

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	6/28/2022	To:	6/30/2022
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AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-730-(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 number:	772-579-(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:	New Orleans
Field Office Director:	(A)FOD (b) (6), (b) (7)(C)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras Street, Suite 350 New Orleans, LA 70113
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Adams County Detention Center
Physical address:	20 Hobo Fork Road Natchez, MS 39121
Mailing address: (if different from above)	P.O. Box 850 Washington, MS 39190
Telephone number:	601-304-2500
Facility type:	D-IGSA
PREA Incorporation Date:	8/31/2019

Facility Leadership

Name of Officer in Charge:	Shawn Gillis	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	229-315-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Chief of Unit Management
Email address:	(b) (6), (b) (7)(C)	Telephone number:	601-660-(b) (6), (b) (7)(C)

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Form Key:	29
Revision Date:	02/24/2020
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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 Adams County Detention Center (ACDC) was conducted on June 28-30, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager'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 for the audit period of August 31, 2019, through July 30, 2022. This is the first DHS PREA audit for ACDC. The ACDC is privately owned and operated by CoreCivic and operates under contract with the DHS/ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation with the special mission of Asylum Screening. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the ACDC are from Nicaragua, Venezuela, and Cuba. The facility does not house juveniles or family detainees. The facility is located in Natchez, Mississippi.

On June 28, 2022, an entrance briefing was held in the ACDC staffing conference room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C), opened the briefing via telephone and then turned it over to the Auditor. In attendance were:

CoreCivic Staff

Shawn R. Gillis, Warden

(b) (6), (b) (7)(C) Assistant Warden

(b) (6), (b) (7)(C) Chief of Security

(b) (6), (b) (7)(C) Assistant Chief of Security

(b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager

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

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

ICE Staff

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD)- via telephone

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

Creative Corrections

Thomas Eisenschmidt - Certified PREA Auditor

The Auditor introduced himself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance with those present. Approximately four weeks prior to the audit, ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's PAQ, agency and facility policies, and other pertinent documents through ERAU's SharePoint site. The main policy that provides facility direction for PREA is 14-2-DHS, Sexual Abuse and Assault Prevention and Intervention (SAAPI). All documentation, policies, and the PAQ was reviewed by the Auditor. A tentative daily schedule was provided by the Lead Auditor for the interviews with staff and detainees. The Auditor also reviewed the facility's website, <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. 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 knowledge of staff at all levels. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

On the first day of the audit, there were 1074 male detainees housed at the ACDC. The facility is located at 20 Hobo Fork Road Natchez, MS 39121. The current rated capacity for the facility is 2100 detainees. The population is satellite fed on their respective living units. The detainee in-processing area consists of three hold rooms, with 2 having a capacity of 5 detainees and the remainder with a capacity of 29 detainees. The three rooms have toilets, sitting areas and telephones. The two small rooms also have showers for detainee use. Detainees held in the large room are allowed, when needed or requested, to utilize the two showers in the intake area. Posters are provided in each of the three rooms, consisting of the consulate contact information, the Rape Crisis Center (RCC) contact information, DHS-prescribed ICE Sexual Abuse Awareness information pamphlet and the DHS ICE Zero Tolerance for Sexual Abuse poster with phone and other contact information. The detainees remain in this area until they are individually classified and receive a risk assessment and then are placed in their general population housing. ACDC housing designation for males and female's changes based on apprehension levels. At the time of the site visit there were no female detainees at ACDC. The facility has 4 celled housing units, which includes the 120 detainee Special Housing Unit in Z unit. The B and C units have three double celled wings, and the S unit has two double celled wings. Each of these general population wings can maintain 120 detainees each. There are two other wings in the Z unit besides the SHU. There is a 60 single celled wing for asylum detainees and a 120 detainee double celled general population wing as well. Besides these celled housing areas, the facility has three dormitory style housing units (B-E-P). E dorm is currently not being utilized as housing and serves as the property room, storage area and detainee orientation area. The D

and P dormitories each have 3 wings with an ability to house 140 general population detainees in each wing. During the site visit, the Auditor observed signage requiring opposite gender staff to announce themselves prior to entering the living areas. The Auditor also observed female staff announcing themselves prior to entering male detainee living areas during the tour. (b) (7)(E) The Auditor reviewed each camera assigned to areas that monitored ICE detainees and found no privacy concerns.

ACDC maintains a staff complement of 195 employees, to include security and non-security personnel for the entire facility. According to the PAQ and the interview with the PSA Compliance Manager there are 104 CoreCivic security staff, 52 Administrative/Support/Program staff, 30 Medical Staff, 4 Mental Health Staff, and 5 contractors. Volunteers have not been at the facility for over two years.

At the conclusion of the tour, the Auditor was provided with staff and detainee rosters and randomly selected personnel from each to participate in formal interviews. A total of 28 staff were interviewed, including 12 random staff (line-staff and first-line supervisors) and 16 specialized staff positions. Those specialized interviews included the Warden, PSA Compliance Manager, HRM, Learning and Development Manager (LDM), Retaliation Monitor, Incident Review Team member, Intake staff (2), Classification Manager, Facility Investigator, Grievance Coordinator, AFOD, Food Service (2), Health Services Administrator (HSA), and Mental Health staff. A total of 30 random detainees were interviewed. All 30 detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA), provided by Creative Corrections. There were no transgender or intersex detainees available for interview at the time of the site visit. The Auditor interviewed four detainees who declared prior victimization, and two who had identified as gay or bisexual.

There were four allegations, each detainee-on-detainee, of sexual abuse reported at ACDC for the audit period. Of these four allegations, two were unsubstantiated and two were unfounded at the conclusion of the investigation. There were no allegations against staff reported during the audit period.

On June 30, 2022, an exit briefing was held in the ACDC visiting room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C) opened the briefing (via telephone) and then turned it over to the Auditor. In attendance were:

CoreCivic Staff

Shawn R. Gillis, Warden

(b) (6), (b) (7)(C) Assistant Warden

(b) (6), (b) (7)(C) Chief of Security

(b) (6), (b) (7)(C) Assistant Chief of Security

(b) (6), (b) (7)(C) PSA Compliance Manager

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

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

(b) (6), (b) (7)(C) Human Resource Manager

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

(b) (6), (b) (7)(C) Regional PSA Compliance Manager

ICE Staff

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD)- via telephone

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

Creative Corrections

Thomas Eisenschmidt, Certified PREA Auditor

The Auditor spoke briefly about the staff and detainee knowledge of the ACDC PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that he would need to discuss his findings and review interviews conducted (staff and detainee) prior to making a final determination on compliance. The Auditor acknowledges how impressive the detainee orientation process was. The Auditor explained the audit report process time frames and thanked all present for their cooperation.

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: 4

§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.31 Staff training
§115.33 Detainee education
§115.35 Specialized training: Medical and Mental Health Care

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 36

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.17 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
§115.32 Other training
§115.34 Specialized training: Investigations
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff 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
§115.71 Criminal and Administrative Investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection

Number of Standards Not Met: 0

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 (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(c) The Auditor determined compliance with this subpart of the standard based on review of the 2021 14-2-DHS policy mandating, "zero-tolerance towards all forms of sexual abuse." The written policy documents ACDC's approach to establishing their zero-tolerance of all forms of sexual abuse/assault. The policy details their hiring practices and establishes training requirements for employees, contractors, volunteers, and detainees. The policy provides definitions of prohibited behavior, the means to report it, and consequences for violations. The Warden confirmed that this policy was reviewed and approved by the agency and provided the Auditor with documentation of the policy review by the AFOD. The informal and formal interviews with staff and detainees indicated they were aware of the facility's policy on sexual abuse.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "The facility shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point-of-contact for the local ICE field office and ICE PSA Coordinator." The PSA Compliance Manager was questioned about her duties, and she confirmed she has sufficient time and authority to effectively complete her duties as the PSA Compliance Manager. She also indicated she is the point of contact for the agency's PREA Coordinator. A review of the facility organizational chart confirmed her position as a direct report to the Assistant Warden.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that states, "Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. 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." According to the Warden and each shift supervisor interviewed, the staffing at ACDC is based on direct supervision and supported by the 208 cameras. Generally stated, if there are detainees in an area there is a staff member present. The Auditor was provided the most recent staffing review (March 30, 2021) documenting the subpart (c) requirements were reviewed. There were no recommendations for changes to the 14-2-DHS policy or operations in this review. The Auditor was also provided and reviewed the facility supervision guidelines which are also reviewed annually, based on interview with the Warden and PSA Compliance Manager. ACDC has 2 shifts, 12-hours each, and during the 3-day site visit the Auditor observed adequate detainee supervision. The Auditor also reviewed the four incident reviews conducted for each of the sexual abuse allegations during the audit period. Staffing was not an issue in any of the cases.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "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." Supervisors from each shift were interviewed and confirmed documented rounds are made on their shift of every area detainees have access. These rounds are made at random times and random locations. The Auditor randomly reviewed logbooks in these areas and found supervisor signatures on each of the shifts daily indicating that PREA rounds are being made. Twelve random security staff were interviewed during the site visit. Each of them confirmed their knowledge of the policy restriction prohibiting them from alerting other staff that supervisors were making rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

ACDC does not accept juveniles or family detainees. This was confirmed in the PAQ and with interviews conducted with the Warden, PSA Compliance Manager, and personal observations while onsite.

§115.15 - Limits to cross-gender viewing and searches.

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

Notes:

(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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." All 12 of the random security staff (5 females and 7 males) interviewed were aware of the restrictions and requirements of the standard and 14-2-DHS policy on cross-gender searches and the requirement to document it if performed. The PAQ and documentation provided to the Auditor by the PSA Compliance Manager indicated that cross-gender pat-down searches were not conducted at ACDC during the audit period.

(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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. 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. 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." Interviews with the Warden, PSA Compliance Manager, and the review of the PAQ confirmed ACDC had no instances of cross-gender strip searches or body cavity searches conducted during the audit period.

(g) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "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. 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." During the tour of the facility, the Auditor observed signage, at the entrance of each of the living areas, reminding staff to make cross-gender announcements prior to entering. Staff was also observed during the site visit announcing themselves prior to entering cross-gender areas. The random male detainee interviews confirmed that female staff announce themselves prior to entering into their housing unit. The review of the camera system and observations during the site visit revealed no privacy concerns with the shower or toilet areas.

(h) This subsection is non-applicable. ACDC is not a Family Residential Facility.

(i)(j) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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. The gender of the staff member searching a transgender or intersex detainee will depend on the specific needs of the individual detainee and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the detainee. 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." The Auditor was provided and reviewed the search training curriculum for security staff at ACDC, that addressed the policy and standard requirements. The random male and female security staff interviews detailed the search training they received to include techniques for conducting cross-gender, transgender, and intersex searches in a professional and respectful manner, and in the least intrusive manner as possible. These staff also confirmed during interviews, that the searching of any detainee to determine their genital status is prohibited and that they are to conduct all detainee searches in a professional and respectful manner. The Auditor reviewed four security staff training files and found completed search training documentation in each of the files. At the time of the audit, there were no transgender or intersex detainees present at ACDC to interview. The Auditor did interview two detainees who identified as gay/bisexual and who indicated they felt they were never singled out for any searches. Interviews with each of the 30 detainees interviewed confirmed that if searched they are conducted in a professional and respectful manner.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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. 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 time the Auditor was present at the facility, there were no detainees going through the intake process. The process was explained by the PSA Compliance Manager, the intake Lieutenant and two intake staff. Each detainee arriving at ACDC is provided the ACDC Facility Handbook in Spanish and English, and the DHS-prescribed Sexual Abuse and Assault Awareness information pamphlet (SAA), and the ICE National Detainee Handbook in a language of their understanding when available in one of the translated languages. The DHS-prescribed SAA information pamphlet is available in nine languages (English and Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The intake staff interviewed attested that when they encounter a detainee who is hearing impaired, information and direction is provided through written materials or use of one of the ACDC text telephones (TTY). These staff further stated that if during the intake process, they encounter a detainee with limited sight or blindness, the detainee would receive the information orally through a staff member or the audio portion of the orientation video. The Auditor was also informed that if intake staff encountered a detainee with low intellect, mental health concerns, or limited reading skills, staff would assess the detainee to determine their specific needs and then provide information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee’s limitation. The intake staff also indicated that they deal with LEP detainees on a daily basis and utilize their contracted interpretive language service to assist them with interviews if a staff interpreter is not available. The staff was questioned about providing information to those LEP detainees speaking a language not covered by either the ICE National Detainee Handbook or the SAA information pamphlet languages. All indicated that information is provided on topics regarding the Americans with Disabilities Act, ICE Detainee Communication, DHS OIG (Office of Inspector General) Hotline, PREA Information, RCC, ICE SAAP, facility schedules, and Detainee Phone Pin Instructions during the orientation program. On Monday, Wednesday, and Friday of every week, two Classification Staff and seven counselors provide an extensive orientation program for every detainee arriving at ACDC regardless of what language they understand. The detainees are separated by language and provided this extensive facility and sexual safety orientation through an interpreter. Then each detainee is brought back separately and allowed to ask questions of staff through the interpreter. This orientation is documented and acknowledged by signature of the detainee. This process is the same for detainees speaking English. The Auditor interviewed 30 detainees, and each confirmed this process and confirmed that they received the provided information. The review of 10 detainee files confirmed the signed acknowledgement. The Auditor feels the facility exceeds the standard requirements with this process.

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, “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.” Formal and informal interviews with staff confirmed knowledge of the 14-2-DHS policy restrictions. As noted earlier in the report, ACDC had four allegations of sexual abuse. In each of the four incidents an interpreter was utilized during the investigation.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS, Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive that collectively require, to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with detainees, 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. Policy 14-2-DHS further requires, “all applicants and employees 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. 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.” The 14-2-DHS policy and standard subpart (b) require, “all new hires, staff awaiting promotions, and all facility staff on an annual basis to complete and submit a self-declaration form indicating he/she has not engaged in any prohibited conduct. The individual will respond directly to questions about previous misconduct, as required per the standard and, as verification of the employee’s fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct.” 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. The HRM at ACDC confirmed during her interview that ACDC would provide information on substantiated allegations of sexual abuse involving former employees upon employer requests from an institution where the employee has sought new employment. The former employee would be required to sign a release of information document. She also informed the Auditor that ACDC as well as ICE would request information from prior institutions where the prospective candidate was previously employed during the background portion of his/her pre-employee check. She confirmed, with the Auditor, that if the potential candidate notes any employment on his/her application, each former employer would be contacted about his/her employment history. She further stated that during the thorough ICE background check, his/her entire employment record would be scrutinized. She further stated that the 14-2-DHS policy the facility may terminate employment and withdraw any offer of employment based on material omissions regarding such misconduct, or the provision of providing materially false information. She also stated that as a condition of employment, each employee has a continuing affirmative duty to disclose to either her or their supervisor any behavior outlined in subpart (a). As noted throughout the report, 12 random staff were interviewed and each was aware of this duty to report. The Auditor also reviewed 10 employee files and found ICE approvals to hire the staff member as well as a signed self-declaration that the employee has not engaged in behavior outlined in subpart (a) of the standard and as required by policy to comply with their duty to report. The 14-2HH-DHS Self-Declaration of Sexual Abuse form serves as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. One of the 10 files reviewed was a current promotion. The Auditor noted a current disclosure form was present in this individual's file as well.

(c)(d) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "Before hiring new employees who may have contact with detainees, each CoreCivic facility shall: Require a criminal records background check. CoreCivic shall further ensure that a criminal record check is completed before enlisting the services of any contractor who may have contact with detainees, CoreCivic shall ensure that criminal background records checks are completed at least every five (5) years for current employees and contractors who may have contact with detainees." The HRM interview confirmed ICE completes background checks for all staff and contractors prior to hiring them and then again, every five years. Review of documentation provided by ICE's PSO confirmed that the 10 employees (7 facility staff and 3 ICE staff) randomly selected for review had background checks performed prior to hiring. This documentation also confirmed the due dates for the five-year background rechecks. The Auditor determined the provided background check information was compliant with the standard requirement.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a) This standard subpart is not applicable as the facility Warden and PAQ confirmed that ACDC has not expanded or modified the existing facility within the audit period.

(b) The Auditor determined compliance with this subpart of the standard based on the interview with the Warden and the PSA Compliance Manager. Both indicated that additional cameras were added during the audit period and the placement of the new cameras was based on enhancing the facility's ability to protect detainees from sexual abuse.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "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 Warden, PSA and ACDC Investigator stated the policy and procedures for conducting investigation at the ACDC facility are outlined in policy 14-2-DHS as approved by ICE. Interviews with the Warden, PSA Compliance Manager and the Facility Investigator confirmed the investigation policies and practices are outlined in policy 14-2-DHS that was approved by ICE. The Facility Investigator interview confirmed he utilizes evidence collection techniques that maximize evidence collection and that he was trained on to properly conduct administrative investigations. The agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, 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 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 OIG, OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.

As noted earlier, there were four allegations of sexual abuse reported at ACDC for the audit period. Of the four reported investigations, all were detainee-on-detainee. Of these, two were unsubstantiated and two were unfounded at the conclusion of the

investigation. The Auditor reviewed all four of these allegation investigative files and determined that uniform evidence procedures, to include ensuring detainees do not destroy useable evidence, were followed during the administrative investigations.

(b)(d) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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 ACDC has a written MOU with the RCC. The MOU was entered in March of 2015, with no sunset date, to provide detainee victims of sexual abuse access to a victim advocate for emotional support services during the examination and any law enforcement interviews. During the investigative file review, the Auditor found notations that indicated detainees were informed of the victim advocate services on the day of the allegation.

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "The investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners." The Auditor reviewed the MOU between ACDC and the Merit Health in Natchez, Mississippi. The MOU was entered into January 2019, with no sunset date. The HSA confirmed ACDC utilizes Merit Health Natchez for all detainees requiring a forensic examination. She also confirmed this hospital provides forensic examinations, by a SAFE or SANE practitioner, for victims of sexual abuse at no cost to the detainee. She also stated the facility had no forensic examinations during the audit period, which was further confirmed during the investigative file review.

(e) The Auditor determined compliance with this subpart of the standard based on review of the MOU with the Adams County Sheriff's Office (ACSO) and interview with the PSA Compliance Manager. The MOU requires ACDC to report all criminal allegations of sexual abuse to the ACSO. The MOU requires ACSO comply with all subparts of standard 115.21. The MOU was entered on November 2020, with no sunset date. The Auditor reviewed four investigative files during the site visit. In each of these four investigative files, the Auditor found documentation that the incident was reported to the ACSO.

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

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

Notes:

(a)(b)(d)(e) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse. Retention of such reports [sexual abuse allegation investigations] for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years. Coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation. All allegations of sexual abuse or assault shall be immediately and effectively reported to ICE/Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the allegation as a significant incident and refer the allegation for investigation. 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. 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 [JIC], 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." According to information provided to the Auditor, all allegations are to be reported to the JIC, where the allegation will be assessed to determine if it falls within the PREA purview. The PREA allegations are referred to OIG or OPR. DHS OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused by DHS OIG, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Investigative Inquiry Unit (AIU) for action, and the agency would assign an administrative investigation to be completed. There were four allegations of sexual abuse reported during the audit period. All were detainee-on-detainee allegations and the file review noted that the ACSO was notified and declined to conduct a criminal investigation. The ACDC trained investigator conducted an administrative investigation on each of the four allegations. At the conclusion of the investigations, two were determined unsubstantiated and two were determined unfounded.

(c) The Auditor determined compliance with this subpart based on the protocols for ICE investigations and CoreCivic investigations being found on their respective web pages: (<http://www.ICE.gov/prea>) and (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>).

(f) The Auditor based compliance on these subparts of the standard after review of policy 14-2-DHS that requires, "Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. 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." The interviews with the Warden and PSA Compliance Manager confirmed that the AFOD and SDDO are both notified of every allegation of sexual abuse occurring at ACDC and the AFOD is the responsible party to make the notification to JIC. The Auditor interviewed the AFOD who confirmed once notified of a sexual abuse allegation occurring at ACDC, he is responsible for making all the ICE notifications including to the JIC. He also stated he was notified of each of the four allegations that occurred during the audit period and advised the Auditor that he failed to notify the JIC on the two allegations that occurred in 2020, although the facility had properly notified him. The investigative file reviews confirmed that notification was made to JIC of the two recent allegations.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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 training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: 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; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, (LGBTI) or gender nonconforming detainees; instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and or assault." During the site visit, the Auditor interviewed the LDM, reviewed the SAAPI training curriculum, and reviewed 10 training records. The LDM confirmed all ACDC staff completed SAAPI training in 2021 and signed the 14-2A-DHS Policy Acknowledgement form serving as verification of the employee's review and understanding of this training and the agency's zero tolerance policy. As noted earlier, 12 random security staff and 1 ICE staff were interviewed by the Auditor. All confirmed they had received PREA pre-service training and receive annual refresher training. Their interviews detailed the training content that addressed the requirements outlined in subpart (a) of the standard. The 10 staff training file reviews found completed 14-2A-DHS documents in each file. The Auditor also reviewed 3 PALM training certificates for ICE staff. The Auditor feels the facility exceeds the standard, as the standard requires refresher training every two years and the facility documentation and interviews confirmed the PREA refresher training is completed annually.

§115.32 - Other training.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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. Civilians/contractors/volunteers who have contact with detainees on a recurring basis shall be provided a copy of this policy prior to admission to the facility to begin their assignment or task. 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 LDM confirmed contractors receive the same SAAPI curriculum all ACDC staff received. The PAQ lists the Trinity Services Group as a contractor. These five staff provided food service at ACDC on a recurring basis. The Auditor interviewed two of these staff and reviewed their training records and found the signed 14-2A-DHS Policy Acknowledgement form. ACDC currently has no volunteers, or contractors as defined under subpart (d) of the standard.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "During the intake process, all detainees shall be notified of the facility's zero tolerance policy on sexual abuse and assault through the orientation program and detainee handbook. Detainees will be provided with information (orally and in writing) about the facility's SAAPI Program. Such information shall include, at a minimum: the facility's zero-tolerance policy for all forms of sexual abuse or assault; the name of the facility PSA Compliance Manager, and information about how to contact him/her; 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." As noted in standard 115.16 during the time the Auditor was present at ACDC there were no detainees going through the intake process. The process was explained by the PSA Compliance Manager, the intake Lieutenant and two intake staff. Each detainee arriving at ACDC is provided the ACDC Facility Handbook in Spanish and English, the DHS-prescribed SAA information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed SAA information pamphlet is available in nine languages (English and Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). Should ACDC encounter a detainee, on intake, speaking a language not covered by these documents, the contracted language line service is utilized. The intake staff indicated that each detainee is provided the subpart (a) requirements upon arrival. The intake staff that were interviewed also attested that when they encounter a detainee who was hearing impaired information and direction is provided through written materials or use of one of the ACDC TTY. These staff further stated that if during the intake process, they encounter a detainee with limited sight or blind, the detainee would receive the information orally through a staff member or the audio portion of the orientation video. The Auditor was also informed that if intake staff encountered a detainee with low intellect, mental health concerns, or limited reading skills the detainee then staff would assess the detainee to determine their specific needs and then provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee's limitation. The intake staff also indicated that they deal with LEP detainees daily and utilize their contracted interpretive language service to assist them with interviews if a staff interpreter is not available. The staff was questioned about providing information to those LEP detainees speaking a language not covered by either the ICE National Handbook or the SAA information pamphlet languages. All staff interviewed indicated that information is provided on topics regarding the Americans with Disabilities Act, ICE Detainee Communication, DHS/OIG Hotline, PREA Information, RCC, ICE SAAP, facility schedules, and Detainee Phone Pin Instructions during the orientation program. On Monday, Wednesday, and Friday of every week two Classification Staff and seven counselors provide an extensive orientation program for every detainee arriving at ACDC regardless of what language they understand. This orientation program includes education on the SAAP program and includes the zero-tolerance and elements 1-6 of provision (a). The detainees are separated by language and provided this extensive facility and sexual safety orientation through an interpreter. Then each detainee is brought back separately and allowed to ask questions of staff through the interpreter. This additional orientation is documented and acknowledged by signature of the detainee. According to the PSA Compliance it allows for detainees that may have questions or concern after being at the facility to voice them and also allow detainees who on the first day are overwhelmed with paperwork and the entire experience the opportunity to go over the sexual safety program again. This process is the same for detainees speaking English. The Auditor interviewed 30 detainees, and each confirmed this process and confirmed that they received the provided information. The review of 10 detainee files confirmed the signed acknowledgement. The Auditor feels the facility exceeds the standard requirements with this process.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "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 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)." The Auditor observed posted notices to include contact information for the RCC during the tour of ACDC. The Auditor also observed the DHS ICE Zero Tolerance for Sexual Abuse poster (DHS-prescribed sexual abuse and assault awareness notice as referenced in ACDC policy above) posted with the name of the PSA Compliance Manager and a copy of the SAA information pamphlet. The majority of the 30 random detainee interviews confirmed their knowledge of these posters and the required services available to them.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "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." The Auditor reviewed the investigator's specialized training certificate as well as the training curriculum provided by CoreCivic. The curriculum addressed the policy and training subpart (a) requirements. 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 Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP, LGBTI, and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained

investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements. The Auditor's review of the four investigative case files found they were conducted by the trained ACDC Investigator.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) These subparts of the standard do not apply to ACDC as the facility medical department is operated by CoreCivic employees and not DHS or agency employees.

(c) The Auditor determined compliance with this subpart of the standard based on policy 14-2-DHS that requires, "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: 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 interview with the HSA confirmed that ACDC medical staff is prohibited from providing any forensic services to detainee victims of sexual assault. She stated her staff only stabilize the alleged victim for transport to the outside hospital. She also noted that the ACDC medical and mental health staff are all current with the specialized training and receive it annually. The Auditor randomly chose two medical training records and noted the specialized training received. The Auditor believed the facility exceeds the standard as the standard does not require this specialized training annually and ACDC provides it annually. This Policy, 14-2-DHS, was approved by the AFOD.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e) The Auditor determined compliance on these subparts of the standard after a review of Policy 14-2-DHS that requires, "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. 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. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." The risk assessment, which is part of the classification process, is performed by the medical staff on form 14-2B-DHS at ACDC. The 14-2B-DHS form was reviewed and found to comply with the subparts (c) and (d) requirements of this standard. The Classification Manager confirmed detainees are kept separate from general population during the intake process until the entire classification process is completed. Ten random detention files were reviewed during the onsite visit. The Auditor observed completed risk assessments conducted utilizing this form on the day of the detainee's arrival. The interview with the 30 random detainees confirmed their classification and risk assessments were completed within their first couple hours after arriving at the ACDC. All the random detainees confirmed that they remained in the intake processing area until they were classified. Of the 10 detention files reviewed, one file was reviewed of a detainee held at ACDC beyond 90 days and the Auditor found a reassessment completed between the 60-90 days, as required by standard and policy. The four investigative case files reviewed confirmed a vulnerability reassessment was completed on each of the detainee alleged victims.

(f) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked about whether the detainee has a mental, physical, or developmental disability; identifies as LGBTI or gender non-conforming; experienced prior sexual victimization or has any concerns about [their] physical safety." The HSA and the PSA Compliance Manager confirmed detainees are not disciplined for refusing to answer any of the questions asked from the 14-2B-DHS form, Sexual Abuse Screening Tool.

(g) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The PSA Compliance Manager, HSA, and the Classification Manager informed the Auditor that completed 14-2B-DHS forms are maintained in the detainee's central file under double lock and restricted key.

§115.42 - Use of assessment information.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after a review of Policy 14-2-DHS that requires, "The facility shall use the information from the 14-2B-DHS, DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing, recreation, work program, and other activities." The Auditor was informed by the Classification Manager that detainee assignments are made for work and housing based on each individual detainee's risk assessment and classification. She stated the completed vulnerability assessment is combined with the classification information on every detainee so that their bed, recreation, and voluntary work assignment is individually made to ensure that any PREA classification, whether it indicates the potential for being at risk of victimization or the potential of being sexual abusive be noted, to provide the correct placement. As noted earlier, 10 detainee detention files were reviewed, and the auditor observed the initial assessment and classification documents that demonstrated individualized determinations being conducted to ensure his/her safety.

(b)(c) The Auditor determined compliance with these subparts of the standard after a review of Policy 14-2-DHS that requires, "In deciding whether to house a transgender or intersex detainee in a male housing unit/area or female housing unit/area, 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 an assessment of the effect of placement and shall consider on a case-by-case basis whether such a placement would ensure the detainee's health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions on transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. 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." There were no transgender or intersex detainees present at ACDC during the site visit or during the audit period. The HSA and Mental Health practitioner were questioned specifically about the intake process for transgender and intersex detainees. They both stated that in any situation with the arrival of transgender or intersex detainees, the individual would be seen and evaluated by their respective departments prior to any housing decisions being made. They stated that facility safety and security considerations, as well as the concerns of the detainee, would be considered before placement. The Warden, PSA Compliance Manager, and Classification Manager stated that any transgender or intersex detainee would be reassessed every six months and would be allowed to shower separately from other detainees during count times, if necessary, or at times convenient to facility operations.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after a review of policy 14-2-DHS that requires, "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 (FOD) 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. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the reason." According to the Warden, the use of segregation, for vulnerable detainees, has not been used during the audit period and would not be the typical response to any vulnerable detainee. He indicated that his immediate response in dealing with protecting a vulnerable detainee situation would include moving the vulnerable detainee to another one of ACDC's housing units, utilizing one of the facility medical beds, or discussing the situation with the AFOD to expedite the transfer of the detainee to another facility more suitable for the detainee's safety. At the time of the site visit, there were no detainees at ACDC who alleged sexual abuse for the Auditor to interview. The four detainees that alleged prior victimization, according to their interviews, were never placed in segregation and never viewed themselves as vulnerable or had safety concerns.

(d)(e) The Auditor determined compliance with these subparts of the standard after a review of policy 14-2-DHS that requires, "If involuntary segregated housing is warranted then the facility will take the following actions: 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, an identical review after the detainee has spent seven days in Administrative Segregation and every week thereafter for the first thirty (30) days and every ten (10) days thereafter." The Warden stated that utilizing administrative segregation for the placement of a vulnerable detainee would entail the supervisory review process as required by policy and the standard. He also stated he would make the placement notification to the FOD within 72 hours as well.

§115.51 - Detainee reporting.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of policy 14-2-DHS that requires, "Detainees who are victims of sexual abuse have the option to 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's twenty-four (24) hour toll-free notification telephone

number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Contacting the respective consular office; and/or Forwarding a letter to the Facility Support Center (FSC) PREA Coordinator at 10 Burton Hills Boulevard, Nashville, TN 37215. Detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees may anonymously report any pressure, threat, or instance of sexual violence/misconduct directly to the DHS OIG at 1-800-323-8603." Detainees arriving at ACDC receive reporting information through the ACDC Facility Handbook, ICE National Detainee Handbook, the DHS-prescribed Sexual Abuse and Assault Awareness information pamphlet and posted signs throughout the facility. Information on reporting is provided as noted in standards 115.16 and 115.33 of this report upon arrival and in great detail on Monday, Wednesday, and Friday of each week. The 30 random detainees interviewed all confirmed their knowledge of how to report allegations of sexual abuse. The 10 detention files reviewed demonstrated signed copies of receipt of these materials.

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 14-2-DHS that requires, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse will be reported to the Facility Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental." As noted earlier there were four allegations of sexual abuse reported at ACDC during the audit period. The Auditor reviewed all of these allegations and found the allegations were made in the following manner: three were reported to security staff and one through a third party. The third-party reporting was through a mailing to ICE. The file reviews indicated in the instances where the allegation was made verbally, the staff member placed the allegation into written format. The Auditor interviewed 12 random staff who confirmed their knowledge of the facility policy requirement that they are to accept and immediately report allegations of sexual abuse regardless of how the report was made and that all verbal reports from detainees or third parties must be documented in writing to their supervisors for investigation referral.

\$115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after a review of policies 14-2-DHS and 14-5, Inmate/Resident Grievance Procedures, that collectively allow the facility to permit detainees 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 representative. 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 5 days of receipt and shall respond to an appeal of the grievance decision within 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 FOD at the end of the grievance process. The Auditor interviewed the facility Grievance Supervisor during the site visit. During the interview, she stated that the grievance office accepts all grievances alleging sexual assault. She also confirmed the allegation receives a formal grievance number and she processes the allegation as an emergency grievance. She stated by policy and practice there are no time limits on when the submission of a sexual abuse allegation can be made regardless of when it occurs, and she would ensure medical emergencies are referred to the medical department immediately. She also confirmed she notifies the ICE SDDO who in turn makes all ICE notifications. According to her, all sexual abuse grievances are normally responded to within 2 days of receipt and responses to an appeal of the grievance decision are responded to within 30 days. Staff interviews confirmed they were aware that a detainee is allowed to receive assistance from another detainee, the housing officer or other facility staff, family members, or legal representative to prepare a grievance. The facility had no sexual abuse allegations reported through the grievance process during the audit period.

\$115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance on these subparts of the standard after a review of policy 14-2-DHS that 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. Each facility shall establish, in writing, procedures to include outside agencies in the facility's 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 by giving detainees 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. Detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports on abuse will be forwarded to authorities in accordance with mandatory reporting laws." During the facility tour, the Auditor observed contact information posted in each of the housing units for the RCC. This Center accepts allegations of sexual assault and notifies the facility and local authorities upon every allegation. The ACDC Facility Handbook informs detainees that phone calls to this Center are not monitored and that they may report allegations of sexual abuse to the Center, however the allegation will be reported to the facility

and local authorities. The Auditor's review of the four investigative files noted that each alleged victim was provided contact information for the RCC.

§115.54 - Third-party reporting.

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

Notes:

The Auditor determined compliance with the standard after a review of policy 14-2-DHS that requires, "Each facility shall establish a method to receive third-party reports of sexual abuse and shall post this information on the facility PREA link found on the CoreCivic website." At the entrance to ACDC were notices, in Spanish and English, advising how and to whom to report allegations of sexual abuse on behalf of any detainee. The Auditor also visited the following web sites (<https://www.ice.gov>) and (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) and found reporting information as well. Well over half of the 30 random detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The facility had one third-party report of sexual abuse during the audit period. The allegation was mailed to ICE.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after a review of policy 14-2-DHS that requires, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse will be reported to the Facility Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental. All employees are required to immediately report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether the area is under CoreCivic's management authority; retaliation against detainees or employees who have reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. 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." Each of those randomly chosen staff (12 security and 2 non-security) confirmed their reporting responsibilities as outlined in the 14-2-DHS policy and standard. The staff members interviewed were also aware of their ability to go outside the chain of command, through the CoreCivic ethics reporting telephone line, to report allegations of sexual assault and their responsibility to keep information they become aware of confidential. As noted earlier, there were four reported allegations of sexual abuse reported during the audit period. The Auditor's review of the investigative files found that three of these allegations were reported directly to security staff, and one was reported through a third party. The investigative file reviews demonstrated that each staff member responded to the incident in accordance with agency policy and their response training. The 14-2-DHS policy was approved by the AFOD.

(d) The Auditor determined compliance on this subpart of the standard after a review of policy 14-2-DHS that requires, "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." As earlier noted, there are no juveniles housed at ACDC. During the Warden interview, he confirmed that if the facility encountered an incident of sexual abuse involving a vulnerable adult, the CoreCivic's legal counsel's office would be contacted to determine reporting obligations under the reporting laws of the State of Mississippi. He further stated that the ACSO would also be informed of the allegation.

§115.62 - Protection duties.

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

Notes:

The Auditor based compliance on this standard after a review of policy 14-2-DHS that requires, "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." Line staff, supervisors and the Warden were specifically asked what they would do when they became aware of a detainee at substantial risk of sexual abuse. All confirmed they would take immediate action to mitigate the threat, which would initially require removing the detainee from the threat. In each of the three allegations made to staff during the audit period, it appeared staff responded quickly and appropriately to mitigate the threat.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance on these subparts of the standard after a review of policy 14-2-DHS that requires, "If the allegation of sexual abuse involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility, or state, or federal facility), the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken: Contact the facility head or appropriate 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; Determine from the facility administration at that facility whether the allegation was reported and investigated; If the allegation was reported and investigated by the appropriate officials, the receiving facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur; If the allegation was not reported or not investigated, 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; All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation and if an allegation is received from another facility, he/she will ensure the allegation is investigated. All allegations of sexual abuse or assault shall be immediately and effectively reported to ICE/Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the allegation as a significant incident and refer the allegation for investigation." The interviews with the Warden, PSA Compliance Manager, and review of the PAQ confirmed ACDC did not receive any reports of sexual abuse from a detainee on arrival at ACDC nor were they ever contacted by another facility informing them a detainee made an allegation of sexual abuse upon arrival there of an incident occurring at ACDC. The Warden confirmed if an allegation were reported to the facility from another facility that occurred at ACDC, an investigation would be conducted and the AFOD notified. The interview with the AFOD confirmed that he makes all required notifications to ICE personnel as required by the standard.

§115.64 - Responder duties.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after a review of policy 14-2-DHS that requires, "Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: the alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department; and the Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing without medical supervision, use the restroom facilities, eat, drink, or brush his/her teeth. In order to preserve any evidence, the alleged perpetrator should not be allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while secured in segregation in a single cell (if available). The highest-ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation." As noted earlier, the Auditor interviewed 12 random security staff, and each was questioned about their duties when responding to allegations of sexual assault. Each detailed what they would do in response to an allegation to include each of the subpart (a) requirements. The four sexual abuse investigative files reviewed appeared to confirm that the first responder in each incident followed the responder requirements of policy 14-2-DHS, to the extent necessary. In three of the four incidents, the allegation was reported to directly to a security staff person.

(b) The Auditor determined compliance with this subpart of the standard after a review of policy 14-2-DHS that requires, "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 two non-security staff specifically about their actions in response to a sexual abuse allegation. Each stated that initially they would secure the detainee, ensure that no evidence is destroyed by the detainee through cleaning up and then immediately notify a security staff member. There were no allegations of sexual abuse reported to a non-security staff during the audit period.

§115.65 - Coordinated response.

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

Notes:

(a)(b) The Auditor determined compliance on these subparts of the standard after a review of policy 14-2-DHS that requires, "Each facility will establish a Sexual Assault Response Team (SART) which includes the following positions: PSA Compliance Manager; Medical representative; Security representative; Mental Health representative; and Victim Services Coordinator. The SART responsibilities include 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 Warden's interview confirmed that the 14-2-DHS policy is the written coordinated response utilized by ACDC when responding to incidents of sexual assault. The multidisciplinary approach is accomplished through the SART members. The Auditor interviewed a SART member during the site visit. He explained his specific responsibilities during an allegation of sexual assault and how his responsibilities interact with the other members of the team. During the review of the four investigative files, the Auditor observed the response of medical, mental health practitioners, security staff and the investigator to each incident.

(c)(d) The Auditor determined compliance on these subparts of the standard after a review of policy 14-2-DHS that requires, "If a victim of sexual abuse and assault is transferred between facilities, 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 and assault 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 requires otherwise." The Warden, HSA, PSA Compliance Manager and the PAQ confirmed that ACDC has had no instances of victim transfers between DHS or non-DHS facilities during the audit period. The Warden and HSA further stated that, if they were to transfer a victim of sexual abuse, all proper notifications would be made in accordance with the policy.

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

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

Notes:

The Auditor determined compliance with this standard after review of policy 14-2-DHS that requires, "Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Contractors and civilians [volunteers] suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The interview with the Warden confirmed the standard and policy requirement that staff, contractors and volunteers suspected of violations of the zero-tolerance policy would be removed from detainee contact pending the results of the investigative process. The four allegations of sexual abuse reported during the audit period did not involve a staff member, volunteer, or contractor.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy 14-2-DHS that requires, "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 any 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 a need to continue. 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 PREA Retaliation Monitoring Report (30/60/90) form. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need." The Auditor confirmed retaliation monitoring at ACDC is conducted by the investigator and that this monitoring includes a face-to-face interview with the individual he is monitoring. He stated that in substantiated allegations, detainee abusers are disciplined, placed in segregation, and moved from the facility; in any allegation involving staff, staff is automatically removed from detainee contact and in substantiated instances, he/she is terminated. In unsubstantiated allegations, he questions the detainees about concerns he may experience from that staff member. If there are issues, he would monitor them and/or speak to the staff member. He also stated that emotional support for any victim of retaliation would be offered to both staff and detainee. The investigator further stated that retaliation monitoring is for a minimum of 90 days but can be extended if needed. He stated the detainee monitoring includes any disciplinary reports issued, housing or program change requests and asks if there are issues the detainee wishes to discuss. The investigator stated that when monitoring staff retaliation, his review would include performance reviews, time off refusals, or reassignment requests. The Auditor reviewed the four investigative files and found retaliation monitoring was conducted with each of the detainees alleging sexual abuse. Two detainees were monitored for the full 90 days and two monitored until they left the facility.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The Auditor based compliance on these subparts of the standard after review of Policy 14-2-DHS requiring, "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 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 proper re-assessment." The Warden's interview confirmed that the placement of any detainee victim of sexual assault in segregation would be a last resort. As noted in 115.43, he indicted the use of segregation for vulnerable detainees and victims of sexual assault would be his last option. The detainee movement to another housing unit, placement in a medical unit bed or movement to another facility would be his initial response. The interviews with the Warden and PSA Compliance Manager confirmed that during the audit period, segregation was not used to house a detainee victim of sexual abuse. The Warden also confirmed that if a detainee were ever placed in segregation as a result of a sexual abuse allegation, the FOD would be notified within 72 hours. He also confirmed a vulnerability assessment would be completed prior to the detainee returning to general population. There were no detainees, who alleged sexual abuse, present at ACDC during the site visit; and the investigative files review confirmed that no detainee victims were placed in post-allegation protective custody.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b) The Auditor based compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, "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. Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office

within ICE/OHS, and the assigned criminal investigative entity." Interviews with the Warden, PSA Compliance Manager and the ACDC investigator confirmed the facility is required to report all allegations of sexual abuse to the ACSO for potential criminal action and coordinate the administrative investigation to not interfere with any criminal investigations. The Facility Investigator indicated he follows the ICE approved investigative policy, and each of his investigations are thorough, prompt and objective. The review of the four investigative files found each of the investigations were completed promptly by a trained investigator and appeared to be thorough and objective.

(c)(e)(f) The Auditor based compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, " Administrative investigation procedures include: preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or 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 alleged sexual abuse or 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 assessments, and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years; coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation." As noted earlier in the report ACDC had a written MOU with the ACSO. The MOU requires, and the PSA Compliance Manager and Investigator confirmed during interviews, that all allegations of sexual assault must be reported to the ACSO. They also stated that ACDC waits to conduct the administrative investigation after consultation with the appropriate investigative offices within ICE/OPR/DHS. The Facility Investigator stated that he provides assistance where needed during investigation conducted by an external agency. The Facility Investigator detailed his training and responsibilities when conducting his administrative investigations. He stated, when available, he relies on direct and circumstantial evidence; physical DNA evidence; electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He also confirmed that by policy, the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating his investigation. There were four allegations of sexual abuse reported at ACDC for the audit period. The Auditor reviewed these investigative files and determined the file contents demonstrated compliance with the subpart (c) and Policy 14-2-DHS protocol requirements.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditor determined compliance with this standard after review of Policy 14-2-DHS that requires, "In any sexual abuse investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse has taken place." The facility investigator stated that the evidence standard he utilizes when determining the outcome of a sexual abuse investigation is the preponderance of evidence. There were four allegations of sexual abuse reported during the audit period. The Auditor reviewed these investigative files and determined that all the outcomes of the investigations were based on this standard of evidence.

§115.73 - Reporting to detainees.

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

Notes:

The Auditor determined compliance with this standard after review of Policy 14-2-DHS that requires, "When the detainee is still in immigration detention, or where otherwise feasible, 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 [and] signed for on 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." The Auditor interviewed the facility investigator who confirmed the policy requirement of this detainee notification utilizing the 14-2E form. The Auditor provided the Team Lead with the Notification of PREA Investigation Result to Detainee - ICE Facilities form with the four cases that were reported at ACDC during the audit period. In all four cases, the detainee was notified of the investigation results.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, "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." The Warden and HRM confirmed removal from employment and Federal Service would be the presumptive disciplinary action for any staff member who has engaged in, or attempted, or threatened to engage in sexual abuse, or failed to follow the zero-tolerance policy. As noted in standard 115.11, the 14-2-DHS Policy regarding dismissal from service for violations with the zero-tolerance policy was approved by the AFOD. The four allegations of sexual abuse during the audit period were all detainee-on-detainee and did not involve a staff member.

(c)(d) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "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 Warden and PSA Compliance Manager confirmed that all allegations of sexual abuse are immediately reported to the ACSO. Both also stated that violations of the 14-2-DHS policy by any licensed staff member would be reported to any licensing bodies as known. There were no substantiated allegations of sexual abuse involving staff during the extended audit period.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "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 sexual abuse policies. 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 also report such incidents to the FOD 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. Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." The Auditor was informed by the Warden that any contractor or volunteer found to have engaged in sexual abuse would face removal from ACDC and the incident immediately reported to the ACSO and appropriate licensing bodies. He confirmed he would report the removal to the FOD through the AFOD. The facility has had no such incidents requiring the removal of a contractor or volunteer within the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS and Policy 15-100 (Resident Rules and Discipline) that collectively require detainees be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse, consistent with the requirements of ICE PBNDS 3.1 Disciplinary System. Sanctions shall be commensurate with the nature and circumstances other abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. For the purpose of disciplinary action, a report of sexual abuse or assault 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 shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A detainee shall have the right to due process, which includes the right: to present statements and evidence, including witness testimony on his/her own behalf; and appeal the committee's determination through the detainee grievance process. The Chief of Security detailed the detainee disciplinary process at ACDC for the Auditor. She informed the Auditor the process allows for progressive levels of reviews, appeals, procedures, and the process is documented. There were four allegations of sexual abuse reported for the audit period. There were no substantiated allegations resulting in detainee discipline.

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

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

Notes:

(a)(b)(c) The Auditor determined substantial compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "If the 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." As noted earlier in 115.41, the vulnerability assessment form 14-2B-DHS is performed by medical staff. This vulnerability assessment is entered electronically into the Offender Management System (OMS). If a checkmark is entered yes when questioned about prior victimization or abusiveness, an email is immediately generated and forwarded to medical and mental health for follow up. The HSA confirmed this victim and abuser notification process during her interview. She also confirmed that the follow up meeting to a yes notation of victimization or prior abusiveness, would typically be no later than 24 hours for medical follow up and 72 hours for mental health follow up. The Auditor interviewed four detainees who acknowledged prior victimization during intake at ACDC. All indicated during their interview, and further confirmed by viewing the medical records, they were seen the day after their arrival. The Auditor reviewed an additional 10 other prior victims' medical records during the site visit. All but one of these detainees was seen within the 72-hour window allowable by the standard and the 14-2-DHS policy. The other detainee was seen seven days after the OMS notification.

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

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS and Policy 13-79 (Sexual Assault Response) that collectively require detainee victims of sexual abuse and assault be provided timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Policy 13-79 states, "The nature and scope [of care] are determined by QHCP [Qualified Health Care Professional] and/or QMHP [Qualified Mental Health Practitioner] according to their professional judgment." The HSA stated no forensic examinations are conducted at the ACDC by her staff. Detainees requiring such services would be stabilized by her staff and prepared for transport to Merit Health. She also confirmed all services for any alleged victim of sexual assault, including emergency medical treatment and crisis intervention services, emergency contraception including sexually transmitted infections prophylaxis, would be provided without cost, and performed within professionally accepted standards of care. The HSA's interview and the PAQ confirmed there were no detainees sent out for a forensic examination during the audit period. The review of the four allegations reported during the audit period and the associated medical files reviewed confirmed detainees were provided immediate medical staff and mental health services at the time the facility became aware of the allegation.

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

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "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. 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." Policy 14-2-DHS and Policy 13-79 require the evaluation and treatment of such victims to 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. Policy 13-79 states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The interview with the HSA confirmed that any detainee, who experiences sexual abuse at ACDC, receives a medical and mental health evaluation. She stated that services provided to these victims would be consistent with the community-level of care or better. She further stated that services provided to these victims is without any cost to the detainee, regardless of whether he/she cooperates with the investigation arising from the incident. She confirmed both the medical and mental health departments are more than capable of providing provide on-site crisis intervention services, sexually transmitted infections treatments and other infectious diseases testing along with prophylactic treatment to victims and pregnancy testing and service if necessary. As noted throughout this report, there were four allegations of sexual abuse reported for the audit period. The review of these investigative files and review of the alleged victim medical records found the detainees in each case were immediately seen by medical upon reporting the allegation.

(g) The Auditor determined compliance with this subpart of the standard after review of Policy 14-2-DHS that requires, "The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." Policy 13-79 requires, "QMHP 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 deemed appropriate. If the [detainee] refuses a mental health evaluation, the refusal will be documented on the 13-49B Refusal to Accept Medical Treatment form and placed in the medical record." The Mental Health Practitioner confirmed that all known abusers as well detainees found to have perpetrated sexual abuse at the conclusion of an investigation would be offered an evaluation and follow up treatment. There were no substantiated allegations of sexual abuse at ACDC during the audit period.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires the Facility Administrator to 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 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 PSA Compliance Manager, and the [CoreCivic] FSC PREA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. Both the report and response shall be forwarded to the [CoreCivic] FSC PREA Coordinator and the ICE Prevention of Sexual Assault Coordinator." An incident review team member was interviewed during

the site visit and confirmed a review is conducted at the conclusion of every allegation of sexual abuse. He also stated the review must be completed within 30 days of the investigation being completed, taking into account the policy requirements and the standard subpart (b) requirements. This Chairperson (Investigator) of this committee was also interviewed and confirmed he provides copies of these reviews to all parties required by policy and the standard. The Auditor reviewed the four investigative files for the audit period and observed a completed incident review conducted within 30 days of the conclusion of each investigation. There were no recommendations made by the committee as a result of their review.

(c) The Auditor determined compliance with this subpart of the standard after review of Policy 14-2-DHS that requires, "The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator and ICE Field Office Director, or his or her designee, for transmission to the ICE PSA Coordinator." The Auditor was provided the facility annual review (negative) of sexual abuse allegations and subsequent incident reviews dated May 18, 2022. The PSA Compliance Manager confirmed a copy of this review is provided to the FOD and the agency PSA Compliance Manager.

§115.87 - Data collection.

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

Notes:

(a) The Auditor determined compliance on this subpart of the standard after review of Policy 14-2-DHS that requires, "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 Core Civic Policy 1-15 Retention of Records." The Auditor was shown the location where these documents are stored at ACDC and found them under a double lock and restricted key to only those staff with a need to know.

§115.201 - Scope of audits.

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

Notes:

(d) The Auditor was allowed access to ACDC and able to revisit areas of the facility as needed during the site visit.
 (e) The Auditor was provided with and allowed to view all relevant documentation as requested.
 (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
 (j) The Auditor observed audit notices posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff, detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	4
Number of standards met:	36
Number of standards not met:	0
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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.

Thomas Eisenschmidt

8/16/2022

Auditor's Signature & Date

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

8/12/2022

Program Manager's Signature & Date

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

8/16/2022

Assistant Program Manager's Signature & Date