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Office of Professional Responsibility
Inspections and Detention Oversight
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Phoenix Field Office
Central Arizona Detention Center
Florence, Arizona

March 13 – 15, 2012

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**COMPLIANCE INSPECTION
CENTRAL ARIZONA DETENTION FACILITY
PHOENIX FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Central Arizona Detention Center (CADC) in Florence, Arizona, from March 13-15, 2012. CADC opened in 1994 and is owned and operated by Correctional Corporation of America (CCA), a private facility management company headquartered in Nashville, TN. In 2002, the Office of Enforcement and Removal Operations (ERO), Phoenix Field Office began using CADC to house female U.S. Immigration and Customs Enforcement (ICE) detainees under an intergovernmental service agreement (IGSA) with CCA that is administered by the United States Marshals Service. In July 2010, female detainees were removed from CADC and placed in other detention facilities. Currently, CADC is an over 72 hour facility that houses only male detainees of security classification Level One (minimum threat) and Level Two (medium threat). CADC is comprised of nine housing units located on approximately 73 acres of land. Eight of the housing units are used for U.S. Marshals and Bureau of Indian Affairs inmates, and one unit is designated for ICE male detainees. CADC has an average daily inmate/detainee population of 3,555 that includes 78 ICE male detainees. The maximum number of beds available for ICE male detainees is 78. CADC is accredited by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), and the Arizona State Commission on Jail Standards.

CADC employs a staff of more than (b)(7)(e) which includes correctional, security, health care, and support personnel. The Warden is the highest ranking CADC official, and is responsible for oversight of daily operations. CADC has (b)(7)(e) supervisory staff. Non-supervisory staff consists of (b)(7)(e) Corrections Officers and (b)(7)(e) civilian employees. ICE does not have personnel located on-site, but an Assistant Field Office Director (AFOD), a Supervisory Detention and Deportation Officer (SDDO), and (b)(7)(e) Immigration Enforcement Agents (IEA) located across the street at the Florence Service Processing Center (FPC) oversee daily operations at CADC.

Healthcare is provided by Corrections Corporation of America (CCA). Contracted medical staff consists of a Health Services Administrator (HSA), an administrative support position, (b)(7)(e) full-time Physicians, (b)(7)(e) Dentist, (b)(7)(e) mid-level providers, (b)(7)(e) Registered Nurses (RN), (b)(7)(e) Licensed Practical Nurses (LPN), (b)(7)(e) Medical Assistants, (b)(7)(e) Mental Health Specialists, a full-time Radiology Technician, and a part-time Radiology Technician. At the time of the review, one mid-level provider, (b)(7)(e) RN, (b)(7)(e) supervisory RN, and (b)(7)(e) LPN positions were vacant. An RN is on-duty 24 hours a day, seven days a week. These positions are supplemented by contracts for a psychiatrist and a nurse practitioner, as well as pharmacy and laboratory services. The facility has a contract with Florence Community Hospital in Florence, Arizona for in-patient and out-patient services. ODO determined staffing is sufficient to meet detainee health needs. Food service operations are managed under contract by Canteen Services, Inc.

In November 2009, ODO conducted a Quality Assurance Review (QAR) at CADC using the National Detention Standards (NDS). ODO cited 22 deficiencies in 14 of the 22 NDS inspected. In November 2010, ODO performed a Follow-up Inspection and identified two (4%) repeated deficiencies in the Access to Legal Material and Key and Lock Control standards.

The former ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the ICE Performance Based National Detention Standards (PBNDS) at CADC during 2011. MGT rated the facility overall as "Meets Standards," and found CADC to be in compliance with all detention standards reviewed.

During this CI, ODO reviewed 16 PBNDS. ODO verified CADC was in full compliance with eight of the 16 PBNDS reviewed. ODO recorded 13 deficiencies in the following eight standards: Detention Files (2 deficiencies), Emergency Plans (2), Environmental Health and Safety (1), Food Service (2), Grievance System (2), Key Lock and Control (1), Medical Care (1), and Sexual Abuse and Assault Prevention and Intervention (2).

This report details all deficiencies and refers to specific, relevant sections of the ICE PBNDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 13 identified deficiencies.

Overall, ODO found CADC to be well-managed and in compliance with the areas and standards inspected. A majority of the 13 deficiencies identified were administrative in nature, such as paperwork, logs, and postings, rather than shortcomings with respect to practices and procedures.

ODO verified CADC uses copies of detention files, while ERO stores the actual detention files at the ICE office. ERO did not maintain copies of I-77 baggage claims in the active detention files. In addition, ERO maintains a detention file logbook, but the logbook did not include the signature of the person removing the file or the signature of the person returning the file.

Review of CADC emergency plans confirmed they do not include procedures for rendering emergency assistance to another ICE facility and do not include a statement prohibiting unauthorized disclosure of information contained in the plans.

ODO observed caustic substances received and stored in the outside warehouse were not logged when received by the inside warehouse. Specifically, there was no inventory form documenting eight five-gallon containers of caustic substances, four of which were corrosive. This deficiency was corrected on-site during this inspection.

ODO inspected the two dry food storage areas and verified items met the six-inch clearance from the floor, but were stacked against and touching the walls. Storage of items away from floors and walls helps prevent pest infestation and promotes proper air circulation. Detainee requests for religious diets are forwarded to the Chaplain for verification and approval. The Chaplain issues new lists of approved detainees twice a month rather than as soon as practicable, or within ten business days as required by the standard.

CADC has a policy and procedure in place requiring staff to respond to emergency grievances, including medical grievances, within 24 hours, but CADC does not have a policy directing that all medical grievances be received by the health authority within 24 hours or the next business day. This deficiency was corrected on-site.

ODO verified there had been only one grievance reported within the three months prior to the CI at CADC. The detainee filed a grievance to appeal charges brought against him. CADC staff had reprimanded the detainee twice for covering the window in his cell. At the time of the second warning, the detainee threw books while CADC staff was present. The detainee was written up for attempted assault on CADC staff. The detainee was subsequently charged with a lesser infraction, but the grievance and its resolution were not placed in the detainee's detention file as required by the PBNDS.

CADC has written policy governing control of keys and locks, which is delegated to a CADC Security Officer, who is a trained locksmith. Keys are issued from the control center using a photo chit system. While inspecting the lock shop, ODO found there was not an inventory listing the locks and locking devices stored in the shop. This deficiency was corrected on-site.

ODO verified detainees held for more than a year receive an annual Tuberculosis (TB) screening; however, facility policy on health appraisals does not require detainees in custody for more than a year to receive an annual physical examination (PE). Facility policy also does not require the examinations to occur more frequently for certain individuals depending on their medical history or health conditions as required by the standard.

CADC has policy and procedures in place related to Sexual Abuse and Assault Prevention and Intervention. There were no incidents or allegations in the 12 months prior to the CI. CADC staff undergoes annual training; however, the training did not address prohibitions on retaliation against detainees and staff that report sexual abuse, guidelines regarding the investigation process, or instructions on procedures to ensure that evidence of a sexual assault is not destroyed. CADC presents an orientation video and provides facility handbooks to detainees in addition to the ICE National Detainee Handbook, but the orientation video and the facility handbook did not include definitions or examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, or coercive sexual activity. The orientation video and facility handbook also did not contain information about how to report sexual abuse or assault, the investigation process, prohibition against retaliation, self-protection, treatment, or counseling. CADC corrected these issues on-site. A copy of the revised handbook was provided to ODO for verification.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE PBNDS as applicable. The PBNDS apply to CADC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at CADC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at CADC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those PBNDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Phoenix
ODO, Phoenix
ODO, Phoenix
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the CADC Warden, CADC Chief of Security, an ICE AFOD, an ICE SDDO, and an ICE IEA. During the interviews, all personnel stated the working relationship between CADC and ERO is excellent and morale is high.

The Warden and the AFOD stated sufficient personnel are assigned to handle the current ICE detainee population at CADC, and ERO officers consistently visit the housing units and communicate with ICE detainees to address issues or concerns multiple times each week.

The AFOD stated the length of stay for ICE detainees at CADC could be shortened by adding additional U.S. Citizenship and Immigration Services (USCIS) Asylum Officers to assist with the case work at CADC.

DETAINEE RELATIONS

ODO interviewed six randomly selected ICE detainees to assess the overall living and detention conditions at CADC. Three of six detainees (50%) complained about recreation, stating they do not always get recreation and if they do, it is at 7:00 a.m. ODO determined recreation is scheduled early in the morning because detainees share four recreation yards with approximately 3,600 U.S. Marshals Service inmates. ERO personnel assigned to CADC are aware of this, and are working with CADC staff to accommodate detainees. ODO received no complaints concerning food service, the grievance process, issuance and replenishment of hygiene supplies, law libraries and legal material, sending and receiving mail, medical care, religious services, or visitation.

ICE PERFORMANCE BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 PBNDS and found CADC fully compliant with the following eight standards:

- Admission and Release
- Classification System
- Law Libraries and Legal Material
- Special Management Units
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Use of Force and Restraints

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following eight standards:

- Detention Files
- Emergency Plans
- Environmental Health and Safety
- Food Service
- Grievance System
- Key and Lock Control
- Medical Care
- Sexual Abuse and Assault Prevention and Intervention

Findings for each of these standards are presented in the remainder of this report.

DETENTION FILES (DF)

ODO reviewed the Detention Files Standard at CADC to determine if files are created containing all significant information pertaining to detainees housed at the facility for over 24 hours, in accordance with the PBNDS. ODO reviewed five active and five inactive detention files to ascertain whether all required documentation was included.

Although CADC keeps copies of detention files, ICE ERO, located at FPC, maintains the actual detention files. All five inactive detention files (copies) contained the minimum documents required. All five active detention files reviewed did not contain I-77 baggage claims (**Deficiency DF-1**).

While reviewing the Grievance System standard at CADC, ODO reviewed the detention file of a detainee who had filed a grievance. This was the only grievance filed at CADC within the three months prior to the CI. The detention file did not contain a copy of the grievance or its resolution (**Deficiency DF-2**).

ICE ERO keeps a check-in/check-out log for detention files, but the log does not include the signature of the person removing the file, including title and department; and the signature of the person returning the file (**Deficiency DF-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE PBNDS, Detention Files, section (V)(B)(1), the FOD must ensure the detainee Detention File shall contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the Detention File may include copies of material contained in the detainee's A-File. The file shall, at a minimum, contain: I-77, Baggage Check(s).

DEFICIENCY DF-2

In accordance with the ICE PBNDS, Detention Files, section (V)(B)(2), the FOD must ensure the detainee Detention File shall contain either originals or copies of forms and other documents generated during the admissions process. The detainee's Detention File shall also contain documents generated during the detainee's time in the facility.

DEFICIENCY DF-3

In accordance with the ICE PBNDS, Detention Files, section (V)(F)(3), the FOD must ensure a representative of the department requesting the file is responsible for obtaining the file, logging it out, and ensuring its return. At a minimum, a logbook entry recording the file's removal from the cabinet shall include:

- Signature of person removing the file, including title and department;
- Date and time returned; and
- Signature of person returning the file.

EMERGENCY PLANS (EP)

ODO reviewed the Emergency Plans PBNDS at CADC to determine if a contingency plan has been developed to quickly and effectively respond to any emergency situations and minimize their severity. ODO interviewed staff, reviewed emergency plans, and inspected command post equipment.

The facility has designated staff members responsible for developing and implementing emergency contingency plans. Individual, contingency-specific plans have been compiled and are reviewed annually by the CADC administration. All staff receives training in emergency preparedness. Memoranda of Understanding are current with outside agencies in the event assistance is needed. Monthly unannounced drills take place on each shift and facility-wide drills are conducted on a quarterly basis, to include activating the Command Center. A full-scale exercise involving outside agencies is held on an annual basis.

ODO reviewed facility emergency plans and confirmed they did not include procedures for rendering emergency assistance to another ICE facility (**Deficiency EP-1**). The plans also lack a statement prohibiting unauthorized disclosure of information in the plans (**Deficiency EP-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EP-1

In accordance with the ICE PBNDS, Emergency Plans, section (V)(C)(1)(a), the FOD must ensure each plan shall include procedures for rendering assistance to another ICE/DRO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff.

DEFICIENCY EP-2

In accordance with the ICE PBNDS, Emergency Plans, section (V)(C)(3), the FOD must ensure every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure. Staff may not discuss any aspect of a plan within the hearing of a detainee, visitor, or anyone else not permitted access to the plan.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety PBNDS at CADC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, generator testing, and fire drills.

Inspection confirmed hazardous substances are strictly controlled. Material Safety Data Sheets, a master index of chemicals, and documentation of review were available and complete. Monthly fire drills are conducted on each shift and documentation is on file. CADC has a comprehensive fire prevention, control and evacuation plan meeting all requirements of the standard. Pest control invoices and documentation of water and generator testing and maintenance are current. Barbering services are conducted in a designated area, and hair care sanitation regulations are posted. Sanitation is maintained at a high level throughout the facility.

ODO observed caustic substances received and accounted for in the outside warehouse are not logged when received by the inside warehouse. Specifically, there was no inventory form documenting two five-gallon containers of Rinse Free Strip; two five-gallon containers of One on One; two five-gallon containers of Laundry Break detergent, and two five-gallon containers of chlorine bleach. All are caustic substances. The detergent and bleach are corrosive (**Deficiency EH&S-1**). This deficiency was corrected during the review.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE PBNDS, Environmental Health and Safety, section (VI)(C), the FOD must ensure every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities, and quantities on hand.

FOOD SERVICE (FS)

ODO reviewed the Food Service PBNDS at CADC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO interviewed staff, inspected storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

The CADC food service operation is provided under contract by Canteen Services, Inc. Meals are prepared in the main kitchen and transported to one of several satellite serving lines. ODO verified food service personnel received medical clearance to work in food service. Menus have been certified as nutritionally complete by a registered dietician. ODO inspection of the food service area verified compliance with food temperatures, temperatures of coolers and freezers, and control of utensils. No knives are being used in the food service operation.

Sanitation levels in food preparation, dishwashing, the serving line area, and the kitchen are good. ODO observed the feeding of the noon meal on the second day of the inspection. A random tray was chosen from the serving line and sampled. The food items were consistent with the menu for that meal and met temperature requirements.

Detainee requests for religious diets are forwarded to the Chaplain for verification and approval. The Chaplain issues new lists of approved detainees twice a month rather than as soon as practicable, or within ten business days as required by the standard (**Deficiency FS-1**).

ODO inspected the dry storage areas and verified items met the six inch clearance from the floor, but were stacked against and touching the walls (**Deficiency FS-2**). Storage of items away from floors and walls helps prevent pest infestation and promotes proper air circulation.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE PBNDS, Food Service, section (V)(G)(1), the FOD must ensure the Chaplain and the FSA shall collectively verify the requirement and issue specific written instructions for the implementation of the diet as soon as practicable but within 10 business days of verification.

DEFICIENCY FS-2

In accordance with the ICE PBNDS, Food Service, section (V)(K)(3)(d), the FOD must store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at CADC to determine if a process to submit formal or emergency grievances exists, and if responses are provided in a timely manner without fear of reprisal. In addition, ODO reviewed the grievance logbook to determine if detainees have an opportunity to appeal responses and if accurate records are maintained in accordance with the ICE PBNDS. ODO interviewed staff and reviewed local policies and procedures, the detainee handbook, detention files, and grievance logs.

CADC has a policy and procedure in place requiring staff to respond to emergency grievances, including medical grievances, within 24 hours. CADC does not have a policy requiring that all medical grievances be received by the health authority within 24 hours or the next business day (**Deficiency GS-1**). This deficiency was corrected on-site.

Both ICE ERO and CADC maintain grievance logs. ODO verified that there had been only one grievance reported within the three months prior to the CI at CADC. In that case, the detainee filed a grievance to appeal charges brought against him. CADC staff had reprimanded the detainee twice for covering the window in his cell. At the time of the second warning, the detainee threw books while CADC staff was present. The detainee was written up for attempted assault on CADC staff. The detainee was subsequently charged with a lesser infraction, but the grievance and its resolution were not placed in the detention file as required by the PBNDS. (**Deficiency GS-2**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE PBNDS, Grievance System, section (V)(A), the FOD must ensure each facility shall have written policy and procedures for a detainee grievance system that ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day.

DEFICIENCY GS-2

In accordance with the ICE PBNDS, Grievance System, section (V)(E), the FOD must ensure a copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control PBNDS at CADC to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained. ODO interviewed the Security Officer and other staff, inspected emergency keys, reviewed policy and documentation, and observed use, accountability, and maintenance of keys and locks throughout the facility and in the locksmith shop.

CADC has a comprehensive written policy governing the control of keys and locks. Responsibility for the key control program is assigned to a designated full-time Security Officer at CADC, who is a trained locksmith. All staff is trained and accountable for key control. Keys are issued from the control center using a photo chit system. During the inspection, ODO noted there was not an inventory listing the locks and locking devices stored in the lock shop (**Deficiency K&LC-1**). This deficiency was corrected on-site during the inspection.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE PBNDS, Key and Lock Control, section (V)(C)(1), the FOD must ensure the Security Officer shall maintain inventories of all keys, locks and locking devices in the Lock Shop.

MEDICAL CARE (MC)

ODO reviewed the Medical Care PBNDS at CADC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO toured the clinic, reviewed policies and procedures, interviewed staff, reviewed 25 medical records, and verified medical staff credentials.

ODO verified that intake screening, TB testing, medication, treatment for special and chronic care needs, and follow-up care are provided to the detainees. Review of 25 health records confirmed that a consent form is signed, and detainees are screened for TB by way of a tuberculin skin test upon arrival. The facility has four negative pressure rooms to accommodate detainees with airborne illnesses. Detainees access care by submitting written medical requests available in English and Spanish. Requests are placed in secure "Medical Request" boxes located within the housing units. Nursing staff collect and triage the sick call slips to determine priority for care. Sick call is conducted five days per week on the day and evening shifts. If necessary, sick call is also conducted on the weekends. ODO verified cardio-pulmonary resuscitation training is current for all medical staff and (b)(7)(c) custodial staff.

A physical examination (PE) is conducted by a physician or a physician's assistant (PA). ODO verified through medical record review that a PE was completed within the 14-day time frame for all 25 detainees reviewed, and Immigration Health Services Corp Performance Improvement criteria were met. Detainees with mental health needs are evaluated and treated by the psychiatrist on an as needed basis, or at least every three months. Detainees with chronic care needs are seen for follow-up every three months. At the time of the CI, five of 78 detainees housed at CADC had chronic care needs. ODO verified medications for chronic conditions have been ordered and documented on medication administration records. Though annual TB screening is performed, CADC policy on health appraisals does not require that detainees in custody for more than a year receive an annual PE on a recurring basis. CADC policy also does not require that examinations occur more frequently for certain individuals depending on their medical history or health conditions (**Deficiency MC-1**).

ODO verified medical transfer summaries were included in all five records reviewed related to detainees discharged or transferred from CADC.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE PBNDS, Medical Care, section (V)(L), the FOD must ensure a detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history or health conditions.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention Standard at the CADC to determine if the facility personnel affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault, in accordance with the PBNDS. ODO interviewed staff and reviewed local policies and procedures as well as reviewed the facility detainee handbook.

CADC has a policy and procedure in place related to Sexual Abuse and Assault Prevention and Intervention. There were no incidents or allegations in the 12 months prior to the CI. As required by the PBNDS, CADC staff undergoes annual refresher training; however, training did not address prohibitions on retaliation against detainees and staff who report sexual abuse, guidelines on the investigation process, or instructions on how to ensure that evidence of sexual assault is not destroyed (**Deficiency SAAPI-1**).

CADC presents an orientation video and provides facility handbooks to detainees in addition to the ICE National Detainee Handbook, but the orientation video and the facility handbook did not include definitions or examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, or coercive sexual activity, nor did they contain information about how to report sexual abuse or assault, the investigation process, prohibition against retaliation, self-protection, treatment, or counseling (**Deficiency SAAPI-2**). CADC corrected these issues on-site. A copy of the revised handbook was provided to ODO for verification.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SAAPI-1

In accordance with the ICE PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(F), the FOD must ensure training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for employees, volunteers, and contract personnel and shall also be included in annual refresher training thereafter.

Training shall include:

- Agency prohibitions on retaliation against detainees and staff who report sexual abuse;
- The investigation process and how to ensure that evidence is not destroyed.

DEFICIENCY SAAPI-2

In accordance with the ICE PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(G), the FOD must ensure the orientation program required by the Detention Standard on Admission and Release, and the detainee handbook required by the Detention Standard on Detainee Handbook, notify and inform detainees about the facility's Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse; staff-on-detainee sexual abuse, and coercive sexual activity;
- Explanation of the ways of reporting sexual abuse or assault, and the investigation process;
- Self-protection;
- Prohibition against retaliation;
- Treatment and counseling.