requested DPD follow the requirements of provisions (a) through (d) of the standard. Review of 10 investigation files confirm there were no detainees transferred off site for a SANE/SAFE examination during the audit period. Interview with one detainee that reported an allegation and is still housed at STFRC confirmed they receive counseling through mental health services provided at the facility.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” Policy 14-2-DHS states, “The Warden/Facility Administrator shall ensure that an administrative investigation and/or a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse. Criminal investigations are referred to a law enforcement agency with legal authority to conduct criminal investigations. Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. All allegations of sexual abuse that are potentially criminal in nature shall be promptly reported to a law enforcement agency with the legal authority to conduct criminal investigations. The notification of law enforcement shall be documented. When a detainee, of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility (or the DHS Office of Inspector General), as well as to the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility.” A review of Agency policy and 14-2-DHS confirm that there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website, (<https://www.corecivic.com/facilities/south-texas-family-residential-center>) and confirmed the Agency website includes the Agency’s investigative protocol and the facility website also includes verbiage that all allegations of

sexual abuse will be investigated. The Auditor reviewed a memorandum of understanding between STFRC and the DPD which confirmed the police department would respond and conduct criminal investigations for the facility. Interviews with the FA, AFA/PSA Compliance Manager and Investigator confirmed that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format for at least five years. Interviews further indicated that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with DO confirmed he would be notified immediately and would then notify the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG; additionally, DPD would be notified to conduct any criminal investigation. Review of 10 investigation files confirmed that all notifications were made promptly and appropriately.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff Training**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: The agency and facility zero-tolerance policies for all forms of sexual abuse; The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; Recognition of situations where sexual abuse and/or assault may occur; Recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; How to avoid inappropriate relationships with detainees; How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; Procedures for reporting knowledge or suspicion of sexual abuse and/or assault; and The requirement to limit reporting of sexual abuse and assault to personnel with a need to-know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes.” Policy 14-2-DHS further states, “The 14-2A-DHS, Training Acknowledgement form shall be completed by each employee serving as verification and understanding of the contents of training. The completed forms shall be maintained by the facility Learning Development Manager. Where available, electronic signature and records may be utilized to document on-line provision of training in lieu of the 14-2A Form.” The Auditor reviewed STFRC training curriculum which confirms the curriculum contains all provisions required of this standard. The facility additionally provided 12 signed PREA Training Acknowledgments for Preservice and Inservice for 2023. An interview with the LDM confirmed that preservice training is conducted in person, but annual training is conducted electronically. The LDM tracks training by running transcripts, posting schedules, and providing email notifications to department heads of staff that are due for training. Interview with the DO and three random staff additionally confirmed PREA training was completed within the past year.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other Training**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility’s sexual abuse prevention,

detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees. All volunteers and contractors who have any contact with detainees shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and information on how to report such incidents by signing the 14-2J, DHS CoreCivic Zero Tolerance Policy Acknowledgment form.” The Auditor reviewed a submitted memorandum that stated STFRC has not had any volunteers for the current inspection period. The Auditor additionally reviewed STFRC’s training curriculum which included the facility’s zero-tolerance policies and instruction on how to report internally or externally. Interview with the LDM confirmed contractors and volunteers are required to complete PREA training preservice and in-service annually thereafter. Preservice instruction is presented in person while the annual training is conducted electronically. The training presented is identical to the training given to CoreCivic staff. The LDM additionally confirmed that all contractors and volunteers are required to sign a PREA training acknowledgement after completion of the training and training records are kept electronically. Interviews with two contractors additionally confirmed PREA training is completed on an annual basis, which was confirmed by the Auditor’s review of electronic transcripts.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee Education**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees shall be provided with information about the facility’s SAAPI Program. Such information shall include, at a minimum: The facility’s zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officers (e.g., facility mental health, DHS Inspector General, or ICE Joint Intake Center); Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee’s immigration proceedings; and The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Intake education shall be provided in formats accessible to all detainees, including those who are Limited English Proficient (LEP), hearing impaired, visually impaired, or otherwise disabled, or who have limited reading skills. The facility shall maintain documentation of detainee participation in the intake process education and orientation. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice (Sexual Abuse and Assault Awareness Pamphlet; The name of the facility PSA Compliance Manager; Information about local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). The DHS Sexual Assault Awareness Information pamphlet and the ICE Detainee National Handbook shall be provided at intake in written translations published on the ICE website to detainees identified as speaking and reading those languages.” During the onsite audit, the Auditor was not able to observe the intake process, but intake staff walked the Auditor through the steps of an intake. Detainees were given written SAAPI material, a facility handbook, classified, and then received an oral briefing about the facility prior to going to assigned housing. Written material was provided to the detainees in their preferred language and included a facility handbook and the DHS sexual assault awareness pamphlet. The Auditor’s review of the information confirmed it included all required topics. The Auditor also observed the DHS-prescribed Sexual Assault Awareness Notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS-prescribed Sexual Assault Awareness Information pamphlet and poster for RAINN on the walls in the intake area and in each complex activity room. Interview with intake staff confirmed that detainees receive the facility handbook and DHS-prescribed Sexual Assault

Awareness Information pamphlet upon intake with the prominent languages of English or Spanish. Should a detainee speak a language other than English or Spanish, intake staff would print the pamphlet in one of the other 13 available languages (Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Vietnamese, Turkish, and Ukrainian) or utilize the language line if a language other than those 15 were needed. If a detainee required the use of a sign language interpreter, the facility has access to sign language video interpretation. Intake staff further confirmed that once a detainee is assigned to housing, they will receive another staff orientation in the complex activity room that includes PREA information. Interviews with 30 detainees confirmed they received PREA information when they got to the facility in written format in a language they could understand. Review of 10 detainee files confirmed that all had signed acknowledgement forms of written PREA material received in a language of their understanding. STFC does not provide each detainee with a copy of the ICE National Detainee handbook; however, detainees are able to sign out tablets available in the activity rooms which have access to the handbooks. The Auditor verified that the ICE National Detainee Handbook is uploaded to the tablet in 14 most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese.

**Recommendation:** The Auditor recommends adding the ICE National Detainee Handbook in K'iche' (Quiche)/Kxlantzij which was recently added as a publication.

**Corrective Action:**

No corrective action needed.

**§115.34 - Specialized training: Investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b): Policy 14-2-DHS states, “In addition to the general training provided to all employees and contractors, the facility shall provide specialized training on sexual abuse to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training shall cover: Interviewing sexual abuse and assault victims; Sexual abuse and assault evidence collection in confinement settings; The criteria and evidence required for administrative action or prosecutorial referral; and Effective cross-agency coordination in the investigation process. Documentation confirming that Investigators and Qualified Health Care and Mental Health Care Professionals have completed the required specialized training in conducting sexual abuse investigations shall be maintained in the employee/contractor training file.” The facility reported in the PAQ that they have one facility investigator who has received specialized training on sexual abuse and effective cross-agency coordination. The Auditor reviewed the training slides for DHS PREA §115.34: Effective Cross-Agency Coordination Training Template and a certificate of completion for the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course for the facility investigator which satisfies the required specialized training for the investigator. The Auditor reviewed 10 investigation files and confirmed the assigned investigator had completed the general staff training required under standard §115.31 and the specialized training pursuant to this standard. Interview with the facility investigator also confirmed completion of generalized and specialized training.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility,

shall receive specialized medical training as outlined below: How to detect and assess signs of sexual abuse; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse; How and to whom to report allegations of sexual abuse; and How to preserve physical evidence of sexual abuse.” The facility provided IHSC Directive 03-01 Sexual Abuse and Assault Prevention and Intervention policy, three training transcripts, and a table of contents for the NIC medical specialized course. The Auditor is familiar with the NIC curriculum and can confirm it meets the requirements of this standard. The Auditor was provided documentation that the agency has reviewed and approved STFRC policy. Interviews with medical and mental health staff confirmed PREA training is received annually, and all medical and mental health staff are required to complete the specialized medical training.

**Corrective Action:**

No corrective action needed.

**§115.41 - Assessment for risk of victimization and abusiveness**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): Policy 14-2-DHS states, “Detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. A new detainee shall be kept separate from the general population until he/she has been classified and housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility.” Policy 14-2-DHS further states, “The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee’s criminal history; Whether the detainee has any convictions for sex offenses against an adult or child; Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the detainee has self-identified as having previously experienced sexual victimization; and The detainee’s own concerns about his or her physical safety.” Policy 14-2-DHS further states, “The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility shall reassess each detainee’s risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee’s detriment by staff or other detainees.” The Auditor reviewed the facility’s Sexual Abuse Screening Tool and found that it contained all required information defined in provisions (c) and (d) of this standard. The Auditor reviewed 10 detainee files which confirmed the intake process was completed within twelve hours of admission into the facility. The Auditor observed new intakes contained within one building with no other detainees present. New detainees are brought out of a large waiting area a few at a time and sit in front of a desk that has privacy barriers on each side. The desk area had over 10 different areas for detainees to sit while being processed. Intake staff utilized the Sexual Abuse Screening Tool by paper and then entered the information in the computer system. Paper versions are then filed within the detainee file record which is kept in a locked records office secured in filing cabinets. The screening tool has blocks for staff to check if the assessment is an initial, for new information, or a 60 to 90-day assessment. Review of the 10 detainee files confirmed that detainees held over 60 days had been reassessed as required of the standard. Interviews with the AFA/PSA Compliance Manager and intake staff confirmed that detainees are not disciplined for refusing to answer questions on the screening tool. Interview with intake staff further confirmed that access to the database is based on job roles and information disclosed on the screening tool

is not available to all staff. Intake staff further confirmed if a detainee scored high for victimization or abusiveness a notice is sent to the supervisor and medical prior to housing the detainee. Interviews with 30 detainees confirmed that assessments were completed upon arrival at STFRC. There were no detainees housed at STFRC during the onsite that scored high for potentially sexual abusive behavior to interview.

**Corrective Action:**

No corrective action needed.

**§115.42 - Use of assessment information**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “The facility shall use the information obtained from the 14-2B-DHS Sexual Abuse Screening Tool to inform assignment of detainees to housing, recreation, voluntary work, and other activities. The facility shall make individualized determinations to ensure the safety of each detainee. Placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility. Housing and program placement decisions for transgender or intersex detainees shall not be based solely on the identity documents or physical anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall be taken into consideration. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.” The facility submitted a memorandum which stated ICE does not house or detain transgender or intersex detainees at the facility and there have not been a transgender or intersex detainee housed at STFRC during the audit period. Interview with intake staff confirmed that if a detainee scored high for victimization or identified as transgender or intersex, a notification is sent to the supervisor and medical prior to housing the detainee. There were no detainees housed at STFRC during the onsite that scored high for potentially sexual abusive behavior. Interview with the AFA/PSA Compliance Manager confirmed that housing assignments and voluntary work assignments are based on the screening tool; however, STFRC only houses detainees with the lowest of custody scores and does not house transgender or intersex detainees at the facility. Interview with medical staff confirmed they would be notified by intake staff should a detainee identify as transgender or intersex detainee during the intake processing, but this situation has not happened. Interviews with the AFA/PSA Compliance Manager and three security staff confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or medical unit, if requested.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective Custody**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): Policy 14-2-DHS states, “Placement of a detainee in administrative segregation on the basis of vulnerability to sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to 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. Use of administrative segregation by facilities to 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 last resort. Detainees vulnerable to sexual abuse may be assigned to administrative segregation for their protection only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. Detainees vulnerable to sexual abuse placed in administrative segregation for protective custody shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, visitation,

counsel education, and other services are available to the general population to maximum the extent possible and the reasons for such limitations. A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether restrictive housing is still warranted. An identical review shall be conducted after the detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into administrative segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault.” According to the PAQ and interviews with the FA, AFA/PSA Compliance Manager, QAM, three random staff, and the DO, STFRC does not have an administrative segregation unit. Interviews with the FA, AFA/PSA Compliance Manager and DO confirm other appropriate housing options are available such as rehousing to a different neighborhood. The Auditor’s review of investigation files confirm movement to different neighborhoods or in some cases, as appropriate, a transfer for the victim or alleged perpetrator.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee Reporting**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Detainees at this facility shall be provided with multiple ways to privately and anonymously report pressure, threats, or incidents of sexual abuse, as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect, or violation of responsibilities that may have contributed to such incidents. The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General, and the DHS Detention Reporting and Information Line (DRIL). Reporting shall be confidential, and anonymous if desired. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Verbally telling any employee; Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; Calling the posted facility internal SA-API (PREA) reporting line number; Forwarding a letter (including anonymously), sealed and marked “confidential”, to the facility SA-API Compliance Manager, Warden/Administrator, Investigator or any other employee; Calling or writing someone outside the facility who can notify facility staff. ICE has established the following reporting methods for Detainees: Reporting to an ICE/Enforcement and Removal Operations (ERO) staff member who visits the facility; Writing a letter reporting the sexual abuse to the ICE officer in charge, ICE Assistant Field Office Director (AFOD), or ICE Field Office Director (FOD) using special mail procedures to ensure confidentiality; Filing a written formal request or emergency grievance to ICE; Calling the ICE Detention and Reporting and Information Line (DRIL) toll free at 1-888-351-4024 or 9116#; Reporting to the US Department of Homeland Security (DHS) Office of the Inspector General (OIG) toll-free telephone number at 1-800-323-8603 (or 518#). Callers may remain anonymous by request. Detainee reports of sexual abuse and assault shall be forwarded to agency officials for investigation; Writing to the ICE Office of Inspector General (OIG) at DHS Office of Inspector General, Attention: Office of Investigations Hotline, 245 Murray Lane, Building 410/Mail Stop 0305, Washington DC 20528; Writing to the posted contact information for a local Law Enforcement agency. At this facility, detainees may write to the following local law enforcement agency and remain anonymous by request: Dilley Police Department, 115 E. Miller Street, Dilley, TX. 78017. Staff shall take all allegations of sexual abuse and assault seriously, including written, verbal, anonymous and third-party reports, and treat them as if the allegation is credible. All verbal reports shall be promptly documented.” During the onsite audit, the Auditor observed the consular posters, contact information for DHS OIG, the DHS-prescribed Sexual Assault Awareness Notice in English and Spanish with facility's PSA Compliance Manager's contact name and number, reporting number for the ICE DRIL and poster for RAINN. The Auditor reviewed the facility handbook which contains reporting instructions to the PSA



Compliance Manager, sending a letter to the FA or other staff member, writing or calling someone outside of the facility, contacting a consular office, writing a letter to the CoreCivic PREA Coordinator, filing an emergency grievance, contacting ICE or the OIG, or calling the Rape Crisis Center of San Antonio. The Sexual Assault Awareness pamphlet is provided to detainees upon intake, which additionally provides the same reporting information. The Auditor tested the facility reporting number onsite and received confirmation the report was forwarded to the AFA/PSA Compliance Manager within a few hours. Review of 10 investigation files revealed that 9 cases involved a verbal report made to a staff member and 1 report was reported by a staff member, the report was immediately forwarded for investigation and documented. Interview with the AFA/PSA Compliance Manager confirmed detainees had multiple avenues for reporting to public or private organizations. Interviews with three security staff confirmed they would accept reports made verbally, in writing, anonymously and from a third party, and they would promptly document verbal reports. Interviews with 30 detainees confirmed 27 were knowledgeable of at least one method 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): Policy 14-2-DHS states, “Formal Grievances filed by detainees involving allegations of sexual abuse that present an immediate threat to a detainee's health, safety, or welfare, shall be removed from the grievance process and shall be forwarded immediately to the Facility investigator or Administrative Duty Officer. Detainees shall be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives.” The Auditor reviewed a section of the facility handbook entitled “Compliant and Grievance Procedures”. The handbook includes information to detainees on how to file a formal grievance related to sexual abuse at any time in lieu of lodging an informal grievance or complaint, does not impose a time limit on when a detainee can file a grievance regarding an allegation of sexual abuse, facility timelines on when responses are due to the detainee and notifies the detainee that they may obtain assistance from another detainee, family member, legal representative or staff to file the grievance. Interview with the GO confirmed detainees may file a grievance by utilizing the Oral/Informal Grievance Resolution form or electronically through tablets. Additionally, detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances and may enlist assistance from staff, family, other detainees, or legal representatives to fill out the grievance. The GO was knowledgeable about STFRC’s policy of issuing a decision within 5 days at each level of the grievance process. Interview with the GO further confirmed that there is a 30-day response time for appeals and all grievances would be forwarded to the ICE office upon completion. There were no grievances submitted at STFRC pertaining to a PREA incident for the audit period.

**Corrective Action:**

No corrective action needed.

**§115.53 - Detainee access to outside confidential support services**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, “CoreCivic shall maintain, or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. At this facility, the following community agencies provide outside confidential support services: The Rape Crisis Center, 4606 Centerview Ste. 200, San Antonio, TX 78228. The facility shall require through the MOU that agencies providing confidential support services inform detainees, prior to rendering services, of the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Telephone calls to outside victim advocate agencies such as a rape crisis center shall be confidential and shall not be monitored or recorded. Outgoing mail to and from approved outside victim advocate agencies shall not be opened and read.” The Auditor observed posted information for RAINN in English and Spanish throughout the facility that listed a toll-free number for detainee use. The Auditor reviewed the facility detainee handbook, which included an address for the Rape Crisis Center of San Antonio and also includes the verbiage, “CoreCivic does not monitor conversations on any of the phones; however, all calls are subject to monitoring by Federal agencies.” The Auditor conducted a telephone test to the RAINN number posted, which connected to the San Antonio, Texas, Rape Crisis Center. Interview with the advocate confirmed the center would provide counseling to detainees housed at STFRC. Interview with mail room staff confirmed that detainees are allowed to send confidential mail to the Rape Crisis Center and such correspondence would be handled as legal mail. Thirty detainees were interviewed, but only five were aware of outside services they could contact pertaining to sexual abuse support, counseling, investigation, and prosecution.

**Recommendation:** The Auditor recommends additional education materials be provided to detainees about outside support services. Additional educational materials should include available numbers and mailing address on one posting. The Auditor additionally recommends confirmation of the address for the Rape Crisis Center due to the policy listing the address of The Rape Crisis Center, 4606 Centerview Ste. 200, San Antonio, TX 78228 and the facility detainee handbook and provide poster onsite listing the address as The Rape Crisis Center, 4606 Centerview Ste. 240, San Antonio, TX 78228 (the suite number is listed differently in the policy and the handbook).

**Corrective Action:**

No corrective action needed.

**§115.54 - Third-party reporting**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “Third-party reports of sexual abuse and assault may be made by contacting the following: ICE Detention and Reporting and Information Line (DRIL) at 1-888-351-4024, ICE Joint Intake Center (JIC) toll-free hotline number 1-877-246-8253 or e-mail [joint.intake@dhs.gov](mailto:joint.intake@dhs.gov), CoreCivic Ethics Line at <https://www.CoreCivic.com/EthicsLine> or 1-800-461-9330.” The Auditor reviewed the facility website (<https://www.corecivic/facilities/south-texas-family-residential-center>) and confirmed it provides four different methods for third party reporting. Review of the ICE web page (<https://www.ice.gov/prea>) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee. During the onsite audit the Auditor observed the DRIL and DHS OIG posters in English and Spanish posted on walls in the intake area, in each activity or phone room of each complex, the library, chapel, and in the medical area. The Auditor

attempted to make calls in two complex phone rooms and successfully made calls to the OIG and DRIL line at both locations.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff and Agency Reporting Duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” Policy 14-2-DHS states, “Staff, including contractors and volunteers, are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff may privately report the sexual abuse of detainees outside of their chain of command by forwarding a letter, sealed and marked “Confidential”, to the Warden or facility PSA Compliance Manager. Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Line at <https://www.CoreCivic.com/EthicsLine> or 1-800-461-9330. Apart from reporting to designated supervisors or facility officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws. The facility may request that local law enforcement make this report.” Interviews with three random security staff confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail <https://www.corecivic.com/ethicsline>. In addition, interviews also confirmed that they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the investigator confirmed that if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility has not housed juveniles since 2021. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period. The Auditor was provided with documentation of the agency’s review and approval of the facility policy.

**Corrective Action:**

No corrective action needed.

**§115.62 - Protection Duties**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee.” The Auditor reviewed 10 investigation files. In

each case STFRC took immediate protective actions by removing the victim from the area to provide safety and start the investigation process, placing staff on administrative leave, or changing the housing assignment of an alleged perpetrator. Interviews with the FA and AFA/PSA Compliance Manager 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): Policy 14-2-DHS states, “Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: The Warden/Facility Administrator of the facility that received the allegation shall contact the Warden/Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. The facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA). Upon receiving notification from another agency or another facility (e.g. state, federal, local, or other private operator) that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the CoreCivic facility, the following actions shall be taken: The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A detainee statement should be requested. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred for criminal investigation, if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The incident shall be reported through the 5-1 Incident Reporting Database (IRD). Notification shall be made to the ICE Field Office Director/designee.” Interviews with the FA and AFA/PSA Compliance Manager confirmed that should STFRC 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 STFRC is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon the receiving the allegation. In addition, the FA and AFA/PSA Compliance Manager confirmed that notification would be done by telephone with a follow up email. There were no occurrences where a detainee transferred from another facility to STFRC reported an incident of sexual abuse or where a detainee transferred from STFRC to another facility reported an incident of sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder Duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b): Policy 14-2-DHS states, “Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until

appropriate steps can be taken to collect evidence. Alleged victims shall be immediately escorted to the Health Services Department. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if determined necessary for medical treatment. Health Services Staff shall follow the protocols in CoreCivic Policy 1379 Sexual Assault Response. For allegations that do not involve physical contact there is no requirement to escort a detainee victim to Health Services for evaluation. If the alleged sexual abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged abuser is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall, ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.” Interviews with three security staff confirmed that all elements of subsection (a) would be followed to include: separation, preservation and protection of the crime scene, requesting the victim to not take actions to destroy evidence and ensuring the alleged abuser not take actions to destroy evidence. The Auditor additionally interviewed two contractors who confirmed they would notify security staff immediately and request the alleged victim not take actions to destroy evidence. The Auditor’s review of 10 investigation files found that once an allegation was reported, an appropriate response was provided by the staff, however, there were no incidents that required full implementation of the Sexual Assault Response Team (SART) Protocols.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated Response**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14.2-DHS states, “Each CoreCivic facility will establish a Sexual Abuse Response Team (SART) to identify roles and provide a coordinated response to incidents of sexual abuse. The SART shall include the following multi-disciplinary team: PSA Compliance Manager; Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. Note: The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The Victim Services Coordinator will not be a member of security. The SART responsibilities shall include, but are not limited to, the following: Responding to reported incidents of sexual abuse and assault; Responding to victim assessment and support needs; Ensuring policy and procedures are enforced to enhance detainee safety; and Participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards. If a victim of sexual abuse is transferred from this facility to a facility covered by DHS SAAPI Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim of sexual abuse is transferred from this facility to a facility not covered by DHS SAAPI Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” STFRC utilizes 14-2-DHS as their coordinated response plan. This policy identifies roles that will be assigned to the SART, assigned duties for each role, and coordinating actions. The SART team will be comprised of the PSA Compliance Manager, investigator, medical, security, mental health and a victim services coordinator (a medical or mental health professional may be utilized in this role). Interview with the FA confirmed the facility would utilize 14-2 DHS policy as its institutional plan should an incident occur. The FA further confirmed that should a detainee be transferred to a DHS facility,

STFRC would inform the receiving facility of the detainee's need for potential medical or social services and should a detainee be transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, "Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." Review of four investigation files involving staff or contractor on detainee confirmed that staff were removed from detainee contact in each case. Interviews with the FA and HR Manager confirmed that CoreCivic staff are removed and placed on administrative leave while contractors and volunteers are removed from contact with detainees until the investigation has been concluded.

**Corrective Action:**

No corrective action needed.

**§115.67 - Agency protection against retaliation**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Agency policy 11062.2 states, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." Policy 14-2-DHS states, "Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. The facility shall employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. Immediately following receipt of a report of sexual abuse and then for at least ninety (90) days following, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff, and shall act promptly to remedy any such retaliation. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need. Items the facility should monitor for detainees include disciplinary reports, housing or program or work changes. For staff, items to monitor include disciplinary reports, negative performance reviews, or reassignments." There were no grievances filed for retaliation within the last 12 months for the Auditor to review. STFRC had 18 allegations during the audit period. The Auditor reviewed 14-2D DHS Retaliation Monitoring Reports included in 10 investigation files. The form monitors disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and a box to check if the monitor met with the detainee or staff member in person. Interviews with the FA and AFA/PSA Compliance Manager confirmed that retaliation is prohibited, multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring. Although policy language states the facility obligation to monitor retaliation for staff and inmates/detainees shall terminate if the facility determines the allegation unfounded, STFRC does conduct retaliation on all reported allegations up to 90 days regardless of the final disposition.

**Recommendation:** The Auditor recommends removing the statement, "The facility obligation to monitor retaliation for staff and inmates/detainees shall terminate if the facility determines that the allegation is unfounded" from 14-2 DHS due to a conflict with the standard. The standard does not distinguish monitoring to

occur based on the investigation outcome but requires that monitoring will occur following a report. The Auditor did find STFRC is conducting retaliation monitoring on all reports, even those unfounded, but recommends the policy language be removed.

**Corrective Action:**

No corrective action needed.

**§115.68 - Post-allegation protective custody**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, “The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse.” According to the PAQ and interviews with the FA, AFA/PSA Compliance Manager, QAM, random staff, and the DO, STFRC does not have an administrative segregation or protective custody unit. Auditor observation of STFRC confirms the facility houses low security risk detainees and all housing complexes are in the least restrictive setting this Auditor has seen to date. The Auditor finds that a detainee housed at STFRC who is subjected to sexual abuse would not be removed from general population but instead reassigned to a different neighborhood or assigned to a bed in the medical unit.

**Corrective Action:**

No corrective action needed.

**§115.71 - Criminal and administrative investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f): Policy 14-2-DHS states, “The Warden/Facility Administrator shall ensure that an administrative investigation and/or a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. CoreCivic investigators are not authorized to conduct criminal investigations. Immediately following notification of an incident or upon receiving an allegation of sexual abuse that may involve potentially criminal behavior, facility staff shall notify local law enforcement. In addition to notification to local law enforcement the facility shall make a concurrent notification to ICE on all allegations of sexual abuse. The facility shall not initiate an administrative investigation until such time as the responsible law enforcement agency declines to pursue a criminal investigation to ensure that the criminal investigation is not compromised. Facility employees may assist local law enforcement by preserving the integrity of the evidence so that cases are not lost based on lack of evidence, improper technique, and/or lack of credibility. The facility shall attempt to enter into a written Memorandum of Understanding (MOU) with the outside investigating agency outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. When outside agencies conduct investigations of sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. The facility investigator shall document contacts with the agency conducting the criminal investigation. Administrative investigations shall be coordinated with the appropriate investigative office within ICE/DHS, the local ICE AFOD/designee, and the responsible criminal investigative entity. Upon conclusion of a criminal investigation where the allegation was substantiated, CoreCivic facility investigators shall conduct an administrative investigation. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, facility investigators shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations into

alleged sexual abuse shall be prompt, thorough, and objective and conducted by qualified investigators. Administrative Investigations shall include the following: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; and Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.” STFRC utilizes one investigator to conduct administrative investigations. Review of 10 investigative files confirmed that the administrative investigation was completed promptly, thoroughly, objectively and was conducted by the specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed for the investigator. An interview with the investigator confirmed that should an allegation result in a criminal investigation an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility, the investigation would continue until it was finished. Should a criminal investigation need to be conducted, STFRC would remain informed through telephone calls, emails or in person updates with the DPD. The investigator further stated that STFRC contacts the DPD for each allegation, a report number is generated, and is included in the investigation file, which the Auditor was able to confirm by review of the investigations. An interview with the AFA/PSA Compliance Manager and the FA confirmed that the facility utilizes Policy 14-2-DHS for administrative investigations procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigations.

**Corrective Action:**

No corrective action needed.

**§115.72 - Evidentiary standard for administrative investigations**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are Substantiated.” Review of 10 investigation files 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 there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees**

**Outcome:** Does Not Meet Standard

**Notes:**

Policy 14-2-DHS states, “The facility shall, when the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse, notify the detainee as to the result of the investigation and any responsive action taken. All detainee notifications or attempted



notifications shall be documented on the 14-2E Detainee Allegation Status Notification. The detainee shall sign the 14-2E, Detainee Allegation Status Notification verifying that such notification has been received. The signed 14-2E shall be filed in the detainee's file and facility investigation file.” The facility disclosed that they had not been making notifications about the result of the investigations to detainees. Review of 10 investigation files additionally confirmed that detainee notifications were absent in all files, which is contradictory to Policy 14-2-DHS. Additionally, the Auditor submitted the Notification to Detainee of PREA Investigation Results form to inquire if ERO had made the required notifications prior to the onsite audit; however, this form was not returned resulting in non-compliance with this standard.

**Corrective Action:**

**The agency has not demonstrated compliance with notifying detainees of the result of investigations, or any responsive actions taken.** To become compliant, the facility/ERO must provide the Auditor with documentation that detainees have been properly notified of investigation results and responsive action taken, as applicable, for five investigations occurring during the CAP period.

**§115.76 - Disciplinary sanctions for staff**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, “Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The Warden/Facility Administrator shall determine, on a case-by-case basis, whether or not placement of a staff member on administrative leave is warranted. This determination shall take into account the gravity and credibility of the allegations. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse policies. CoreCivic facility employees are not in the Federal Service. Removal from their position within CoreCivic and termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse, as defined in this Policy under the definitions of sexual abuse of a detainee by a staff member, contractor, or volunteer. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse as defined above shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known.” STFRC had 18 allegations during the audit period, of which 1 involved staff. None of the allegations were substantiated or involved criminal activity. The facility provided documents to confirm the agency has reviewed and approved Policy 14-2-DHS. Interview with the FA 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 FA further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies as appropriate for the circumstance.

**Corrective Action:**

No corrective action needed.

**§115.77 - Corrective action for contractors and volunteers**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Following an investigation, substantiated allegations of sexual abuse by any contractor or volunteer shall result in prohibition from contact with detainees. The facility shall take appropriate remedial measures, and shall consider whether to

prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault, but have violated other provisions within these standards. Incidents of Substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall make reasonable efforts to report substantiated incidents of sexual abuse by contractors and/or volunteers to any relevant licensing bodies, to the extent known.” STFRC had 18 allegations during the audit period, of which 3 involved contractors or volunteers. None of the allegations were substantiated or involved criminal activity. Interview with the FA confirmed that any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. The FA further confirmed that efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions STFRC would review the incident to determine if further detainee contact should be prohibited.

**Corrective Action:**

No corrective action needed.

**§115.78 - Disciplinary sanctions for detainees**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. Because the burden of proof is substantially easier to prove in a detainee’s disciplinary case than in a criminal prosecution, a detainee may be institutionally disciplined even though law enforcement officials decline to prosecute. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The facility shall have a disciplinary system with progressive levels of appeals, reviews, procedures, and documentation requirements. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A detainee may be disciplined for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Detainees who deliberately allege false claims of sexual abuse may be disciplined.” Review of the facility detainee handbook confirms that offenses are listed as low, moderate or major with rape, sexual assault, sexual misconduct listed as major offenses. The facility submitted a Resident Disciplinary Report and Executive Review Briefing for a sexual misconduct infraction for the Auditor to review. Sanctions imposed for the infraction appear to be commensurate with the prohibited act; however, the Executive Review Briefing did not consider whether the detainee’s mental disability or mental illness contributed to the behavior when determining the sanction. The Auditor reviewed 10 investigation files of which 3 included disciplinary reports. In all three cases, the disciplinary process did not consider whether the detainee’s mental disability or mental illness contributed to the behavior when determining the sanction. Interview with the Disciplinary Officer confirmed that the STFRC has a formal disciplinary process with progressive levels of sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Additionally, sanctions are commensurate with the severity of the prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Interviews with the FA, AFA/PSA Compliance Manager, and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

**Corrective Action:**

Does Not Meet (d): STFRC does not consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of disciplinary sanction, if any, should be imposed. To become compliant, the facility must implement procedure to evaluate if a detainee's mental disability or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed. The facility must provide the Auditor with documentation of the newly implemented procedure and training records to indicate applicable staff have been trained on these new procedures. The facility must also provide the Auditor, as applicable, with any detainee disciplinary taken as a result of a substantiated sexual abuse allegation during the CAP period so the Auditor may assess compliance with the newly implemented procedure.

**§115.81 - Medical and mental health screening; history of sexual abuse****Outcome:** Meets Standard**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "If screening from the 14-2B, DHS Screening Tool indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral." During the intake process detainees are given an assessment required by standard §115.41, which does inquire about prior sexual victimization or abusiveness history. Should a detainee indicate prior sexual victimization or having perpetrated sexual abuse during the assessment screening, a referral is made to medical staff. Interview with intake staff confirmed that the referral is made through the system with an alert entered which goes immediately to mental health as a message or sent via email. Detainees are seen by medical as part of the intake process and are asked similar questions, with referrals input into the medical system. Interview with two medical staff and one mental health staff confirmed that referrals are received through the system and the patient is then scheduled for appropriate care. Interviews further confirmed that detainees are seen for a more in-depth medical appointment within 24 hours and mental health referrals are seen within 48 hours. Interviews further confirmed that detainees who were identified as perpetrating sexual abuse would also be seen by medical or mental health. Interviews with six detainees who reported previous sexual victimization confirmed a referral was made to mental health and they were seen within 48 hours. During the audit period and onsite, there were no records to review or detainees to interview who perpetrated sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.82 - Access to emergency medical and mental health services****Outcome:** Meets Standard**Notes:**

(a)(b): Policy 14-2-DHS states, "Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care." There were 18 allegations that occurred during the audit period, although none of the allegations resulted in a victim being transported for emergency medical services. Review of the investigation files confirmed that appropriate referrals were made to mental health. Interview with medical and mental health

staff confirmed detainees would receive emergent care at Methodist Healthcare System of San Antonio free of charge to include crisis intervention, emergency contraception and sexually transmitted infections prophylaxis. Medical and mental health staff further confirmed that any treatment plans would be continued at the facility and follow up care would be provided as required.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): Policy 14-2 DHS states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide victims with medical and mental health services consistent with the community level of care. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care.” The facility had 18 sexual abuse allegations during the audit period. Review of documentation confirms that all victims were referred appropriately to medical and mental health. Interviews with medical staff confirmed that that detainees are provided services consistent with care in the community, that females would be offered pregnancy tests, comprehensive pregnancy-related education and timely access and comprehensive education about lawful pregnancy-related services. Services would also include tests for sexually transmitted infections. All treatment would be free of cost to the detainee regardless of whether or not they cooperate with the investigation. Mental health care staff additionally confirmed that detainee care is consistent with care received in the community. There were no detainee-on-detainee abusers housed at the facility during the onsite; however, mental health staff did confirm a mental health evaluation would be offered upon learning of the abuse history. During the onsite audit there was one detainee still housed at the facility that reported an allegation. Interview with this detainee confirmed he was referred to medical and mental health after the report was made and continues to receive follow up services with mental health.

**Corrective Action:**

No corrective action needed.

**§115.86 - Sexual abuse incident review**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation. A written report of the review shall be prepared within thirty (30) days of the conclusion of the investigation. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better

prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. All findings and recommendations for improvement shall be documented on the ICE Sexual Abuse or Assault Incident Review Form. Completed review forms shall be forwarded to the Warden/Facility Administrator for review, and the facility PSA Compliance Manager. The Report shall be forwarded to the ICE PSA Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The annual reporting period shall be determined by ICE. Facilities shall utilize the ICE Annual Sexual Abuse and Assault Report form. Completed forms shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office.” The Auditor reviewed 10 Sexual Abuse or Assault Incident Review forms completed and confirmed all were completed within 30 days upon conclusion of the investigation and evaluated whether a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility evaluated whether the incidents were motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or were motivated or otherwise caused by other group dynamics at the facility. Interviews with the FA and AFA/PSA Compliance Manager confirmed that reviews are conducted at the completion of all investigations of sexual abuse and the report and response are forwarded to the agency PSA Coordinator. Interviews also confirmed that annual reviews of all sexual abuse investigations are conducted and forwarded to the FOD or designee and the agency PSA Coordinator which includes a negative report should there be no reported incidents.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection**

**Outcome:** Meets Standard

**Notes:**

(a): Policy 14-2-DHS states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. The facility investigator or other individual designated by the Warden/Facility Administrator shall maintain files, chronologically and in a secure location.” Interview with the facility investigator confirmed that case records associated with claims of sexual abuse are secured in a locked cabinet in her office.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of Audit**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were not visually observed in many of the detainee areas throughout the facility. The audit notice signs that were observed were posted in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. During the onsite the facility immediately

posted additional audit notices in recommended areas. 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*

4/05/2024

**Auditor's Signature & Date**

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

4/5/2024

**Program Manager's Signature & Date**

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

4/06/2024

**Assistant Program Manager's Signature & Date**