

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



**Homeland
Security**

AUDITOR INFORMATION

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PROGRAM MANAGER INFORMATION

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AGENCY INFORMATION

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

.Name of Field Office:	San Antonio
.Field Office Director:	Garrett Ripa
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INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

.Name of facility:	T. Don Hutto Detention Center
.Physical address:	1001 Welch Street, Taylor, Texas 76574
.Telephone number:	(512) 218-2400
.Facility type:	Dedicated Inter-governmental Service Agreement
.PREA Incorporation Date:	6/16/2015

Facility Leadership

.Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
.Email address:	(b) (6), (b) (7)(C)	Telephone #:	(512) 218-(b) (6), (b) (7)
.Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
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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 T. Don Hutto Detention Center met 31 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 9 non-compliant standards. As a result of the facility being out of compliance with 9 standards, the facility entered a 180-day corrective action period which began on December 27, 2023, and ended on June 24, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 9

- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Exceeded: 0

Number of Standards Met: 9

- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Not Met: 0

PROVISIONS

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

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c): Policy 14-2-DHS states, "The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be 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." TDHDC PAQ, indicates the facility employs 139 employees, who may have reoccurring contact with detainees, consisting of 98 security staff, (47 males and 51 females); Medical and Mental Health staff (38 medical and 3 mental health) employed by IHSC, USPHS, and STGi, and maintenance. Additional staff include food service employed by Trinity Food Service. There are 30 ICE staff assigned to the facility, which include DDOs, a SDDO, and an AFOD. Religious services are provided by volunteers. TDHDC has two shifts which include 0600-1800 and 1800-0600. TDHDC utilizes (b) (7)(E) to electronically assist with the monitoring of detainees throughout the facility. (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed they are reviewed annually. An interview with the facility Warden indicated the facility has adequate staffing to protect detainees against sexual abuse. An interview with the PSA Compliance Manager indicated the facility does complete an Annual SA-API Staffing Plan Assessment. The Auditor reviewed the 2023 annual PREA Staffing Plan Assessment and confirmed when determining adequate staffing and the need for video monitoring the facility takes into consideration all elements required by subsection (c) of the standard to include generally accepted detention and correctional practices; judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and other relevant factors, including but not limited to the length of time detainees spend in agency custody.

(d): CoreCivic policy 14.2-DHS states, "Staff, including supervisors, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds". This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are

occurring unless such announcement is related to the legitimate operational functions of the facility.” An interview with the PSA Compliance Manager indicated all facility supervisors are required to complete an unannounced security inspection within the facility on all shifts and at random times. An interview with a Shift Commander indicated unannounced security inspections are completed in all areas of the facility to deter sexual abuse and if staff were to alert others unannounced security inspections were occurring the staff member would be subject to discipline. During the on-site audit, the Auditor reviewed facility logbooks and confirmed supervisor rounds were noted in red ink and appeared to be conducted on random days and shifts; however, the Auditor could not confirm unannounced security inspections were being conducted every day and on every shift.

Corrective Action:

The facility is not in compliance with subsection (d) of the standard. During the on-site audit, the Auditor reviewed the facility logbooks and confirmed supervisor PREA unannounced security inspections were noted in red ink and appeared to be conducted on random days and shifts; however, the Auditor could not confirm the rounds are conducted every day and on every shift. To become compliant, the facility must train all security supervisors on the standard’s requirement to conduct unannounced security inspections every day, at irregular times, and on every shift to identify and deter sexual abuse from occurring in the facility. In addition, the facility must submit three days of housing unit logs from each shift that occur during the corrective action plan (CAP) period.

Corrective Action Taken:

The facility submitted training Sign-In Sheets indicating that all supervisors have received training on standard 115.13 Detainee Supervision and Monitoring. In addition, the facility submitted six days of housing unit logs to confirm the unannounced security inspections are occurring on each shift at different times. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

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

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

Notes:

(a)(b): CoreCivic Policy 14-2-DHS states, “ The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) 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 detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing: Access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; Access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and Auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers.” CoreCivic Policy 14-2-DHS further states, “The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the on-site audit, the Auditor observed posted on the wall on all detainee housing units, in English and Spanish, the DHS-prescribed sexual assault awareness notice, consulate posters, the ICE DRIL poster, the DHS OIG poster, and the Hope Alliance flyer. In addition, the Auditor observed the I-Speak poster and an ICE posting, available in 16 languages to include, English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Chinese, Russian, Tamil, Bengali, Romanian, Portuguese, Korean, Serbo-Croatian and Vietnamese, which informed detainees “if you don’t speak or

understand English, or cannot read or write English, an interpreter will be provided to you for free for medical and ICE or detention-related matters.” At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor could not observe the intake process. In an interview with the Intake Receiving Officer, it was indicated the facility has access to the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet which is available in 15 of the most prevalent languages encountered by ICE, which include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. An interview with the Intake Receiving Officer further indicated if a detainee were deaf or hard of hearing, the facility has teletypewriter/Telecommunications devices (TTY/TDD), available to assist with communications and if a detainee is blind or had low vision or has limited reading skills, the intake staff would read the information to the detainee, with the use of the language line services, if needed. In addition, the Intake Receiving Officer indicated if a detainee were intellectual, psychiatric or had other disabilities, the staff would talk to them using appropriate vocabulary they could understand and if they appeared to be confused or not understanding, they would seek medical personnel to help with establishing effective communication. An interview with the Intake Receiving Officer further indicated if a detainee was LEP the intake staff would utilize the facility language line to establish effective communication and staff are required to log the use of the language line on the “Interpreter Services Log.” The Auditor reviewed the “Interpreter Services Log” and confirmed the language line had been utilized for at least 15 different languages many times during intake processing. In addition, an interview with the Intake Receiving Officer indicated detainees will watch a video, available in English, Spanish, French, and Chinese. The Auditor was provided a transcript of the video in all four languages. Interviews with 20 detainees indicated, during intake they had each been given a copy of the ICE National Detainee Handbook and the facility handbook, in their preferred language. Interviews included 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee and 3 English speaking detainees. All 20 detainees indicated they did not see a video during intake.

(c): CoreCivic Policy 14-2-DHS states, “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 appropriate in matters relating to allegations of sexual abuse.” Interviews with the PSA Compliance Officer and five DOs indicated if there was an emergency situation and the detainee victim requested another detainee to interpret, they would allow it, after approval was sought from ICE staff.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. Interviews with 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee, and 3 English speaking detainees confirmed they did not see a video during intake. To become compliant the facility must implement a practice to ensure the facility provides meaningful access to all aspects of the Agency’s and facility’s efforts to

prevent, detect, and respond to sexual abuse in a manner all detainees can understand. Once implemented the facility must submit documentation which confirms all Intake staff have been trained on the implemented procedure. In addition, the facility must submit 10 detainee files, to include if applicable, detainees who do not speak English, Spanish, French, and Chinese.

Corrective Action Taken:

The facility submitted a sample of the Detainee Education Acknowledgement which confirms detainees will acknowledge receipt of the DHS-prescribed Sexual Assault Awareness (SAA) Information Pamphlet, the ICE National Detainee Handbook, the Orientation Video or Transcript of the Video and the Facility Handbook. The facility submitted a training curriculum which includes all subsections of standards §115.16 and §115.33 and the procedure for ensuring all detainees are provided the DHS-prescribed Sexual Assault Awareness (SAA) Information Pamphlet in their preferred language. The facility submitted a Training/Activity Attendance Roster confirming all intake staff have received the training. The facility submitted a memorandum to Auditor which states, “There have been no detainees processed into T Don Hutton Detention Center who do not speak English, Spanish, French, or Chinese during the CAP period.” Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (b) of the standard.

§115.32 - Other training.

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

Notes:

(a)(b)(c): CoreCivic 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; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility’s zero-tolerance policy and informed how to report such incidents.” CoreCivic Policy 14-2-DHS further states, “Civilians/contractors/ volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file.” The Auditor reviewed the facility PREA Overview: Training for Contractors and Volunteers Form and confirmed the training covers the required elements to include their responsibilities under the Agency and facility sexual abuse prevention, detection, intervention and response policies and procedures; the Agency and facility zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. The Auditor reviewed two volunteer files, the facility Volunteer Training Attendance Roster, and interviewed one volunteer, all of which confirmed the volunteers are required to complete PREA training. However, in an interview with a facility QAM it was indicated “other” contractors are always escorted when they are in the facility; and therefore, are not required to receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. The Auditor reviewed one “other” contractor file and confirmed the “other” contractor had signed a Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement; however, the Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement did not include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. The Auditor reviewed the facility PREA Overview: Training for Contractors and Volunteers Form and confirmed the training covers the required elements to include their responsibilities under the Agency and facility sexual abuse prevention, detection, intervention and response policies and procedures; the Agency and facility zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. However, in an interview with a facility QAM it was indicated “other” contractors are always escorted when they are in the facility; and therefore,

are not required to receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. The Auditor reviewed one “other” contractor file and confirmed the “other” contractor had signed a Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement; however, the Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement did not include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. To become compliant, the facility must implement a practice which ensures “other” contractors receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. Once implemented the facility must submit documentation which confirms all “other” contractors have received PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse.

Corrective Action Taken:

The facility submitted a memorandum to staff. The Auditor reviewed the memorandum and confirmed the memorandum requires all “other” contractor are required to review and complete the updated version of 14-2J-DHS PREA Zero Tolerance Policy Acknowledgement and 14-2K-DHS Contractor and Volunteer Training before entry into the facility. The Auditor reviewed 14-2J-DHS PREA Zero Tolerance Policy Acknowledgement and 14-2K-DHS Contractor and Volunteer Training and confirmed the updated acknowledgements include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. The facility submitted two PREA Zero Tolerance Policy Acknowledgements signed by “other” contractors. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the standard.

§115.33 - Detainee education.

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): CoreCivic 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 will be provided with information (orally and in writing) about the facility’s SA-API Program. Such information shall include, at a minimum: The facility’s zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; 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. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the facility PSA Compliance Manager; and 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). If no such local organizations exist, the facility shall make available the same information about national organizations.” CoreCivic Policy 124-2-DHS further states, “The facility shall make available and distribute the DHS-prescribed “Sexual Assault Awareness Information” pamphlet.” During the on-site audit, the Auditor further observed posted on all housing units the DHS-prescribed sexual assault awareness notice, methods for reporting sexual misconduct, victim advocacy contact information, in English and Spanish which were the most predominant languages of the detainee population currently housed in the facility. At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor requested the Intake Receiving Officer to walk the Auditor through the intake process. According to the Intake Receiving Officer, when a detainee arrives at the facility, they are separated within six holding cells, based on their ICE

classification. The further indicated Intake staff will provide the detainee with the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese and the facility handbook, available in English and Spanish. The Auditor reviewed the ICE National Detainee Handbook and confirmed information is provided information on how to report an allegation of sexual abuse. In addition, the Auditor reviewed the facility handbook and confirmed information is provided on the facility's zero-tolerance policy; ways to report sexual abuse; prohibition against retaliation and information on contacting the National and Local Victims Advocate Services: Rape Crisis Center and the Williamson County Crisis Center Hope Alliance. In addition, the Intake Receiving Officer indicated the detainee will watch a PREA video available in English, Spanish, French and Chinese. During the on-site audit, the Auditor did observe the ICE National Detainee Handbooks in all 14 languages in the Intake area; however, the Auditor did not observe the DHS-prescribed SAA Information pamphlet available in 15 of the most prevalent languages encountered by ICE, to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be assessed on the facility computer in all 15 languages; however, when the Auditor requested to see the pamphlets, the Intake Receiving Officer was unable to locate the folder on the computer that contained the pamphlet. In an interview with the Intake Receiving Officer, it was further indicated each detainee will sign a "Sexual Abuse and Assault Prevention and Intervention Acknowledgement Form" which indicates the detainee read and reviewed the information contained in the video, DHS-prescribed SAA Information pamphlet, facility handbook, and the ICE National Detainee Handbook in a manner the detainee can understand. However, the Auditor could not confirm the detainee acknowledged receipt of the PREA written information prior to watching the video and receiving the handbooks, as all 20 detainees interviewed indicated they received the ICE National Detainee Handbook and the facility handbook during intake; however, did not see a video. In addition, an interview with the Intake Receiving Officer indicated that if a detainee were deaf or hard of hearing, the facility has Teletypewriter/Telecommunications devices (TTY/TDD) available to assist with communications. An interview with the Intake Receiving Officer further indicated if a detainee is blind or has low vision or has limited reading skills, the intake staff would read the information to the detainee and if a detainee were LEP, the intake staff would utilize the facility language line to establish effective communication. In an interview with the Intake Receiving Officer, it was further indicated staff are required to log the use of the language line in the Interpreter Services Log. The Auditor reviewed the Interpreter Services Log and confirmed the use of the language line during intake. In addition, an interview with the Intake Receiving Officer indicated if a detainee had intellectual, psychiatric, or had other disabilities, the staff would talk to them using appropriate vocabulary that they would understand and if they appeared to be confused or not understand staff would seek medical personnel to help with establishing effective communication. A review of 23 detainee files indicated all detainee files contained a signed acknowledgement dated on the day of the detainee's intake to into the facility.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. Interviews with 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee, and 3 English speaking detainees confirmed they did not see a video during intake. To become compliant the facility must implement a practice to ensure the facility provides meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse in a manner all detainees can understand. Once implemented the facility must submit documentation which confirms all Intake staff have been

trained on the implemented procedure. In addition, the facility must submit 10 detainee files, to include if applicable, detainees who do not speak English, Spanish, French, and Chinese.

Corrective Action Taken:

The facility submitted the Detainee Education Acknowledgement. The Auditor reviewed the acknowledgement and confirmed detainees are required to acknowledge receipt of the DHS-prescribed Sexual Assault Awareness (SAA) Information Pamphlet, the ICE National Detainee Handbook, the Orientation Video, or Transcript of the Video, and the facility handbook in a manner the detainee could understand. The facility submitted a training curriculum which includes all subsections of standards §115.16 and §115.33 and the procedure for ensuring all detainees are provided the DHS-prescribed Sexual Assault Awareness (SAA) Information Pamphlet in their preferred language. The facility submitted a Training/Activity Attendance Roster. The Auditor reviewed the training roster and confirmed all intake staff have received training on the procedure for ensuring all detainees are provided the DHS-prescribed Sexual Assault Awareness (SAA) Information Pamphlet in their preferred language. The facility submitted a memorandum to Auditor which states, “There have been no detainees processed into T Don Hutton Detention Center who do not speak English, Spanish, French, or Chinese during the CAP period.” Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (e) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(f)(g): CoreCivic Policy 14-2-DHS states, “All 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. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility.” CoreCivic Policy 14-2-DHS further states, “Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above in section.” In addition, the policy states, “Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees to the detainee's detriment.” At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor requested the Intake Receiving Officer to walk the Auditor through the intake process. According to the Intake Receiving Officer when a detainee arrives at the facility, they are separated within six holding cells based on their ICE classification. The Intake Receiving Officer further indicated Intake staff will obtain information from the detainee to identify those likely to be sexual abuse victims and sexual aggressors and enter the information into the facility electronic system at which time the 12-hour time frame for the intake process begins. In addition, the Intake Receiving Officer indicated the assessment is completed utilizing the CoreCivic Initial Screening Tool located on the case management system. The Intake Receiving Officer further indicated she will enter the detainee's answers to the questions as she asks them, and a detainee would not be disciplined for refusing to answer a question or disclose information. In addition, the Intake Receiving Officer indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee intake packet and approve the detainee's housing assignment. In an interview with a Shift Commander, it was indicated he would review the ICE Custody Classification Worksheet and approve the housing unit assignment; however, the Shift Commander confirmed he would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed the case management system and confirmed appropriate controls are implemented in the offender management system which allows access to the initial risk assessment only to those with a need-to-know. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed and

provided a housing assignment during the initial classification process; however, based on interviews with Intake Receiving Officer the Auditor could not confirm the detainee's initial classification and housing assignment are completed within 12 hours of admission to the facility.

(c)(d): CoreCivic Policy 14-2-DHS 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." CoreCivic 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 Auditor reviewed the "Assessment Type: ICE Initial Screening Tool" and confirmed the tool includes: do you have a physical, mental or developmental disability; the age of the detainee; detainee has a small build or appears to be vulnerable; this is the first time the detainee has been detained; detainee has only non-violent or non-sexual offenses; do you have a current or prior conviction of sexual offense/abuse of against a child or adult; is your orientation or status lesbian, gay, bisexual, transgender, intersex, or gender non-conforming; have you been the victim of sexual abuse or unwelcome sexual activity, was this in the community or while detained; do you feel that you are vulnerable to sexual abuse or assault while detained, or do you fear for your safety; do you have a current or prior conviction of a violent offense against a child or adult; have you received a disciplinary sanction for violence while detained. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed upon intake utilizing the "Assessment Type: ICE Initial Screening Tool".

(e): CoreCivic Policy 14-2-DHS states, "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." An interview with the Classification Manager indicated detainees are reassessed within 60 and 90 days from the date of intake into the facility; however, most detainees leave the facility prior to being reassessed. The Auditor reviewed 23 detainee files and confirmed 1 file required a reassessment between 60 and 90 days which was conducted in accordance with subsection (e) of the standard.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. In an interview with the Intake Receiving Officer it was indicated Intake staff will obtain information from the detainee to identify those likely to be sexual abuse victims and sexual aggressors and enter the information into the facility electronic system at which time the 12-hour time frame for the intake process begins; and therefore, the Auditor could not confirm the detainee's initial classification and housing assignment are completed within 12 hours of admission to the facility. In an interview with the Intake Receiving Officer, it was further indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee intake packet and approve the detainee's housing assignment. In an interview with a Shift Commander, it was indicated he would review the ICE Custody Classification Worksheet and approve the housing unit assignment; however, the Shift Commander confirmed he would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. To become compliant, the facility must implement a process to ensure the detainee's initial classification and housing assignment are completed within 12 hours of admission to the facility. In addition, the facility must implement a practice to ensure information gained from the initial risk screening is considered in determining a detainee's initial housing. Once implemented the facility must submit documentation to confirm all applicable staff, including all Shift Commanders, have received training on both implemented processes. In addition, the

facility must provide the Auditor with 10 detainee files to include, if applicable detainees who identified as likely to be sexual aggressors or sexual abuse victims to confirm the detainee received an initial classification and housing assignment within 12 hours of admission to the facility and the facility utilized information gained from the initial risk assessment to accordingly house detainees to prevent sexual abuse.

Corrective Action Taken:

The facility submitted a memorandum to staff. The Auditor reviewed the memorandum and confirmed the memorandum requires staff to house all predators or potential predators within A-Hall, low custody Echo Pod, B Hall, high custody H pod. A review of the memorandum further confirms the memorandum requires staff not to house victims, or potential victims, of sexual abuse in the above noted pods. In addition, a review of the memorandum confirms staff upon identifying a detainee victim of sexual abuse as having been a prior victim or has perpetrated sexual abuse, must notify the Shift Commander, forward the 14-2L DHS form to medical, and send an email to the Assistant Warden with the name and time the detainee was referred to mental health. The facility submitted 10 detainee files. The Auditor reviewed the submitted files and confirmed an initial risk assessment and a housing alert had been completed on each detainee identified as a potential detainee victim of sexual abuse or a potential sexual abuse aggressor. A review of the 10 detainee files further confirmed all detainees were assessed within 12 hours and the facility utilized the information to house each detainee. The facility submitted a PREA Alert Roster to confirm the location of all identified predators. The facility submitted a training roster which confirms all applicable staff, including all Shift Commanders, have received training on the standard's requirement to complete initial classification and housing within twelve hours of the detainee's entry into the facility. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

§115.42 - Use of assessment information.

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

Notes:

(a): CoreCivic Policy 14-2-DHS states, "The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities." In an interview with the Intake Receiving Officer, it was indicated the initial risk assessment is completed utilizing the CoreCivic Initial Screening Tool. The Intake Receiving Officer further indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee's intake packet and approve the detainee's initial housing assignment. In an interview with a Shift Commander, it was indicated Shift Commanders will review the ICE Custody Classification Worksheet and approve the assignment; however, they would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed and provided a housing assignment during the initial classification process; however, the Auditor could not confirm the facility utilized the assessment to inform recreation and other activities, and voluntary work.

(b)(c): CoreCivic Policy 14-2-DHS states, "In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. 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." An interview with the PSA Compliance Manager indicated a transgender or intersex detainee's self-identification is considered when making housing decisions and not based solely on the detainee's genitalia and the facility would consider the detainee's own views of his/her safety at the facility. An interview with the PSA Compliance Manager further indicated a transgender or intersex detainee

would be given an opportunity to shower separately as the facility does not have group showers. In addition, an interview with the PSA Compliance Manager indicated medical and mental health would be consulted to determine the effects the assignment would have on the detainee's health and safety. In an interview with the Classification Manager, it was indicated a transgender or intersex detainee would generally not stay at the facility over 90 days; however, an assessment would be completed every six months if a transgender or intersex detainee remained at the facility.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During interviews, the Intake Receiving Officer indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee's intake packet and approve the detainee's initial housing assignment. In an interview with a Shift Commander, it was indicated Shift Commanders will review the ICE Custody Classification Worksheet and approve the assignment; however, they would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed 23 detainee files and could not confirm the facility utilized the assessment to inform recreation and other activities, and voluntary work. To become compliant, the facility must implement a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities and voluntary work. Once implemented the facility must submit documentation that confirms all applicable staff, including Intake and Classification staff, have been trained on the implemented process. In addition, the facility must provide the Auditor with 10 detainee files to confirm the facility utilized information gained from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities and voluntary work.

Corrective Action Taken:

The facility submitted a memorandum to staff which requires staff to move all pods together through the facility. A review of the memorandum further confirms a single pod will go to recreation and dining at the same time. For example, Hotel and Echo pods, which are our designated "Predator" and "Potential Predator" housing area, will go to recreation and dining alone, when these designations of detainees are present. In addition, the memorandum requires staff not allow high or moderate-high level detainees to participate in voluntary work assignments outside their assigned living areas and low or moderate-low level detainees which are designated as "Predator," or "Potential Predator" not be allowed to participate in voluntary work assignments outside of their assigned living areas. The Auditor further reviewed the memorandum and accepted the memorandum as the facility's implemented policy; and therefore, no longer requires the facility submit 10 detainee files to confirm the facility utilized information gained from the initial risk assessment to inform assignment of detainees to recreation and other activities and voluntary work. The facility submitted a training curriculum which includes the implemented procedures for identifying potential victims and perpetrators and the procedure to utilize in determining housing assignments. The facility submitted training rosters which confirm all intake staff and shift commanders have received training on the standard's requirement to utilize the information gained from the initial risk assessment to determine housing, which at TDHDC, determines a detainee's recreation and other activities and voluntary work. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic Policy 14-2-DHS states, "Formal Grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator or Administrative Duty Officer. Detainees will 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. To prepare a grievance a detainee

may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility 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.” An interview with the facility QAM/GO indicated a detainee can file a grievance alleging sexual abuse at any time, there are no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. The facility QAM/GO further indicated detainees have multiple ways to file a grievance to include the use of the detainee tablets or placing a grievance in grievance boxes available in the corridors of the facility. In addition, the facility QAM/GO indicated medical staff are the only staff with a key to access the grievance boxes; however, they check the boxes daily. The facility QAM/GO further indicated if a detainee expressed the need for assistance in filing a grievance, she would facilitate the detainee request and ensure he received any assistance needed. In addition, the facility GO indicated, grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, she would inform security and medical staff to ensure immediate action is taken including a medical assessment. The facility QAM/GO further indicated the grievance would be forwarded to the facility Investigator and the PSA Compliance Manager for an investigation and the detainee would be issued a notice to indicate the grievance has been closed and forwarded to an investigator for immediate action. An interview with the PSA Compliance Manager indicated a grievance alleging sexual abuse and the decision would be forwarded to the FOD with the completed investigation report. Interviews with 20 detainees, confirmed they were aware of the process for filing a grievance related to sexual abuse. The Auditor reviewed a sample of a test grievances filed within the tablet system and confirmed the system keeps the detainee informed at all stages of the grievance. During the on-site audit, the Auditor dropped a note in the grievance box which stated, “The Auditor is conducting a test of the grievance system within the facility and the time frame grievances are picked up. Please inform the Auditor or the Audit team when the grievance is received;” however, at the time of writing this report, the Auditor has not received confirmation the note has been received: and therefore, the Auditor could not confirm grievances are picked up daily from the grievance. The Auditor reviewed four sexual abuse allegation investigation files and confirmed there were no sexual abuse allegations reported through the grievance system.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. On day one of the on-site audit, the Auditor dropped a note in the grievance box which stated, “The Auditor is conducting a test of the grievance system within the facility and the time frame grievances are picked up. Please inform the Auditor or the Audit team when the grievance is received;” however, at the time of writing this report, the Auditor has not received confirmation the note has been received, and therefore, the Auditor could not confirm grievances are picked up daily from the grievance box. To become compliant, the facility must implement a process for ensuring the detainee grievances boxes are checked daily to ensure time-sensitive grievances are identified. Once implemented, the facility must submit documentation which confirms all applicable staff, to include medical, have received training on the implemented process. In addition, if applicable, the facility must submit all sexual abuse investigation files where the allegation was reported through the grievance system that occurred during the CAP period.

Corrective Action Taken:

The facility submitted a memorandum to all applicable staff, to include medical. The Auditor reviewed the memorandum and confirmed the memorandum includes IHSC Directive 01-05 Noncitizen Medical Grievance System, which includes the process for ensuring the detainee grievance boxes are checked daily to identify all time-sensitive grievances. The facility submitted a training attendance log which confirms all applicable staff, to

include medical, received training on IHSC Directive 01-05 Noncitizen Medical Grievance System, which includes the process for ensuring the detainee grievance boxes are checked daily to identify all time-sensitive grievances. The facility submitted the completed Daily HSA/AHSA Area Walk Through schedule for January and February 2024, which confirmed the grievance boxes are being checked daily. The facility submitted a memorandum to Auditor which states, "There have been no sexual abuse investigation files where the allegation was reported through the grievance system that occurred during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): CoreCivic 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. Before developing or attempting to enter into an MOU, the facility shall contact the CoreCivic FSC Legal Department. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible." A review of CoreCivic policy 14-2- DHS confirmed the policy includes Hope Alliance and provides a contact address and a 24-hour hotline number. The facility submitted an MOU between Hope Alliance and CoreCivic, executed on Aril 10, 2018, which is open ended, with the clause either party can terminate the agreement with a 30-day written notice. The Auditor reviewed the MOU and confirmed Hope Alliance would provide confidential emotional support throughout the forensic sexual assault medical examination process and the investigatory interviews. During the on-site audit, utilizing the detainee telephones, the Auditor spoke with a victim advocate who confirmed Hope Alliance would provide detainees with access to victim advocates for crisis intervention and counseling utilizing a sexual assault crisis line. The Auditor reviewed the TDHDC Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from Hope Alliance and are advised the extent to which phone calls would be monitored; however, a review of the detainee handbook, and on-site observations, could not confirm detainees are informed prior to giving them access to outside resources of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the TDHDC Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from Hope Alliance and are advised the extent to which phone calls would be monitored; however, a review of the detainee handbook, and on-site observations, could not confirm detainees are informed of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. To become compliant, the facility must submit documentation which confirms prior to giving them access to outside resources the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory laws.

Corrective Action Taken:

The facility submitted a revised facility handbook. The Auditor reviewed the submitted handbook and confirmed the handbook includes the verbiage, "All calls are confidential. Reports of sexual abuse made to these agencies will not be reported to law enforcement without your permission. Anything that you disclose that may indicate self-harm, harm to another, or abuse of a child, will be reported as required by mandatory reporting laws. If you have questions, please ask the representative who answers the call." The facility submitted 10 Detainee Education Acknowledgements, signed by long term detainees, which confirmed receipt of the updated handbook to detainees already housed at the facility. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS states, "The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be Unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. 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. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of all sexual [sic] 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 results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office." Interviews with the facility Warden and PSA Compliance Manager indicated the facility review team would conduct a sexual abuse incident review at the conclusion of every administrative investigation regardless of the outcome the investigation. Interviews with the facility Warden and PSA Compliance Manager further indicated the review team consists of upper-level management officials, medical and mental health practitioners, investigators and security line staff supervisors and the facility would complete an incident review report utilizing the "ICE Sexual Abuse or Assault Incident Review Form" which includes the facility to consider if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. In addition, interviews with the facility Warden and PSA Compliance Manager indicated the review team will review the incident within 30 days of the conclusion of the investigation and will make recommendations for a change in policy or practice to assist with preventing, detecting, or responding to a sexual abuse and if the facility did not implement the recommendations the reasons for not implementing the recommendations would be documented on the incident review form. The Auditor reviewed four sexual abuse allegation investigation files and confirmed a sexual abuse incident review had been completed within 30 days of the conclusion of the investigation. In addition, the Auditor reviewed the facility "2022 Negative Report;" however, could not confirm the report had

been forwarded to the facility Warden, the FOD, or the Agency PSA Coordinator as required by subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2022 Negative Report and could not confirm the report had been forwarded to the facility Warden, the FOD, or the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must submit documentation to confirm the 2022 Negative Annual Report has been submitted to the facility Warden, the FOD, and the Agency PSA Coordinator.

Corrective Action Taken:

The facility submitted email verification to confirm the 2023 Annual Report has been submitted to the Agency PSA Coordinator, the facility Warden, and the FOD. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

AUDITOR CERTIFICATION:

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

Robin Bruck 6/26/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 6/27/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 6/26/2024

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	11/14/2023	To:	11/16/2023
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AUDITOR INFORMATION

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

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

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

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	T. Don Hutto Detention Center
Physical address:	1001 Welch Street Taylor, Texas 76574
Telephone number:	512-218-2400
Facility type:	D-IGSA
PREA Incorporation Date:	5/6/2014

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	Telephone #:	512-218-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	512-218-(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 T. Don Hutto Detention Center (TDHDC) was conducted on November 14-16, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Custom Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR) External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. TDHDC is operated by CoreCivic under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). TDHDC is in Taylor, Texas. This is the fourth DHS PREA audit for TDHDC and includes a review period between April 29, 2021, through November 16, 2023.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) and Team Lead (TL), (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit, the Auditor reviewed the documentation provided, the Agency website and the facility website. The main policy that governs TDHDC's sexual abuse prevention, intervention and response efforts is 14-2-DHS Sexual Abuse Prevention and Response.

An entrance briefing was held in the TDHDC's conference room on Tuesday, November 14, 2023, at 8:15 a.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

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

(b) (6), (b) (7)(C) Section Chief (SC), ICE/OPR/ERAU

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

(b) (6), (b) (7)(C) Assistant Field Officer Director (AFOD), ICE/OPR

(b) (6), (b) (7)(C) Warden, TDHDC, CoreCivic

(b) (6), (b) (7)(C) Assistant Warden (AW), PSA Compliance Manager, TDHDC, CoreCivic

(b) (6), (b) (7)(C) Quality Assurance Manager (QAM), TDHDC, CoreCivic

(b) (6), (b) (7)(C) Chief of Unit Management (COUM), TDHDC, CoreCivic

(b) (6), (b) (7)(C) Chief of Security (COS), TDHDC, CoreCivic

(b) (6), (b) (7)(C) Health Services Administrator (HSA), ICE Health Services Corps (IHSC)

(b) (6), (b) (7)(C) Assistant Health Services Administrator (AHSA), IHSC

Robin M. Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC.

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not

only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the general knowledge of staff at all levels employed at the facility. She further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations made during the facility on-site audit, documentation review, and interviews conducted with staff and detainees.

Immediately after the entrance briefing, an on-site audit was conducted by the Auditor, with key staff from TDHDC, and ICE ERAU. All areas of the facility where detainees are afforded the opportunity to go or where services are provided, were observed by the Auditor, which included all detainee housing units, booking/intake, kitchen, library, laundry, recreation, and medical areas. In addition, the Auditor observed the sally port and the control centers. During the on-site audit, the Auditor made visual observations of the housing unit bathrooms and shower areas, officer post sight lines, and camera locations. Sight lines were closely examined, as was the potential for blind spots, throughout the facility where detainees are housed or have access. There were no notable blind spots observed.

TDHDC utilizes (b) (7)(E) to electronically assist with the monitoring of detainees throughout the facility. (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

. During the on-site audit, (b) (7)(E)

The shower area consisted of single showers; and therefore, detainees (b) (7)(E) the (b) (7)(E). During the on-site audit, the Auditor spoke informally to staff and detainees regarding PREA education and facility practices. Both staff and detainees appeared to be knowledgeable of the Agency and the facility's zero tolerance policies and PREA in general. In addition, the Auditor observed opposite gender announcements being made as opposite gender staff entered the housing areas. During the on-site audit, the Auditor further observed posted on all housing units the DHS-prescribed sexual assault awareness notice, methods for reporting sexual misconduct, victim advocacy contact information, in English and Spanish which were the most predominant languages of the detainee population currently housed in the facility. In addition, the Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. During the on-site audit, the Auditor further tested all detainee telephone numbers and confirmed successful calls were made to the facility PREA Hotline, DHS Office of Inspector General (OIG), Detention Reporting and Information Line (DRIL), and Hope Alliance.

At the time of the facility's last PREA Audit in 2021, the facility housed female detainees; however, shortly after the audit, TDHDC population changed to house only adult male detainees, who are pending asylum review or deportation. The facility PAQ indicated the top three nationalities of the facility population are El Salvador, Honduras, and Mexico. TDHDC's design capacity is 500 and currently houses 445 male detainees. The detainee's average length of stay at the facility is 75 days. Detainees are housed within 11 housing units in double occupancy cells. In addition, there are five cells utilized for Administrative Segregation. The Medical Unit does not house detainees overnight. The Auditor interviewed 20 detainees, which included 14 detainees whose preferred language was Spanish, 2 detainee's whose preferred language was Mandarin Chinese, 1 detainee whose preferred language was French and 3 English speaking

detainees. Each limited English proficient (LEP) interview was conducted with the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, LLC. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process. TDHDC does not house juvenile detainees or family units.

TDHDC PAQ, indicates the facility employs 139 employees, who may have reoccurring contact with detainees, consisting of 98 security staff, (47 males and 51 females); Medical and Mental Health staff (38 medical and 3 mental health) employed by IHSC, United States Public Health Service (USPHS), and STG International (STGi), and maintenance. Additional staff include food service employed by Trinity Food Service. There are 30 ICE staff assigned to the facility, which includes Detention and Deportation Officers (DDO)s, a Supervisory Detention and Deportation Officer (SDDO), and an AFOD. Religious services are provided by volunteers. TDHDC has two shifts which include 0600-1800 and 1800-0600. During the on-site audit, the Auditor conducted 21 staff member interviews, utilizing 21 interview protocols, which included the facility Warden, PSA Compliance Manager, Grievance Officer (GO), Investigators (2), Disciplinary Officer, Retaliation Monitor, Human Resource Manager (HRM), Incident Review Team Member, USPHS Clinical Social Worker (CSW), HSA, Intake Receiving Officer, Classification Manager, Shift Commander, 2 Non-Security First Responders, and 5 random DOs. In addition, the Auditor interviewed one ICE staff (AFOD) and one volunteer.

The facility PAQ indicated that there are three investigators who have received specialized training on sexual abuse and cross-agency coordination. The facility PREA Allegation Spreadsheet indicated four PREA allegations were closed during the audit review period. The Auditor reviewed all four investigations. The review included three unsubstantiated detainee-on-detainee allegations and one unsubstantiated staff-on-detainee allegation which occurred at Blue Bonnet Detention Center; however, a review of the investigation file confirmed the incident occurred at TDHDC and the allegation was reported to staff at the Blue Bonnet Detention Center.

An exit briefing was conducted on Thursday, November 16, 2023, at 1:00 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

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

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

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

(b) (6), (b) (7)(C), AFOD, ICE/OPR

(b) (6), (b) (7)(C) Warden, TDHDC, CoreCivic

(b) (6), (b) (7)(C), AW/PSA Compliance Manager, TDHDC, CoreCivic

(b) (6), (b) (7)(C), QAM, TDHDC, CoreCivic

(b) (6), (b) (7)(C), COUM, TDHDC, CoreCivic

(b) (6), (b) (7)(C), COS, TDHDC, CoreCivic

(b) (6), (b) (7)(C), HSA, IHSC

(b) (6), (b) (7)(C), AHSA, IHSC

(b) (6), (b) (7)(C), Lieutenant (LT), IHSC

Robin M. Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC.

The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The ICE ERAU TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 31

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.15 - Limits to cross-gender viewing and searches
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff Training
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.43 - Protective custody
- §115.51 - Detainee reporting
- §115.54 - Third-party reporting
- §115.61 - Staff reporting duties
- §115.62 - Protection duties
- §115.63 - Reporting to other confinement facilities
- §115.64 - Responder duties
- §115.65 - Coordinated response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health 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
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 9

- §115.13 - Detainee supervision and monitoring
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.32 - Other training
- §115.33 - Detainee education
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.52 - Grievances

- §115.53 - Detainee access to outside confidential support services
- §115.86 - Sexual abuse incident reviews

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): CoreCivic Policy 14-2-DHS states, “CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse or assault.” The policy includes definitions of sexual abuse and general PREA definitions. In addition, the policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all detainee housing units and common areas. Informal and formal interviews with facility staff and detainees confirmed they were knowledgeable regarding the Agency and facility zero tolerance policies. Through interviews with the facility Warden, AFOD, and PSA Compliance Manager, the Auditor confirmed CoreCivic Policy 14-2-DHS was reviewed and approved by the Agency.

(d): CoreCivic Policy 14-2-DHS states, “Each CoreCivic facility shall designate a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who shall serve 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.” An interview with the PSA Compliance Manager confirmed he has the knowledge, sufficient time, and authority to oversee the facility's efforts to comply with the sexual abuse prevention and intervention policies and procedures. An interview with the PSA Compliance Manager further indicated he is the facility point of contact for both the Agency PSA Coordinator and the CoreCivic Corporate PREA Coordinator. The Auditor reviewed the facility organizational chart and confirmed the PSA Compliance Manager is in a position of authority.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee

supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be 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." TDHDC PAQ, indicates the facility employs 139 employees, who may have reoccurring contact with detainees, consisting of 98 security staff, (47 males and 51 females); Medical and Mental Health staff (38 medical and 3 mental health) employed by IHSC, USPHS, and STGi, and maintenance. Additional staff include food service employed by Trinity Food Service. There are 30 ICE staff assigned to the facility, which include DDOs, a SDDO, and an AFOD. Religious services are provided by volunteers. TDHDC has two shifts which include 0600-1800 and 1800-0600. TDHDC utilizes (b) (7)(E) to electronically assist with the monitoring of detainees throughout the facility. The (b) (7)(E)

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

(b) (7)(E). During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed they are reviewed annually. An interview with the facility Warden indicated the facility has adequate staffing to protect detainees against sexual abuse. An interview with the PSA Compliance Manager indicated the facility does complete an Annual SAAPI Staffing Plan Assessment. The Auditor reviewed the 2023 annual PREA Staffing Plan Assessment and confirmed when determining adequate staffing and the need for video monitoring the facility takes into consideration all elements required by subsection (c) of the standard to include generally accepted detention and correctional practices; judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and other relevant factors, including but not limited to the length of time detainees spend in agency custody.

(d): CoreCivic policy 14.2-DHS states, "Staff, including supervisors, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds". This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility." An interview with the PSA Compliance Manager indicated all facility supervisors are required to complete an unannounced security inspection within the facility on all shifts and at random times. An interview with a Shift Commander indicated unannounced security inspections are completed in all areas of the facility to deter sexual abuse and if staff were to alert others unannounced security inspections were occurring the staff member would be subject to discipline. During the on-site audit, the Auditor reviewed facility logbooks and confirmed supervisor rounds were noted in red ink and appeared to be conducted on random days and shifts; however, the Auditor could not confirm unannounced security inspections were being conducted every day and on every shift.

Corrective Action:

The facility is not in compliance with subsection (d) of the standard. During the on-site audit, the Auditor reviewed the facility logbooks and confirmed supervisor PREA unannounced security inspections were noted in red ink and appeared to be conducted on random days and shifts; however, the Auditor could not confirm the rounds are conducted every day and on every shift. To become compliant, the facility must train all security supervisors on the standard's requirement to conduct unannounced security inspections every day, at irregular times, and on every shift to identify and deter sexual abuse from occurring in the facility. In addition, the facility must submit three days of housing unit logs from each shift that occur during the corrective action plan (CAP) period.

§115.14 - Juvenile and family detainees**Outcome:** Not Applicable**Notes:**

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, "T Don Hutto Detention Center does not house juveniles and has not housed juveniles since our last PREA Audit on April 27, 2021." Interviews with the Warden, PSA Compliance Manager, five random DOs, and Auditor observations confirmed the facility does not house juvenile detainees or family detainees; and therefore standard 115.14, 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, "Whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or, in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances." The Auditor reviewed a memorandum to the file which states, "T Don Hutto Detention Center has not had any instances of cross-gender pat down searches since our last PREA Audit on April 27, 2021". Interviews with the PSA Compliance Manager and five DOs indicated cross-gender pat-down searches are not conducted at TDHDC unless there are exigent circumstances. Interviews with five random DOs further confirmed should a cross-gender pat down search be required, due to exigent circumstances, they were aware all cross-gender pat-searches are required to be documented on the "Cross-Gender Pat-Down Search Log." The Auditor reviewed the "Cross-Gender Pat-Down Search Log" and confirmed the reason for the cross-gender pat-down search is included in the log and there have been no entries made in the "Cross-Gender Pat-Down Search Log" during the audit period. During the on-site audit, the Auditor observed pat-down searches of detainees and confirmed the searches had been completed by officers of the same gender. Interviews with 20 detainees confirmed they have been subjected to a pat-down search, at the facility; however, all 20 detainees reported the search has always been conducted by an officer of the same gender. The facility does not house female detainees.

(e)(f): Policy 14-2-DHS states, “Strip searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners. Staff shall not conduct strip searches of juveniles. All such body cavity searches of juveniles shall be referred to a medical practitioner. An officer of the same gender as the detainee shall perform strip searches. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe a strip search performed by an officer of the opposite gender. When an officer of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file. Body cavity searches will only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. All strip searches and visual body cavity searches shall be documented. If a strip search of any detainee does occur, the search shall be documented on the 5-1B Notice to Administration (NTA) (refer to CoreCivic Policy 5-1 Incident Reporting).” Interviews with the PSA Compliance Manager, QAM, and five random DOs indicated the facility does not conduct strip searches, cross-gender strip searches, visual body cavity searches, or cross-gender visual body cavity searches of the male detainees, unless there are exigent circumstances, to include officer safety. Interviews with the PSA Compliance Manager, QAM, and five random DOs further indicated if a strip search, cross-gender strip search, visual body cavity search, or a cross-gender visual body cavity search were to be conducted the search would be documented in the “Strip Search Log” and on the “Record of Search Form.” The Auditor reviewed the “Strip Search Log” and the “Record of Search Form” and confirmed the reason for the strip search is included; however, there have been no entries made in the “Strip Search Log” during the audit period. Interviews with 20 detainees confirmed they have not been subjected to a strip search, cross-gender strip search, visual body cavity search, or a cross-gender visual body cavity search while housed at TDHDC. The facility does not house juveniles.

(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, “Employees 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.” Policy 14-2-DHS further states, “All searches of transgender and intersex detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety.” During the on-site audit, the Auditor observed all detainee housing units and confirmed the housing units are individual cells with two detainees assigned to each cell. During the on-site audit, the Auditor further observed the toilets are located within the cells and are in proximity of the cell door which minimized incidental viewing when passing by the cell doors. In addition, during the on-site audit, the Auditor observed the showers are single showers with privacy curtains and provide a space for the detainee to dress without being viewed by staff of the opposite gender. During the on-site audit, the Auditor reviewed the (b) (7)(E) [REDACTED]. In addition, during the on-site audit, the Auditor observed female staff consistently announcing their presence when entering the housing units. The Auditor interviewed 20 detainees and all detainees confirmed they are given privacy to utilize the toilet, change their clothing, and when showering.

(h): TDHDC is not designated as Family Residential Centers; and 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, “In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” The Auditor reviewed the ICE Cross-Gender, Transgender, and Intersex Searches training curriculum which states, “At no time shall any search be conducted solely for the purpose of determining a detainee’s genital characteristics or gender.” The ICE Cross-Gender, Transgender, and Intersex Searches training curriculum further states, “All searches shall be performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy, including consideration of officer safety.” The Auditor reviewed a PREA Pat Search 2023 training report which confirms all staff at the facility have completed the ICE Cross-Gender, Transgender, and Intersex Searches training. Interviews with the facility Warden, PSA Compliance Manager, QAM, five DOs, and Auditor observations, confirmed a transgender detainee is not currently housed at the facility; and therefore, no interviews were conducted.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b): CoreCivic Policy 14-2-DHS states, “The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) 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 detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing: Access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; Access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and Auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers.” CoreCivic Policy 14-2-DHS further states, “The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the on-site audit, the Auditor observed posted on the wall on all detainee housing units, in English and Spanish, the DHS-prescribed sexual assault awareness notice, consulate posters, the ICE DRIL poster, the DHS OIG poster, and the Hope

Alliance flyer. In addition, the Auditor observed the I-Speak poster and an ICE posting, available in 16 languages to include, English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Chinese, Russian, Tamil, Bengali, Romanian, Portuguese, Korean, Serbo-Croatian and Vietnamese, which informed detainees “if you don’t speak or understand English, or cannot read or write English, an interpreter will be provided to you for free for medical and ICE or detention-related matters.” At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor could not observe the intake process. In an interview with the Intake Receiving Officer, it was indicated the facility has access to the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet which is available in 15 of the most prevalent languages encountered by ICE, which include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. An interview with the Intake Receiving Officer further indicated if a detainee were deaf or hard of hearing, the facility has teletypewriter/Telecommunications devices (TTY/TDD), available to assist with communications and if a detainee is blind or had low vision or has limited reading skills, the intake staff would read the information to the detainee, with the use of the language line services, if needed. In addition, the Intake Receiving Officer indicated if a detainee were intellectual, psychiatric or had other disabilities, the staff would talk to them using appropriate vocabulary they could understand and if they appeared to be confused or not understanding, they would seek medical personnel to help with establishing effective communication. An interview with the Intake Receiving Officer further indicated if a detainee was LEP the intake staff would utilize the facility language line to establish effective communication and staff are required to log the use of the language line on the “Interpreter Services Log.” The Auditor reviewed the “Interpreter Services Log” and confirmed the language line had been utilized for at least 15 different languages many times during intake processing. In addition, an interview with the Intake Receiving Officer indicated detainees will watch a video, available in English, Spanish, French, and Chinese. The Auditor was provided a transcript of the video in all four languages. Interviews with 20 detainees indicated, during intake they had each been given a copy of the ICE National Detainee Handbook and the facility handbook, in their preferred language. Interviews included 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee and 3 English speaking detainees. All 20 detainees indicated they did not see a video during intake.

(c): CoreCivic Policy 14-2-DHS states, “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 appropriate in matters relating to allegations of sexual abuse.” Interviews with the PSA Compliance Officer and five DOs indicated if there was an emergency situation and the detainee victim requested another detainee to interpret, they would allow it, after approval was sought from ICE staff.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. Interviews with 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee, and 3 English speaking detainees confirmed they did not see a video during intake. To become compliant the facility must implement a practice to ensure the facility provides meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse in a manner all detainees can understand. Once implemented the facility must submit documentation which confirms all Intake staff have been trained on the implemented procedure. In addition, the facility must submit 10 detainee files, to include if applicable, detainees who do not speak English, Spanish, French, and Chinese.

§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. CoreCivic 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., in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as

part of reviews of current employees.” CoreCivic Policy 14-2-DHS states, “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.” CoreCivic 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.” An interview with the HRM indicated all potential employees are required to complete an application and a background check during the hiring process. The HRM further indicated an institutional background check is completed on staff who have had previous correctional employment and information would be provided to a facility requesting the same for previous employees who have left the facility. In addition, the HRM indicated all applicants and staff who are being promoted or transferred within the facility will complete a “Self-Declaration of Sexual Abuse/Sexual Harassment” form. The Auditor reviewed the facility “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” and confirmed the form contains a statement that includes, “You certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employed, terminated from employment.” A review of the “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” further confirmed the applicant, employee or contractor is asked the following questions: have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above; has a substantiated allegation of sexual harassment ever been made against you? In addition, a review of the “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” form confirms the form states, “By my signature below, I understand my continuing affirmative duty to disclose any facts that would change my answers above. I further understand that ant material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire.” During the on-site audit the Auditor reviewed 12 staff files, 2 contractor files, 5 medical and mental health files, and 1 volunteer file and confirmed each file contained the “Self-Declaration of Sexual Abuse/Sexual Harassment” form. In addition, utilizing the PSU Background Investigation for Employees and Contractors, the Auditor submitted 23 names, which included 12 staff, 2 contractors, 5 medical and mental health staff, and 4 ICE staff to confirm background investigations had been completed. The Auditor received confirmation of all completed background checks, including those that required a five-year background; however, three files returned noting “no investigation completed” as the staff were on temporary duty assignment (TDY) and on loan to TDHDC, one file indicated the name had been spelled wrong, and one file indicated the staff member had several name changes submitted; and therefore, the Auditor finds the Agency and facility in substantial compliance with subsections (c) and (d) of the standard. Interviews with the PSA Compliance Manager and AFOD indicated there were no promotions which occurred during the audit period.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic Policy 14-2-DHS states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations form. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect detainees from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form.” According to the PAQ the facility added a new parameter camera system during the audit period. In an interview with the facility Warden, it was confirmed the facility added cameras and mirrors in areas that presented with a blind spot for better coverage. This was completed prior to receiving the male population. During the on-site audit, the Auditor observed the placement of the added cameras and confirmed their placement enhanced the facility’s ability to protect detainees from sexual abuse; and therefore, the Auditor finds the facility in substantial compliance with subsection (b) of the standard.

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.” CoreCivic Policy 14-2-DHS states, “The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic” protocols developed after 2011. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. The investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without

financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. If the agency listed above in section is not available to provide victim advocate services, the investigating entity may make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.” CoreCivic Policy 14-2-DHS further states, “As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or 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.” Interviews with the PSA Compliance Manager/Investigator and the QAM/Investigator indicated criminal allegations would be investigated by the Taylor Police Department (TPD) or the Williamson County Sheriff's Office (WCSO) and administrative allegations would be investigated by facility investigators. The PSA Compliance Manager/Investigator and the QAM/Investigator further indicated the facility utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The Auditor reviewed an open ended, with the clause either party can terminate the agreement with a 30-day written notice, Memorandum of Understanding (MOU) between Williamson County Crisis Center DBA Hope Alliance (Hope Alliance) and CoreCivic of Tennessee, LLC, dated April 10, 2018, and confirmed Hope Alliance would provide crisis intervention, counseling to address a detainee victim’s needs, emotional support, and information and referrals during a Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE) exam and investigatory interviews. During the on-site audit, the Auditor interviewed a victim advocate from Hope Alliance and confirmed Hope Alliance would provide crisis intervention and counseling to address a victim's needs as well as any other needed services or referrals following an allegation of sexual abuse. An interview with a victim advocate from Hope Alliance further indicated a SANE exam, with the detainee’s consent, would be conducted at no cost to a detainee victim of sexual assault. The Auditor reviewed four sexual abuse allegation investigation files and confirmed a SANE exam was not required.

(e): The Auditor reviewed an MOU between WCSO and CoreCivic of Tennessee, which confirms, the facility has requested WCSO to follow PREA Standard 115.21 (a-d); however, during the on-site audit, the Auditor could not confirm the facility requested the TPD to follow the requirements of PREA standard 115.21 (a-d). Upon notification of the deficiency the facility immediately forwarded a request via email to the TPD to follow PREA Standard 115.21 (a-d); and therefore, the Auditor has found the facility in substantial compliance with subsection (e) of the standard.

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)." CoreCivic Policy 14-2-DHS states, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators." CoreCivic Policy 14-2-DHS further states, "All allegations of sexual abuse shall be promptly reported to a law enforcement agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior." In addition, CoreCivic Policy 14-2-DHS states, "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/designee, and to any local government entity or contractor that owns or operates the facility." CoreCivic Policy 14-2-DHS further states, "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." Interviews with the facility Warden, PSA Compliance Manager, and the QAM confirmed all allegations of sexual abuse are immediately reported to law enforcement and an administrative investigation would be completed once the facility receives approval from the investigating agency. The Auditor reviewed four sexual abuse allegation investigation files and confirmed notification had been made to the Joint Intake Center (JIC), ICE OPR, the FOD, and the TPD; however, none of the allegations were determined to be criminal in nature; and therefore, did not result in a criminal investigation.

(c): The Auditor reviewed the Agency website, (<https://www.ice.gov/prea>) and the TDHDC website (<https://www.corecivic.com/facilities/t-don-hutto-detention-center>) and confirmed both websites contain the respective protocols as required by subsection (c) of the standard.

Corrective Action:

No corrective action needed.

§115.31 - Staff training

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic 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." CoreCivic Policy 14-2-DHS further states, "Employee training shall

ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: the facility's zero-tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities." In addition, CoreCivic Policy 14-2-DHS states, "Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file." The Auditor reviewed the CoreCivic PREA Overview Facilitator Guide and confirmed the training covers the required elements of subsection (a) of the standard to include: the Agency and the facility's zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting on prohibited and illegal behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding 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, suspicion of sexual abuse; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. Interviews with five random DOs, confirmed they are required to complete PREA training during their In-service training each year. Interviews with five random DOs further confirmed they were knowledgeable regarding PREA and could articulate how to fulfill their responsibilities under the PREA standards. The Auditor reviewed 12 employee training files, two contractor files, and five medical and mental health files and confirmed each employee had received the required PREA training in the years 2022 and 2023. In addition, the Auditor reviewed training certificates for five ICE employees and confirmed ICE staff have received the required PREA training every two years as required by subsection (b) of the standard.

Recommendation (a): The Auditor recommends the facility update CoreCivic Policy 14-2- DHS to include staff must receive training on the Agency zero-tolerance policies.

Corrective Action:

No corrective action needed.

§115.32 - Other training

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): CoreCivic 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; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility's zero-tolerance policy and informed how to report such incidents." CoreCivic Policy 14-2-DHS further states, "Civilians/contractors/volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file." The Auditor reviewed the facility PREA Overview: Training for Contractors and Volunteers Form and confirmed the training covers the required elements to include their responsibilities under the Agency and facility sexual abuse prevention, detection, intervention and response policies and procedures; the Agency and facility zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. The Auditor reviewed two volunteer files, the facility Volunteer Training Attendance Roster, and interviewed one volunteer, all of which confirmed the volunteers are required to complete PREA training. However, in an interview with the facility QAM it was indicated "other" contractors are always escorted when they are in the facility; and therefore, are not required to receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. The Auditor reviewed one "other" contractor file and confirmed the "other" contractor had signed a Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement; however, the Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement did not include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. The Auditor reviewed the facility PREA Overview: Training for Contractors and Volunteers Form and confirmed the training covers the required elements to include their responsibilities under the Agency and facility sexual abuse prevention, detection, intervention and response policies and procedures; the Agency and facility zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. However, in an interview with a facility QAM it was indicated "other" contractors are always escorted when they are in the facility; and therefore, are not required to receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. The Auditor reviewed one "other" contractor file and confirmed the "other" contractor had signed a Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement; however, the Consultant, Independent Contractors and Temporary or Staffing Agency Employees Agreement did not include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. To become compliant, the facility must implement a practice which ensures "other" contractors receive PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse. Once implemented the facility must submit documentation which confirms all "other" contractors have received PREA training to include the Agency and facility zero-tolerance policies regarding sexual abuse and information on how to report an incident of sexual abuse.

§115.33 - Detainee Education

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic 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 will be provided with information (orally

and in writing) about the facility's SA-API Program. Such information shall include, at a minimum: The facility's zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; 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. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the facility PSA Compliance Manager; and 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). If no such local organizations exist, the facility shall make available the same information about national organizations." CoreCivic Policy 124-2-DHS further states, "The facility shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the on-site audit, the Auditor further observed posted on all housing units the DHS-prescribed sexual assault awareness notice, methods for reporting sexual misconduct, victim advocacy contact information, in English and Spanish which were the most predominant languages of the detainee population currently housed in the facility. At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor requested the Intake Receiving Officer to walk the Auditor through the intake process. According to the Intake Receiving Officer, when a detainee arrives at the facility, they are separated within six holding cells, based on their ICE classification. The Intake Receiving Officer further indicated Intake staff will provide the detainee with the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese and the facility handbook, available in English and Spanish. The Auditor reviewed the ICE National Detainee Handbook and confirmed information is provided information on how to report an allegation of sexual abuse. In addition, the Auditor reviewed the facility handbook and confirmed information is provided on the facility's zero-tolerance policy; ways to report sexual abuse; prohibition against retaliation and information on contacting the National and Local Victims Advocate Services: Rape Crisis Center and the Williamson County Crisis Center Hope Alliance. In addition, the Intake Receiving Officer indicated the detainee will watch a PREA video available in English, Spanish, French and Chinese. During the on-site audit, the Auditor did observe the ICE National Detainee Handbooks in all 14 languages in the Intake area; however, the Auditor did not observe the DHS-prescribed SAA Information pamphlet available in 15 of the most prevalent languages encountered by ICE, to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be assessed on the facility computer in all 15 languages; however, when the Auditor requested to see the pamphlets, the Intake Receiving Officer was unable to locate the folder on the computer that contained the pamphlet. In an interview with the Intake Receiving Officer, it was further indicated each detainee will sign a "Sexual Abuse and Assault Prevention and Intervention Acknowledgement Form" which indicates the detainee read and reviewed the information contained in the video, DHS-prescribed SAA Information pamphlet, facility handbook, and the ICE National Detainee Handbook in a manner the detainee can understand. However, the Auditor could not confirm the detainee acknowledged receipt of the PREA written information prior to watching the video and receiving the handbooks, as all 20 detainees interviewed indicated they received the ICE National Detainee Handbook and the

facility handbook during intake; however, did not see a video. In addition, an interview with the Intake Receiving Officer indicated that if a detainee were deaf or hard of hearing, the facility has Teletypewriter/Telecommunications devices (TTY/TDD) available to assist with communications. An interview with the Intake Receiving Officer further indicated if a detainee is blind or has low vision or has limited reading skills, the intake staff would read the information to the detainee and if a detainee were LEP, the intake staff would utilize the facility language line to establish effective communication. In an interview with the Intake Receiving Officer, it was further indicated staff are required to log the use of the language line in the Interpreter Services Log. The Auditor reviewed the Interpreter Services Log and confirmed the use of the language line during intake. In addition, an interview with the Intake Receiving Officer indicated if a detainee had intellectual, psychiatric, or had other disabilities, the staff would talk to them using appropriate vocabulary that they would understand and if they appeared to be confused or not understand, then staff would seek medical personnel to help with establishing effective communication. A review of 23 detainee files indicated all detainee files contained a signed acknowledgement dated on the day of the detainee's intake to into the facility.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. During the on-site audit, the Auditor observed the TDHDC Detainee Handbook, available in English and Spanish, and the ICE Detainee Handbooks; however, the Auditor did not observe the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview with the Intake Receiving Officer, it was indicated the pamphlet could be accessed on the computer in all 15 languages; however, when the Auditor requested to see the computerized pamphlets, the Intake Receiving Officer was unable to locate the folder in which the pamphlets are maintained. Interviews with 14 Spanish speaking detainees, 2 Chinese speaking detainees, 1 French speaking detainee, and 3 English speaking detainees confirmed they did not see a video during intake. To become compliant the facility must implement a practice to ensure the facility provides meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse in a manner all detainees can understand. Once implemented the facility must submit documentation which confirms all Intake staff have been trained on the implemented procedure. In addition, the facility must submit 10 detainee files, to include if applicable, detainees who do not speak English, Spanish, French, and Chinese.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. CoreCivic Policy 14-2-DHS states, "The facility shall provide specialized training on

sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers, 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 information about effective cross-agency coordination in the investigation process.” Interviews with the facility PSA Compliance Manager/Investigator and QAM/Investigator indicated Investigators are required to receive specialized training prior to conducting administration investigations into sexual abuse allegations. The Auditor reviewed the facility PAQ and confirmed the facility has three Investigators who have received specialized training on sexual abuse and effective cross-agency coordination. The Auditor reviewed training records of all three Investigators and confirmed each Investigator had completed the PREA Specialized Investigators Training through the National Institute of Corrections (NIC) and had received the general PREA training as required by standard §115.31. The Auditor reviewed the NIC training curriculum and confirmed the curriculum contains all elements required by subsection (a) the standard. The Auditor reviewed four sexual abuse allegation investigation files and confirmed the investigations had been completed by a qualified investigator.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency Policy 11062.2 states, “Specialized Training for IHSC Medical and Mental Health Staff. IHSC shall provide specialized training to all IHSC personnel and all full- and part-time medical and mental health staff who work in facilities where IHSC provides medical and mental health care. The training should cover how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault, how to respond effectively and professionally to victims of sexual abuse and assault, and how and to whom to report allegations or suspicions of sexual abuse and assault.” CoreCivic 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 Auditor reviewed the IHSC Sexual Abuse and Assault Prevention and Intervention and confirmed the training includes how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault, how to respond effectively and professionally to victims of sexual abuse and assault, and how and to whom to report allegations or suspicions of sexual abuse and assault. During the on-site audit, the Auditor reviewed training records for five medical and mental health staff and confirmed they had completed the IHSC Sexual Abuse and Assault Prevention and Intervention and had received the general PREA training as required by standard §115.31. Interviews with the PSA Compliance Manager and the AFOD confirmed CoreCivic Policy 14-2-DHS had been reviewed and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Does Not Meet Standard

Notes:

(a)(b)(f)(g): CoreCivic Policy 14-2-DHS states, “All 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. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility.” CoreCivic Policy 14-2-DHS further states, “Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above in section.” In addition, the policy states, “Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees to the detainee's detriment.” At the time of the on-site audit, the facility did not receive any detainees; and therefore, the Auditor requested the Intake Receiving Officer to walk the Auditor through the intake process. According to the Intake Receiving Officer when a detainee arrives at the facility, they are separated within six holding cells based on their ICE classification. The Intake Receiving Officer further indicated Intake staff will obtain information from the detainee to identify those likely to be sexual abuse victims and sexual aggressors and enter the information into the facility electronic system at which time the 12-hour time frame for the intake process begins. In addition, the Intake Receiving Officer indicated the assessment is completed utilizing the CoreCivic Initial Screening Tool located on the case management system. The Intake Receiving Officer further indicated she will enter the detainee's answers to the questions as she asks them, and a detainee would not be disciplined for refusing to answer a question or disclose information. In addition, the Intake Receiving Officer indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee intake packet and approve the detainee's housing assignment. In an interview with a Shift Commander, it was indicated he would review the ICE Custody Classification Worksheet and approve the housing unit assignment; however, the Shift Commander confirmed he would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed the case management system and confirmed appropriate controls are implemented in the offender management system which allows access to the initial risk assessment only to those with a need-to-know. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed and provided a housing assignment during the initial classification process; however, based on interviews with Intake Receiving Officer the Auditor could not confirm the detainee's initial classification and housing assignment are completed within 12 hours of admission to the facility.

(c)(d): CoreCivic Policy 14-2-DHS 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.” CoreCivic 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 Auditor reviewed the “Assessment Type: ICE Initial Screening Tool” and confirmed the tool includes: do you have a physical, mental or developmental disability; the age of the detainee; detainee has a small build or appears to be vulnerable; this is the first time the detainee has been detained; detainee has only non-violent or non-sexual offenses; do you have a current or prior conviction of sexual offense/abuse of against a child or adult; is your orientation or status lesbian, gay, bisexual, transgender, intersex, or gender non-conforming; have you been the victim of sexual abuse or unwelcome sexual activity, was this in the community or while detained; do you feel that you are vulnerable to sexual abuse or assault while detained, or do you fear for your safety; do you have a current or prior conviction of a violent offense against a child or adult; have you received a disciplinary sanction for violence while detained. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed upon intake utilizing the “Assessment Type: ICE Initial Screening Tool” .

(e): CoreCivic Policy 14-2-DHS states, “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.” An interview with the Classification Manager indicated detainees are reassessed within 60 and 90 days from the date of intake into the facility; however, most detainees leave the facility prior to being reassessed. The Auditor reviewed 23 detainee files and confirmed 1 file required a reassessment between 60 and 90 days which was conducted in accordance with subsection (e) of the standard.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. In an interview with the Intake Receiving Officer it was indicated Intake staff will obtain information from the detainee to identify those likely to be sexual abuse victims and sexual aggressors and enter the information into the facility electronic system at which time the 12-hour time frame for the intake process begins; and therefore, the Auditor could not confirm the detainee’s initial classification and housing assignment are completed within 12 hours of admission to the facility. In an interview with the Intake Receiving Officer, it was further indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee intake packet and approve the detainee’s housing assignment. In an interview with a Shift Commander, it was indicated he would review the ICE Custody Classification Worksheet and approve the housing unit assignment; however, the Shift Commander confirmed he would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. To become compliant, the facility must implement a process to ensure the detainee’s initial classification and housing assignment are completed within 12 hours of admission to the facility. In addition, the facility must implement a practice to ensure information gained from the initial risk screening is considered in determining a detainee’s initial housing. Once implemented the facility must submit documentation to confirm all applicable staff, including all Shift Commanders, have received training on both implemented processes. In addition, the facility must provide the Auditor with 10 detainee files to include, if applicable, detainees who according to the initial risk assessment identified to likely be sexual aggressors or sexual abuse victims to confirm the detainee received an initial classification and housing assignment within 12 hours of admission to the facility and the facility utilized the information gained from the initial risk assessment to accordingly house detainees to prevent sexual abuse.

§115.42 - Use of assessment information

Outcome: Does Not Meet Standard

Notes:

(a): CoreCivic Policy 14-2-DHS states, "The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities." In an interview with the Intake Receiving Officer, it was indicated the initial risk assessment is completed utilizing the CoreCivic Initial Screening Tool. The Intake Receiving Officer further indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee's intake packet and approve the detainee's initial housing assignment. In an interview with a Shift Commander, it was indicated Shift Commanders will review the ICE Custody Classification Worksheet and approve the assignment; however, they would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed 23 detainee files and confirmed all detainees had been assessed and provided a housing assignment during the initial classification process; however, the Auditor could not confirm the facility utilized the assessment to inform recreation and other activities, and voluntary work.

(b)(c): CoreCivic Policy 14-2-DHS states, "In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. 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." An interview with the PSA Compliance Manager indicated a transgender or intersex detainee's self-identification is considered when making housing decisions and not based solely on the detainee's genitalia and the facility would consider the detainee's own views of his/her safety at the facility. An interview with the PSA Compliance Manager further indicated a transgender or intersex detainee would be given an opportunity to shower separately as the facility does not have group showers. In addition, an interview with the PSA Compliance Manager indicated medical and mental health would be consulted to determine the effects the assignment would have on the detainee's health and safety. In an interview with the Classification Manager, it was indicated a transgender or intersex detainee would generally not stay at the facility over 90 days; however, an assessment would be completed every six months if a transgender or intersex detainee remained at the facility.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During interviews, the Intake Receiving Officer indicated if a detainee discloses previous victimization of sexual abuse or has previously perpetrated sexual abuse, she is required to call the shift commander and he/she must review the detainee's intake packet and approve the detainee's initial housing assignment. In an interview with a Shift Commander, it was indicated Shift Commanders will review the ICE Custody Classification Worksheet and approve the assignment; however, they would not review the information provided in the computerized Initial Screening Tool to house detainees to prevent sexual abuse. The Auditor reviewed 23 detainee files and could not confirm the facility utilized the assessment to inform recreation and other activities, and voluntary work. To become compliant, the facility must implement a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities and voluntary work. Once implemented the facility must submit

documentation that confirms all applicable staff, including Intake and Classification staff, have been trained on the implemented process. In addition, the facility must provide the Auditor with 10 detainee files to confirm the facility utilized information gained from the initial risk assessment to inform assignment of detainees to housing, recreation and other activities and voluntary work.

§115.43 - Protective custody

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic Policy 14-2-DHS states, “Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody 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.” The Auditor reviewed a memorandum to the file which states, “There have been no instances of a detainee being placed in protective custody/administrative segregation during this accreditation cycle.” Interviews with the facility Warden, PSA Compliance Manager, and QAM indicated administrative segregation and/or protective custody is restricted to those instances where reasonable efforts have been made and as a last resort for housing of a detainee who is vulnerable to sexual abuse. Interviews with the facility Warden, PSA Compliance Manager, and QAM further indicated if a detainee is assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment would be documented to include detailed reasons for the placement and would not exceed 30 days. In addition, interviews with the facility Warden, PSA Compliance Manager, and QAM indicated if a detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, he would be provided access to programming, visitation, counsel, and all other services available to other detainees. During the on-site audit, the Auditor observed the facility administrative segregation unit and confirmed there were no detainees vulnerable to sexual abuse assigned to administrative segregation and/or protective custody. Interviews with the facility Warden, PSA Compliance Manager, and AFOD confirmed CoreCivic policy 14-2-DHS was developed in consultation with the ICE ERO FOD having jurisdiction over the facility.

(c)(d)(e): CoreCivic Policy 14-2-DHS states, “A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, and identical review 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 segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible.” The Auditor reviewed a memorandum to the file which states, “In the event that a detainee was to be placed, the facility shall regular [sic] review of all vulnerable detainees placed in administrative segregation for their protection, as follows: (1) A supervisory staff member shall conduct a review within 72 hours of the

detainee's placement in administrative segregation to determine whether segregation is still warranted; and (2) A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. Additionally, the facility shall notify the ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." Interviews with the facility Warden, PSA Compliance Manager, and QAM indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would require immediate notification to the ICE FOD, would be documented, regular reviews would be conducted as required by CoreCivic policy 14-2-DHS. During the on-site audit the Auditor confirmed through direct observation there were no detainees vulnerable to sexual abuse housed in administrative segregation or protective custody.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS states, "Detainees shall be encouraged to immediately report pressure, threats, or incidents of sexual abuse and assault, 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 ICE Hotline. Reporting will be confidential, and if desired, anonymous. 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: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; Calling the facility twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter (including anonymously), sealed and marked "confidential", to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Forwarding a letter to the CoreCivic FSC PSA Coordinator..." CoreCivic Policy 14-2-DHS further states, "Detainees shall have at least one way to report sexual abuse to a public or private entity or office that is not part of CoreCivic, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request..." During the on-site audit, the Auditor observed posted on the housing unit walls, information on how to contact consular officials, the DRIL, the DHS OIG, Hope Alliance, and a PREA hotline number to anonymously report an allegation of sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to incidents of sexual abuse. In addition, during the on-site audit, utilizing the detainee telephones, the Auditor tested each number provided and confirmed all were in good working order. During the on-site audit the Auditor did not observe any detainees housed in the segregation cells had access to a binder which contained all posters and instructions on how to report an allegation of sexual abuse confidentially and anonymously to the DRIL, DHS OIG, and the Hope Alliance. Interviews with the PSA Compliance Manager, QAM, and five random DOs confirmed their knowledge pertaining to the multiple ways a detainee can report an allegation of sexual abuse including the

requirement to accept reports of sexual abuse made verbally, in writing, anonymously, and through a third party. Interviews with five random DOs indicated they were knowledgeable on the standard's requirement to document all verbal reports of sexual abuse. Interviews with 20 detainees confirmed they were provided information on how to report an allegation of sexual abuse in a manner they could understand and could articulate several ways provided by the facility to anonymously report an allegation of sexual abuse.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic Policy 14-2-DHS states, "Formal Grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator or Administrative Duty Officer. Detainees will 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. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility 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." An interview with the facility QAM/GO indicated a detainee can file a grievance alleging sexual abuse at any time, there are no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. The facility QAM/GO further indicated detainees have multiple ways to file a grievance to include the use of the detainee tablets or placing a grievance in grievance boxes available in the corridors of the facility. In addition, the facility QAM/GO indicated medical staff are the only staff with a key to access the grievance boxes; however, they check the boxes daily. The facility QAM/GO further indicated if a detainee expressed the need for assistance in filing a grievance, she would facilitate the detainee request and ensure he received any assistance needed. In addition, the facility GO indicated, grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, she would inform security and medical staff to ensure immediate action is taken including a medical assessment. The facility QAM/GO further indicated the grievance would be forwarded to the facility Investigator and the PSA Compliance Manager for an investigation and the detainee would be issued a notice to indicate the grievance has been closed and forwarded to an investigator for immediate action. An interview with the PSA Compliance Manager indicated a grievance alleging sexual abuse and the decision would be forwarded to the FOD with the completed investigation report. Interviews with 20 detainees, confirmed they were aware of the process for filing a grievance related to sexual abuse. The Auditor reviewed a sample of a test grievances filed within the tablet system and confirmed the system keeps the detainee informed at all stages of the grievance. During the on-site audit, the Auditor dropped a note in the grievance box which stated, "The Auditor is conducting a test of the grievance system within the facility and the time frame grievances are picked

up. Please inform the Auditor or the Audit team when the grievance is received;” however, at the time of writing this report, the Auditor has not received confirmation the note has been received: and therefore, the Auditor could not confirm grievances are picked up daily from the grievance. The Auditor reviewed four sexual abuse allegation investigation files and confirmed there were no sexual abuse allegations reported through the grievance system.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. On day one of the on-site audit, the Auditor dropped a note in the grievance box which stated, “The Auditor is conducting a test of the grievance system within the facility and the time frame grievances are picked up. Please inform the Auditor or the Audit team when the grievance is received;” however, at the time of writing this report, the Auditor has not received confirmation the note has been received: and therefore, the Auditor could not confirm grievances are picked up daily from the grievance. To become compliant, the facility must implement a process for ensuring the detainee grievances boxes are checked daily to ensure time-sensitive grievances are identified. Once implemented, the facility must submit documentation which confirms all applicable staff, to include medical, have received training on the implemented process. In addition, if applicable, the facility must submit all sexual abuse investigation files where the allegation was reported through the grievance system that occurred during the CAP period.

§115.53 - Detainee access to outside confidential support services

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): CoreCivic 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. Before developing or attempting to enter into an MOU, the facility shall contact the CoreCivic FSC Legal Department. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.” A review of CoreCivic policy 14-2- DHS confirmed the policy includes Hope Alliance and provides a contact address and a 24-hour hotline number. The facility submitted an MOU between Hope Alliance and CoreCivic, executed on April 10, 2018, which is open ended, with the clause either party can terminate the agreement with a 30-day written notice. The Auditor reviewed the MOU and confirmed Hope Alliance would provide confidential emotional support throughout the forensic sexual assault medical examination process and the investigatory interviews. During the on-site audit, utilizing the detainee telephones, the Auditor spoke with a victim advocate who confirmed Hope Alliance would provide detainees with access to victim advocates for crisis intervention and counseling utilizing a sexual assault crisis line. The Auditor reviewed the TDHDC Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from Hope Alliance and are advised the extent to which phone calls would be monitored; however, a review of the

detainee handbook, and on-site observations, could not confirm detainees are informed prior to giving them access to outside resources of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the TDHDC Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from Hope Alliance and are advised the extent to which phone calls would be monitored; however, a review of the detainee handbook, and on-site observations, could not confirm detainees are informed of the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. To become compliant, the facility must submit documentation which confirms prior to giving them access to outside resources the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory laws.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

CoreCivic Policy 14-2-DHS states, “The facility shall establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link. During the on-site audit, the Auditor observed third-party reporting information in the facility visitation area and on the front lobby bulletin board, to include contact information for the DRIL, DHS OIG, and the facility flyer for third party reporting. The Auditor reviewed the CoreCivic website at "www.CoreCivic.ethicspoint.com” and confirmed the website gives the public several ways to make a report of sexual abuse on behalf of a detainee to include sending a letter with a link to the facility’s address, calling the CoreCivic’s Ethics and Compliance Hotline with a number provided, and an email address to report an allegation. A review of the facility website further confirms it provides the DRIL and DHS OIG contact information to report an allegation of sexual abuse. The Auditor clicked on the email address provided and confirmed a form popped up with the option to remain anonymous when reporting an allegation of sexual abuse. In addition, the Auditor submitted a “mock” report and immediately received an email with instructions on how to log in to check the reports status and a response to the "mock" report within 24 hours.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties

Outcome: Meets Standard

Notes:

(a)(b)(c): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the

allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” CoreCivic Policy 14-2-DHS states, “Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in section L. Coordinated Response/Sexual Abuse Response Team (SART), and section M. Response Procedures. The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” CoreCivic Policy 14-2-DHS further states, “Employees are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic management authority. Employees who fail to report allegations may be subject to disciplinary action. Apart from reporting to designated supervisors or officials, employees 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. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked “Confidential”, to the Facility Administrator.” In addition, CoreCivic Policy 14-2-DHS states, “Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Hotline at www.CoreCivic.ethicspoint.com. Interviews with five random DOs confirmed they were knowledgeable on how to report an allegation of sexual abuse including utilizing the same reporting options available to detainees or reporting outside the chain of command to the CoreCivic “ethics line.” Interviews with five random DOs further indicated they were aware information regarding an allegation of sexual abuse is to remain confidential and could not be shared with others unless there was a need-to-know to protect the detainee or prevent further victimization of other detainees or staff in the facility. Interviews with the facility Warden and AFOD confirmed CoreCivic policy 14-2-DHS has been reviewed and approved by the Agency.

(d): ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” CoreCivic policy 14-2-DHS states, “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.” Interviews with facility Warden and the AFOD, indicated they were aware of the reporting procedures to include 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 Texas Adult Protection Service under applicable mandatory reporting law; and to document the efforts taken. The facility does not house juveniles or family units.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties

Outcome: Meets Standard

Notes:

CoreCivic 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.” Interviews with the PSA Compliance Manager, QAM, and five random DOs confirmed if they became aware a detainee is at substantial risk of sexual abuse, they would immediately separate the detainee from the threat and notify a supervisor. An interview with the facility Warden confirmed staff are required to take immediate action to protect detainee victims of sexual abuse. A review of four sexual abuse allegation investigation files confirmed once staff became aware of an imminent threat of sexual abuse the alleged detainee victim was immediately removed from the imminent danger.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic 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 Facility Administrator of the facility that received the allegation shall contact the 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.” An interview with the facility Warden indicated if she receives an allegation of sexual abuse from another facility administrator indicating an alleged sexual abuse had occurred at TDHDC she would immediately refer the allegation to a facility Investigator for investigation and notify the FOD. An interview with the facility Warden further indicated if a detainee reported an allegation of sexual abuse which occurred at another facility, she would notify via telephone the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and would follow up with an email for documentation. The Auditor reviewed four sexual abuse allegation investigation files and confirmed

two of the allegations were reported at another facility. A review of the two sexual abuse allegation investigation files reported at another facility confirmed the receiving facility notified TDHDC of the allegation of sexual abuse, the facility Warden referred the allegations to an Investigator, and reported the allegations to the FOD.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic 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.” CoreCivic Policy 14-2-DHS further states, “If the 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 perpetrator 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.” The Auditor interviewed five random DOs and two non-security first responders and confirmed all staff interviewed were knowledgeable regarding their duties as first responders.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic 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.” The Auditor reviewed the facility coordinated response plan, confirmed the plan coordinates the action taken by the first responders, medical and mental health practitioners, investigators, and the facility leadership in response to an incident of sexual abuse. Interviews with the facility Warden, PSA Compliance Manager, and QAM indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the PSA Compliance Manager, medical and mental health staff, security staff, and a facility Investigator.

(c)(d): CoreCivic Policy Change Notice 14-2-DHS states, “If a victim of sexual abuse is transferred from this facility to another DHS Immigration Detention Facility or to a DHS Holding Facility, 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 section M.10.c. above, the sending facility will, 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.” However, a review of the PREA Coordinated Response Plan confirmed the plan does not include the requirements of subsection (c) of the standard which states, “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” or subsection (d) of the standard which states, “If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” The Auditor reviewed a memorandum to the file which states, “TDHDC has had no instances in which a victim of sexual abuse or assault was transferred to another DHS PREA accredited facility” and “TDHDC has had no instances in which a victim of sexual abuse or assault was transferred to a non-DHS PREA accredited facility. If a detainee victim of sexual abuse or assault was transferred to a non-DHS PREA accredited facility, the Facility Administrator 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” which was further confirmed in an interview with the facility Warden. Upon review of the memorandum to file the Auditor accepts the facility is aware of the requirements of subsections (c) and (d) of the standard; and therefore, finds the facility in substantial compliance with subsections (c) and (d) of the standard.

Recommendation (c) and (d): The Auditor recommends the facility update the coordinated response plan to include the verbiage, “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, 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” and “if a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise;” to ensure staff are aware of the standard’s requirements.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

CoreCivic 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.” CoreCivic Policy 14-2-DHS further states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Interviews with the facility Warden and PSA Compliance Officer indicated staff and contractors suspected of perpetrating sexual abuse would be removed from all contact with detainees until the outcome of the investigation. An interview with the HRM confirmed if a staff member is suspected of sexually abusing a detainee, they would immediately be placed on administrative leave and subject to termination if the investigation was substantiated. An interview with the HRM further confirmed if a contractor or volunteer was suspected of sexually abusing a detainee, they would be immediately escorted off the facility grounds, until the conclusion of the investigation and if substantiated, the contractor’s contract would be terminated. The Auditor reviewed one sexual abuse allegation investigation file which included staff-on-detainee and confirmed the staff member had been removed from all detainee contact pending the outcome of the investigation.

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.” CoreCivic 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. For at least ninety (90) days following a report of sexual abuse, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews, or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need. The PSA Compliance Manager shall ensure that thirty/sixty/ninety (30/60/90) day retaliation monitoring is conducted by the designated staff, following a report of sexual abuse, to protect against potential retaliation against detainees or employees. This shall include periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D DHS PREA Retaliation Monitoring Report (30/60/90) form.” The Auditor reviewed the “PREA Retaliation Monitoring Report (30/60/90)” and confirmed staff monitoring retaliation are required to monitor detainee disciplinary reports, housing, and program changes. In addition, the review of the “PREA Retaliation Monitoring Report (30/60/90)” confirmed monitoring of staff will include the review of any reassignments or negative performance reviews. In an interview with the QAM, it was indicated she is responsible for retaliation

monitoring of detainee victims of sexual abuse and detainees who witness the incident or cooperate in the investigation. In an interview with the QAM it was further indicated monitoring would consist of meeting with the detainee, reviewing disciplinary reports, detainee housing, and any programming changes which may have occurred. In addition, in an interview with the QAM it was indicated, staff would be monitored every 30 days for up to 90 days or longer if needed to include meeting with the staff person and reviewing any negative reviews or reassignments that may have occurred as a result of reporting an allegation of sexual abuse or cooperating in a sexual abuse allegation investigation. An interview with the facility Warden, indicated if she became aware of a detainee or a staff member being subjected to retaliation due to reporting an allegation of sexual abuse or cooperating in a sexual abuse allegation investigation, she would ensure an investigation was conducted and the staff or detainee responsible for the retaliation would be disciplined. The Auditor reviewed four sexual abuse allegation investigation files and confirmed two of the files contained a 14-2 DHS PREA Retaliation Monitoring Report confirming the detainee victim had been monitored from the time the incident was reported until the detainee had been released from the facility and two sexual abuse allegations were reported by detainees who were not housed at the facility; and therefore, monitoring was not required.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic 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.” CoreCivic Policy 14-2 DHS further states, “Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault.” The Auditor reviewed a memorandum to the file which states, “There have been no instances of a detainee being placed in segregated housing to from sexual abuse during the accreditation cycle. In the event, a detainee was placed in segregated housing for this reason: the detainee would not be held longer than 5 days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee (b) the detainee victim would be reassessed before returning to general population (c) the facility would notify the ICE Field Office Director if a detainee was held in administrative segregation for 72 hours. In an interview with the facility Warden, it was indicated if a detainee reported an incident of sexual abuse, he would immediately notify the FOD. An interview with the facility Warden further indicated the detainee victim of sexual abuse would be placed in the least restrictive housing and subject to all the review requirements of standard 115.43. In addition, in an interview with the facility Warden it was indicated the facility has the ability to separate a detainee victim of sexual abuse from the alleged perpetrator without the use of protective custody; and therefore, administrative protective custody would only be used as a last resort, or at the request of the detainee, until alternative arrangements could be made; however, should placement in protective custody be necessary it would not exceed five days. In an interview with the

Classification Manager and QAM it was indicated if a detainee who reported sexual abuse was placed in protective custody, a reassessment would be conducted, prior to returning the detainee to general population. Through observations made during the on-site audit the Auditor confirmed there were no detainee victims of sexual abuse housed in protective custody. The Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the detainee victims had not been placed into protective custody as a result of being a victim of sexual abuse.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): CoreCivic Policy 14-2-DHS states, “The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators.” CoreCivic Policy 14-2-DHS further states, “Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate.” Interviews with the facility PSA Compliance Manager/Investigator and the QAM/Investigator indicated all allegations of sexual abuse are immediately reported to the JIC, ICE OPR, the ICE FOD or designee, and if the allegation involved criminal behavior the facility would notify either the TPD or the WCSO who would respond to the facility. Interviews with the facility PSA Compliance Manager/Investigator and the QAM/Investigator further indicated the facility would remain in constant contact with the investigating agency and would begin an administrative investigation as soon as the investigating agency indicates they could proceed. In addition, interviews with the facility PSA Compliance Manager/Investigator and the QAM/Investigator indicated an administrative investigation would be prompt, thorough, and objective and would be completed regardless of the victim or the abuser (staff or detainee) leaving the facility. The Auditor reviewed three training certificates and confirmed each Investigator was qualified completing specialized training in sexual abuse and effective cross-agency coordination. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all investigations had been completed promptly, thoroughly, objectively, and continued after the detainee victim and perpetrator had been released from the facility.

(c): CoreCivic Policy 14-2-DHS states, “Administrative investigations will include: 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.” CoreCivic Policy 14-2-DHS further states, “Discussions with ICE and local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation.” Interviews with the PSA Compliance Manager/Investigator and QAM/Investigator indicated when investigating an allegation of sexual abuse all elements of subsection (c) would be followed. The Auditor reviewed four sexual abuse allegation investigation files and confirmed each file contained an investigative report that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse, and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” 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.” Interviews with the PSA Compliance Manager/Investigator and QAM/Investigator indicated the facility will not impose a standard higher than a preponderance of evidence when determining whether allegations of sexual abuse are substantiated. The Auditor reviewed four sexual abuse allegation investigation files and confirmed the outcome of all investigations were not based on a standard higher than a preponderance of evidence.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

CoreCivic Policy 14-2-DHS states, “Following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. 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 Detainee Allegation Status Notification shall be filed in the detainee's file.” Interviews with the PSA Compliance Manager/Investigator and QAM/Investigator indicated notification is made to each detainee victim of

an alleged sexual abuse to include any responsive action taken on the case. The Auditor submitted a Notification to Detainee of PREA Investigation Results form to the ERAU TL for confirmation of the notifications and confirmed one detainee victim had been released prior to the outcome of the investigation, one notification was mailed to the detainee victim, and one is pending notification.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic Policy 14-2-DHS states, "Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. The facility shall also report all such incidents of Substantiated abuse, removals, or resignations in lieu of removal to the ICE Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known." A review of the facility policy indicates it does not include that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, termination is greater than removal from Federal Service; and therefore, the Auditor finds the facility to be substantial compliance with subsections (a) and (b) of the standard. The Auditor reviewed a memorandum to the file which states, "There have been no allegations of sexual abuse or assault by staff member during the accreditation cycle. Therefore, no law enforcement agencies nor licensing body involvement or notification was necessary." Interviews with the facility Warden and the HRM indicated if there was an allegation of sexual abuse alleged against a staff member, the staff member would be, placed on administrative leave, removed from the facility, and would not have detainee contact until the outcome of the investigation. Interviews with the facility Warden and the HRM further indicated all terminations and resignations in lieu of termination would be reported to law enforcement and any licensing bodies. Interviews with five random DOs confirmed they were aware termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse, or should they violate any of the Agency's or facility's sexual abuse rules and policies. A review of four sexual abuse allegation investigation files confirmed one of the files included staff-on-detainee; however, the outcome was determined to be unsubstantiated; and therefore, did not require termination, resignation, or other disciplinary actions to be taken by the facility. An interview with the AFOD confirmed CoreCivic Policy 14-2-DHS has been reviewed and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse 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 report such incidents to the ICE Field Office Director/designee regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known.” The Auditor reviewed a memorandum to the file which states, “There have been no sexual abuse policy violations by a contractor or volunteer during the accreditation cycle. Therefore, no licensing body notification was necessary. There have been no contractors or volunteer suspected of perpetrating sexual abuse during the accreditation cycle. Therefore, there has been no need to remove a contractor or volunteer from detainee contact.” Interviews with the facility Warden and HRM indicated a contractor or volunteer suspected of engaging in sexual abuse would be prohibited from contact with detainees and would be removed from the facility pending an investigation into the allegation of sexual abuse. Interviews with the facility Warden and the HRM further indicated if an allegation of sexual abuse is substantiated, the incident would be reported to the contractor’s and volunteer’s employer, law enforcement, and any licensing bodies. The Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the allegations of sexual abuse involved a contractor or a volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic 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 or assault. 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. 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. 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. A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. Detainees who deliberately allege false claims of sexual abuse can be disciplined. 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. The Facility Administrator or designee may contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.” Interviews with PSA Compliance Manager and facility Disciplinary Officer indicated the facility has a disciplinary process in place and all sanctions are commensurate with the severity of the act committed. Interviews with PSA Compliance Manager and facility Disciplinary Officer further indicated the facility disciplinary process has progressive levels of reviews and appeals and considers whether a detainee’s mental disabilities or mental illness contributed to his behavior. In addition, interviews with the facility PSA Compliance Manager and facility Disciplinary Officer indicated a detainee would not be disciplined for sexual contact with a staff member unless there is a finding the staff member did not consent to the contact and the facility would not discipline a detainee for falsely reporting an incident or lying if he made a report of sexual abuse in good faith based on a reasonable belief the alleged conduct had occurred. The Auditor reviewed three detainee-on-detainee sexual abuse allegation investigation files and confirmed there were no substantiated allegations; and therefore, no discipline had been imposed.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS states, “If screening 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.” An interview with an Intake Receiving Officer indicated each detainee is assessed for risk of victimization and abusiveness; however, she could not articulate the circumstances which would require an immediate referral to a qualified medical or mental health practitioner for a follow-up as medical staff would complete all referrals. An interview with the HSA indicated medical staff would see a detainee within 12 hours of intake for a medical assessment which includes their own PREA assessment, and if indicated, the detainee will receive a follow-up health evaluation within two days of the initial assessment. An interview with the HSA further indicated if a detainee indicates they have experienced prior sexual victimization or have perpetrated sexual abuse, medical staff will make a referral to mental health through the medical electronic system. A review of the medical PREA initial risk assessment confirmed the PREA risk assessment included all elements required by subsection (c) and (d) of standard 115.41; and therefore, the Auditor finds the facility in substantial compliance with subsection (a) of the standard. Interviews with the HSA and a mental health CSW indicated when a referral is received for a medical assessment, the detainee will receive a health evaluation no later than two working days from the date of assessment and if a referral is received for a mental health evaluation the detainee would receive a mental health evaluation no later than 72 hours after the referral is received. However, the CSW indicated they are usually seen the same day. The Auditor reviewed 20 detainee files and confirmed two detainees had reported previous sexual abuse. The Auditor reviewed the mental health files and confirmed

both detainees had been referred and were seen by mental health staff the same day as the referral.

Recommendation (a): The Auditor recommends the Intake staff completing the CoreCivic Initial Screening Tool take on the requirement to immediately refer any detainee who has experienced prior sexual abuse or perpetrated sexual abuse to medical and mental health for a medical and/or mental health follow-up as appropriate as required by the standard.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic 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.” An interview with the facility Warden and the HSA indicated, if needed, a detainee victim of sexual abuse would be immediately transported to Baylor Scott and White Health Center, located in Taylor, Texas, for emergency medical treatment and a SANE exam. An interview with the HSA indicated a detainee victim of sexual abuse would have unimpeded access to emergency medical treatment and crisis intervention services, free of charge, to include emergency contraceptives and sexually transmitted infections prophylaxis, according to professionally accepted standards of care. An interview with the HSA further indicated a detainee victim of sexual abuse does not need to name the abuser or cooperate with an investigation to receive the required care and all detainee victims would be offered tests for sexually transmitted infections at no cost to the detainee regardless of the detainee naming his abuser or cooperating with an investigation. The Auditor reviewed four sexual abuse allegation investigation files and confirmed two detainee victims who reported an allegation of sexual abuse were immediately taken to medical and seen by medical and mental health staff at the time the allegation was reported; however, did not require a SANE Exam and two detainees reported the allegation at another facility.

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): CoreCivic 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.” CoreCivic Policy 14-2-DHS further states, “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 Auditor reviewed a memorandum to the file which states, “There are no known cases, and therefore no record, to demonstrate a file for the above standard at IHSC T. Don Hutto Detention Center for the time period of April 29, 2023, to September 12, 2023.” An Interview with the HSA indicated a detainee victim of sexual abuse would be offered a medical and mental health evaluation and if needed, the evaluation and treatment would include follow-up services, treatment plans, and referrals for continued care. If a sexual assault were to occur at the facility, the detainee victim would be transported to the Baylor Scott and White Health Center for a SANE Exam. In an interview with a victim advocate from Hope Alliance, the Auditor confirmed a victim advocate would be provided for emotional support, counseling, and crisis intervention. An interview with a victim advocate from Hope Alliance further confirmed the Advocate would provide emotional support during any court hearings and investigative interviews. The Auditor reviewed four sexual abuse allegation investigation files and confirmed two detainee victims who reported an allegation of sexual abuse were immediately taken to medical and seen by medical and mental health staff at the time the allegation was reported; however, did not require a SANE Exam and two detainees reported the allegation at another facility.

(g): CoreCivic Policy 14-2 DHS states, “The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” The Auditor reviewed a memorandum to the file which states, “There are no known cases, and therefore no record, to demonstrate a file for the above standard at IHSC T. Don Hutto Detention Center for the time period of April 29, 2023, to September 12, 2023.” An interview with a mental health CSW indicated all known detainee-on-detainee abusers would be offered services within 60 days of learning of the abusive behavior. The Auditor reviewed four sexual abuse allegation investigation files and confirmed there were no substantiated sexual abuse allegations during the reporting period.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS states, “The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be Unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. 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. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of all sexual [sic] 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 results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office.” Interviews with the facility Warden and PSA Compliance Manager indicated the facility review team would conduct a sexual abuse incident review at the conclusion of every administrative investigation regardless of the outcome the investigation. Interviews with the facility Warden and PSA Compliance Manager further indicated the review team consists of upper-level management officials, medical and mental health practitioners, investigators and security line staff supervisors and the facility would complete an incident review report utilizing the “ICE Sexual Abuse or Assault Incident Review Form” which includes the facility to consider if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. In addition, interviews with the facility Warden and PSA Compliance Manager indicated the review team will review the incident within 30 days of the conclusion of the investigation and will make recommendations for a change in policy or practice to assist with preventing, detecting, or responding to a sexual abuse and if the facility did not implement the recommendations the reasons for not implementing the recommendations would be documented on the incident review form. The Auditor reviewed four sexual abuse allegation investigation files and confirmed a sexual abuse incident review had been completed within 30 days of the conclusion of the investigation. In addition, the Auditor reviewed the facility “2022 Negative Report;” however, could not confirm the report had been forwarded to the facility Warden, the FOD, or the Agency PSA Coordinator as required by subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2022 Negative Report and could not confirm the report had been forwarded to the facility Warden, the FOD, or the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must submit documentation to confirm the 2022 Negative Annual Report has been submitted to the facility Warden, the FOD, and the Agency PSA Coordinator.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

CoreCivic 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 Administrator shall maintain files, chronologically and in a secure location, regarding incidents of sexual abuse and assault, which include the following minimum information: The victim(s) and assailant(s) of a sexual assault; The date, time, location, and nature of the incident; The demographic background of the victim and the perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming); Detailed reporting timeline, including the names of the individual who reported the incident and received the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command; Any injuries sustained by the victim; All formal and/or informal action taken, including all post-report follow-up response taken by the facility (e.g. housing placement/custody classification, medical examination, mental health counseling, etc.); All reports; Medical forms or other relevant medical information; Supporting memos and videotapes, if any; Any sanctions imposed on the perpetrator; and Any other evidentiary materials pertaining to the allegation.” An interview with the PSA Compliance Manager, and the Auditor direct observations, confirmed all sexual abuse allegation investigation files are maintained in the PSA Compliance Manager’s Office under lock and key.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audit

Outcome: Meets Standard

Notes:

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

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.

Robin Bruck 12/26/2023
Auditor's Signature & Date

(b) (6), (b) (7)(C) 12/26/2023
Program Manager's Signature & Date

(b) (6), (b) (7)(C) 12/26/2023
Assistant Program Manager's Signature & Date