

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	8/9/2022	To:	8/11/2022
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AUDITOR INFORMATION

Name of auditor:	James T. McClelland	Organization:	Creative Corrections
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections
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:	Dallas Field Office
Field Office Director:	(b) (6), (b) (7)(C)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 North Stemmon Freeway, Dallas, Texas 75247
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:	Bluebonnet Detention Center
Physical address:	400 2nd St., Anson, Texas 79501
Mailing address: (if different from above)	POB 591, Anson, Texas 79501
Telephone number:	325-823-8031
Facility type:	IGSA
PREA Incorporation Date:	8/26/2019

Facility Leadership

Name of Officer in Charge:	Steve Mora	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	325-823- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	325-823- (b) (6), (b) (7)(C)

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Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

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 Bluebonnet Detention Center (BDC) was conducted on August 9-11, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor/Program Manager (PM) James McClelland, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by Immigration & Customs Enforcement (ICE) Assistant Program Manager (APM) (b) (6), (b) (7)(C) also a DOJ and DHS certified PREA Auditor. The APM'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 audit period is August 26, 2019, through August 11, 2022. The BDC facility is owned by Jones County and leased and operated by Management & Training Corporation (MTC).

The facility houses adult male and female detainees with custody levels of high, medium, and low. The design capacity for the facility is 1062 and the average daily population for the prior 12 months was 321 (221-males and 100-females). The facility reports there were 4213 detainees booked into the facility in the last 12 months. The current population on the first day of the audit was 378 (353-males and 25-females). The top three nationalities of the facility population reported by the facility are from Mexico, Nicaragua, and Guatemala. The average length of time in custody is 12.72 days. The facility is comprised of three buildings which includes 22 open bay/dorm housing units. There are 6 medical unit/infirmarary beds, and 13 segregation cells.

Prior to the audit, the ERAU Team Leads, (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and placed within folders for ease of auditing. On August 1, 2022, the Auditor requested additional documentation and clarification of some information provided with the PAQ from the BDC through Team Lead (b) (6), (b) (7)(C) and this information was provided either by email or during the site visit. The facility provided two related policies for the Auditor's review BDC 30.01, Sexual Abuse and Assault Prevention and Intervention (SAAPI), and BDC 3.1, Disciplinary System. Additionally, the governing Agency policy for detention facilities is Policy 11062.2, SAAPI. The Auditor reviewed all documentation, policies, and the PAQ and developed a tentative daily schedule for staff and detainee interviews. The Auditor also reviewed the facility's website <https://www.mtctrains.com/prea>, and the agency's website <https://www.ice.gov>.

On August 9, 2022, at approximately 8:15 am, the Auditor met with facility administration in the conference room where the entry briefing was moderated by Team Lead (b) (6), (b) (7)(C) via teleconference. The Team Lead opened the briefing and then turned it over to the Auditor. Listed below are the entry briefing attendees:

Steve Mora, Warden, MTC

(b) (6), (b) (7)(C) Deputy Warden, MTC

(b) (6), (b) (7)(C) Supervisory Detention & Deportation Officer (SDDO), ICE/ERO

(b) (6), (b) (7)(C) SDDO, ICE/ERO

(b) (6), (b) (7)(C) Classification Supervisor (CS), MTC

(b) (6), (b) (7)(C) Risk Manager, MTC

(b) (6), (b) (7)(C) Food Service Manager, MTC

(b) (6), (b) (7)(C) PREA Compliance Manager (PSACM), MTC

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

(b) (6), (b) (7)(C) American Correctional Association Compliance Manager, (ACACM), MTC

(b) (6), (b) (7)(C) Intel Officer, MTC

(b) (6), (b) (7)(C) Recreation Supervisor, MTC

(b) (6), (b) (7)(C) Health Services Administrator (HSA), MTC

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

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

(b) (6), (b) (7)(C) DHS/DOJ Certified PREA Auditor, PM, Creative Corrections, LLC

The Auditor introduced himself and then provided an overview of the audit process and the methodology to be used to evaluate and determine compliance with the DHS PREA Standards with those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the 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 information obtained from both staff and detainee interviews.

Immediately after the entry briefing the Auditor was taken on a complete tour of the facility, led by the Warden. The tour consisted of Administrative Offices, Conference and Staff Resource Room; Intake; Vehicle Sallyport; Medical Department; Training Area; Video Courtrooms; Visitation; Shift Briefing Area; Kitchen; Laundry; Barbershop; Chapel; Commissary; Program Area; Outdoor Recreation Area/Yard; Housing Units A1, A2, A3, B1, B2, B3, B4, B6, B7, B8, B9, C1, C3, C4, C5, C6, and the Restricted Housing Unit. The following units were not toured by the auditor due to Covid quarantine restrictions A4 and C2. Although the auditor did not physically enter these quarantined dorms, the auditor did observe the physical layout of each through glass windows and available video monitoring. A1-C6 are open bay housing with double bunks where all detainees were housed at the time of the audit. The Auditor observed the Audit Notices posted in all housing units, visitation, common areas, and in the facility entrance. The Mailroom Supervisor advised the Auditor that detainees would have been allowed to mail correspondence to the Auditor unmonitored. The auditor received no correspondence from any person or entity regarding BDC.

The intake area was toured the first day of the audit so the Auditor could observe the detainees being processed. There was a total of 40 female detainees in the intake area during the tour and one was in the process of being interviewed privately in 1 of the 5 designated "PREA Interview" areas. The Auditor observed pat searches of six new arrival female detainees, and each was conducted in a professional and in the least intrusive manner possible. The Auditor spoke with the four Intake Staff members and observed the ICE National Detainee Handbooks, the BDC Detainee Handbooks and the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) information pamphlet available for distribution to detainees. The Intake Staff pulled up electronic versions of the ICE National Detainee Handbooks to demonstrate availability in multiple languages if needed. The intake area has interior holding rooms to allow for supervisions of detainees when they arrive in large groups, separation of males and females and any detainees identified with vulnerabilities. Each holding cell has a toilet, sink, and block walls have been constructed to block the view when a detainee is using the toilet. Camera views were checked and for those that have a direct view of the toilet area, pixelization has been applied to avoid viewing the person's private areas while using the restroom.

The Medical Department is a large operation managed by the HSA. This department provides medical, dental, pharmacy, and mental health services at community level standards for care.

(b) (7)(E) cameras, and all were operational at the time of the audit. The cameras operate 24/7 and video footage is stored for at least 30 days before deletion. (b) (7)(E)

There are no camera views that can view a detainee while showering or in any designated area where detainees change clothes based on the Auditor's review of the camera views with the assistance of the PSACM. (b) (7)(E)

The facility has 200 staff positions with 103 security, 29 medical, 2 mental health, and the remainder are non-security administrative, management, and support staff. Security, medical, food service, maintenance, and religious services are all provided by MTC staff. The only contract employee is the commissary worker through a contract with U.S. Commissary Solutions/Union Supply. The Auditor was provided with a staff roster of security staff on shift during the site visit, and a list of all BDC staff, from which personnel were selected randomly to participate in formal interviews. Based on interviews with the PSACM and the Auditor's review of the PAQ prior to the site visit, a list of specialized staff was also identified for interviews. A total of 33 staff interviews were conducted during the audit consisting of 30-BDC staff, 2-ICE/ERO, and 1-contractor (other). As a result of the COVID-19 pandemic, BDC has had no volunteers during the audit period. The 33 BDC staff interviewed included 16-random staff (11/security, 5/non-security) and 17 staff selected for specialized topics. Interviews conducted in the specialized areas were Warden, Classification Supervisor, Grievance Coordinator, Training Manager, Intake Staff (4), Facility Investigators (2), PSACM, ACA Compliance Manager, Food Service Manager, Security Supervisors (2), Human Resource Manager (HRM), Medical/Mental Health (1). The two ICE/ERO staff included the SDDO and a randomly selected Deportation Officer (DO).

The Auditor selected 31 detainees to interview (9-females and 22-males). By the time the interviews were concluded, one female detainee selected for interview had been released from the facility; therefore, the Auditor completed a total of 30 interviews (8-females and 22-males). The PSACM provided the Auditor with a detainee roster containing the detainee's age, date of arrival, nationality, and housing location. The Auditor was also provided a list of detainees who are monitored by the PSACM for potential risk of victimization. The Auditor used both lists and factors available from the roster to select detainees who provided a balanced, but reflective sampling of the current population. The Auditor interviewed 7 detainees who had been at the facility for more than 90 days and each recalled being reassessed for risk of victimization or abusiveness between 60 and 90 days of arrival. Of the 30 detainees, 28 were limited English proficient (LEP) and the other 2 did not require an interpreter. The Auditor used the assistance of a language interpreter through Language Services Associates, provided by Creative Corrections. Of the 28 LEP detainees interviewed, their languages included Spanish (23), Portuguese (2), Russian (2), and Chinese Mandarin (1). There were no transgender or intersex detainees available for interview at the time of the site visit; none with a hearing or visual impairment; and none who reported sexual abuse at BDC. The Auditor interviewed two detainees who disclosed prior victimization, one who identified as gay. There was a total of 15 sexual abuse allegations reported during this audit period and all 15 were classified as "Closed." The allegations included 9 detainee-on-detainee sexual abuse allegations and 6 staff-on-detainee sexual abuse allegations. Of the 15 sexual abuse allegations, the auditor reviewed a total of 9 sexual abuse allegations while onsite, which included all 6 staff-on-detainee sexual abuse allegations and 3 detainee-on-detainee allegations. Of the nine sexual abuse allegations reviewed by the auditor, two staff-on-detainee allegations were substantiated by the facility investigator and the remaining seven cases were either unsubstantiated or unfounded.

Seven of the nine allegations reviewed by the auditor were investigated by a trained facility investigator and the remaining two allegations were investigated by a trained OPR investigator.

On August 11, 2022, an exit briefing was held in the BDC 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:

Steve Mora, Warden, MTC

(b) (6), (b) (7)(C) Deputy Warden, MTC

(b) (6), (b) (7)(C) SDDO, ICE/ERO - (via telephone)

(b) (6), (b) (7)(C) CS, MTC

(b) (6), (b) (7)(C) Risk Manager, MTC

(b) (6), (b) (7)(C) Food Service Manager, MTC

(b) (6), (b) (7)(C) PSACM, MTC

(b) (6), (b) (7)(C) HRM, MTC

(b) (6), (b) (7)(C) ACACM, MTC

(b) (6), (b) (7)(C) Intel Officer, MTC

(b) (6), (b) (7)(C) Recreation Supervisor, MTC

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

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

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

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

(b) (6), (b) (7)(C) DHS/DOJ Certified PREA Auditor, PM, Creative Corrections, LLC

The Auditor expressed his appreciation to the Warden, PSACM, and all other staff who had participated in interviews and provided documentation during the audit. The staff at BDC are to be commended for their responsiveness to the Auditor's request for information. The PSACM strategically coordinated the interviews and had support from many staff who made themselves available to ensure the Auditor's time was maximized. The audit went very smoothly, and all staff and detainees interviewed did so willingly and appeared to be forthcoming with their information provided to the Auditor. Staff morale was very positive and both staff and detainees were very courteous to the Auditor. The Auditor explained that preliminary findings appeared to have two standards out of compliance but that the final determination could not be made until the Auditor analyzed the information obtained from interviews, evaluated the additional documentation reviewed during the site visit and triangulated it with the initial policy and documentation review. Again, the Auditor thanked staff for their cooperation during the audit and turned the meeting back over to the Team Lead who explained the timeframes then adjourned the meeting.

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: 3

§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.31 Staff training
§115.42 Use of assessment information

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
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.43 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
§115.73 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
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 1

§115.86 Sexual abuse incident reviews

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c) BDC has a written SAAPI Policy, 30.01, that states "BDC has a zero tolerance for all forms of sexual abuse and sexual assault." The Auditor's review of this policy determined that it outlines the facility's SAAPI Program, which ensures effective procedures for preventing, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault. BDC's SAAPI Policy 30.01 was reviewed and approved by the designated ICE ERO PREA Field Coordinator on January 19, 2022. The zero-tolerance policy is publicly posted on the MTC website at <https://www.mtctrains.com/prea>.

(d) The facility employs a full-time PREA Coordinator who is the designated PSACM who oversees the facility's PREA compliance efforts and implementation process for sexual abuse prevention and intervention policies and procedures and is the point of contact for the agency PSA Coordinator. The PREA Coordinator is a full-time allocated position at BDC, opposed to collateral duties, which allows dedicated efforts by the incumbent toward overseeing the facility's SAAPI Program. The Auditor determined compliance through the review of the facility's SAAPI Policy 30.01, review of the facility's organizational chart, and an interview with the PSACM. During the interview, the PSACM indicated she reports to the Warden, and confirmed she has sufficient time and authority to oversee facility efforts to ensure the facility's compliance with the sexual abuse prevention and intervention policy. She further stated that the Warden is supportive of her PREA compliance efforts and that she also receives support from facility staff. These efforts include assisting with the development of initial and ongoing training protocols, development and delivery of detainee training, following up with and tracking high-risk detainees, conducting administrative investigations, responding to all PREA allegations, making appropriate notifications, reviewing results of every investigation of sexual abuse, collecting and analyzing PREA data, and preparing required reports. The PSACM was knowledgeable of the DHS PREA Standards and of her responsibilities and duties as well as overall facility operations.

§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) Policy 30.01 states that "BDC maintains sufficient supervision of detainees, through appropriated staffing levels and video monitoring to protect detainees against sexual abuse. The Warden determines security needs based on a comprehensive staffing analysis and a documented comprehensive supervision guideline that is reviewed and updated at least annually. In determining adequate levels of detainee supervision and determining the needs for video monitoring, BDC takes into consideration general accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the length of time detainees spend in BDC's custody, and other relevant factors."

The facility reported on the PAQ that there are 200 staff who may have recurring contact with detainees. These employees include 103 (52-male/51-female) security staff, 29 medical staff, and 2 mental health staff, all employed by MTC. The facility has additional non-security/non-medical support staff who may have contact with detainees and provide food service, maintenance, religious services, all employed by MTC. Commissary services are provided by U.S. Commissary Solutions/Union Supply with one dedicated contract employee who has contact with detainees. The design capacity for the facility is 1,062 and consists of 3 buildings with 22 open bay/dorm housing units, 13 segregation cells, 6 medical unit/infirmarary beds, and 2 mental health unit beds. The facility houses adult male and female detainees. During the site visit, the Auditor observed staff posted and other staff present in all areas occupied by detainees.

Based on information provided on the PAQ, the facility uses (b) (7)(E) cameras to electronically monitor the facility. (b) (7)(E) cameras have pan, tilt, and zoom capabilities. During the site visit, the Auditor reviewed where the cameras were mounted, visited the Central Control Room where the cameras are monitored 24/7, and discussed with the PSACM about who has access to these cameras. Cameras are monitored by Central Control Room officers assigned to the post. Additionally, camera viewing is also available to members of the executive management team, that include the PSACM, Facility Investigators, and shift supervisors whose positions warrant the need for access. The recorded footage is stored on a DVD/DVR at the facility with at least 30 days retention before deletion. In areas that did not have cameras, but had potential blind spots, the facility had installed mirrors to increase staff visibility in these areas, and supplement by making more frequent staff rounds.

The Auditor reviewed staffing rosters for MTC and ICE, all BDC Post Orders provided, and the BDC PREA – Annual Staffing Plan Certificate 2021, which collectively constitute and memorialize the development and documentation of the comprehensive detainee supervision guidelines. Additionally, the BDC Annual Staffing Plan Certificate 2021 confirms that the facility has taken into consideration all elements required by subpart (c) of this standard during the guidelines' development. Two memorandums from the facility's ACA/Compliance Manager were presented for the Auditor's review: one, dated January 19, 2021, stating that an annual review of policies had been conducted; and the second, also dated January 19, 2021, stating that the Annual Post Order Review was conducted. The Auditor interviewed the ACA/Compliance Manager, the PSACM, and the Warden, who all confirmed their involvement with the development and subsequent review of the staffing analysis and comprehensive detainee supervision guidelines annually, and articulated the considerations made during the review, which were consistent with both the requirements of 115.13 and the facility's policy.

(d) Policy 30.01 states, "Frequent unannounced security inspections will be conducted to identify and deter sexual abuse," and that "inspections will occur on all shifts." The Policy further states, "BDC staff are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility. BDC's staff members will document unannounced visits by supervisors or departmental staff in appropriate logbooks. Such visits must be documented as an unannounced visit." The PAQ provided by the facility prior to the site visit stated that frequent unannounced security inspections are conducted to identify and deter sexual abuse of detainees; that the inspections occur on night and day shifts; and that staff are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility. Interviews with random security staff and first line supervisors confirmed that these inspections occur on a frequent but irregular basis and documented in the area logbook at the time of the inspection. The Auditor reviewed random logbook entries during the facility tour and found that these inspections are documented and that they occur on an irregular basis that is not predictable and on both day and night shifts. In addition to the BDC staff rounds, ICE/ERO have a regular presence at the facility and make unannounced rounds on the housing units to address questions from the detainees and make observations. These visits are recorded in the ICE Visitors Logbook, which is also located on each housing unit, as observed by the Auditor during the facility tour. According to the documentation reviewed, visits are made by ICE/ERO staff multiple times per week.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

BDC houses no detainees younger than 18 years of age or family detainees. Interviews with the Warden, PSACM, and information provided on the PAQ indicate that BDC houses only adult male and adult female detainees. The detainee population roster provided to the Auditor during the site visit indicated there were no detainees under the age of 18. Additionally, the Warden provided the auditor a memorandum, dated May 10, 2022, stating the facility does not house juveniles or family detainees.

§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) Policy 30.01 states, "BDC staff will adhere to the following gender protocol when pat searching detainees: Male detainees will be pat searched by male officers; Female detainees will be pat searched by female officers; Transgender detainees, will be searched by an officer of the gender they identify with however, in the event the detainee refuses to be searched by a staff of the gender identified a cross-gender search will be conducted. Cross-gender pat searches will only be conducted in exigent circumstances and must be fully documented, explaining the reason for the cross-gender pat search [...] in the Cross-Gender Search Log and an Informational Report (IR), must be completed and placed in the detainee file."

The facility reported on the PAQ there were no cross-gender pat-down searches conducted during the audit period. During the site visit, the Auditor observed several pat-down searches in progress while detainees were arriving at the facility. All pat-down searches observed were conducted by a staff of the same gender as the detainee being searched. Interviews with staff and detainees of both genders, indicated that cross-gender pat-down searches had not occurred, and staff understood that if it is necessary to conduct a cross-gender pat-down search under exigent circumstances, the search must be documented in accordance with the policy. Since no cross-gender searches had occurred during the audit period, there was no documentation for review; however, the Auditor was provided a blank copy of the Cross-Gender Search Log for review.

(e)(f) Policy 30.01 states, "BDC staff will not routinely require a detainee to remove clothing or require a detainee to expose private parts of his/her body to search for contraband. A strip search will only be conducted when there is reasonable suspicion that contraband may be concealed on the person, and with supervisor approval. If a strip search becomes necessary, it will take place in the detainee shower/change area of Receiving & Discharge, which has multiple curtains that will afford the detainee privacy from other detainees and staff who are not involved in the search. Staff conducting the strip search will be limited to members of the same gender. Each time a strip search is conducted, the articulable facts supporting the conclusion that reasonable suspicion exists will be documented on a Record of Search form." The policy further states, "When it becomes necessary to strip a detainee, staff will adhere to the following gender protocol: Male detainees will be strip searched by male officers; Female detainees will be strip searched by female officers; Transgender detainees will be permitted to choose the gender of the officer conducting the strip search. Any strip search of a transgender detainee will be conducted in private and whenever possible, medical personnel will be present to observe the strip search of a transgender detainee." Policy 30.01 allows for a cross-gender strip search only under emergency circumstances, with a staff of the same gender present as a witness, and the strip search must be fully documented, explaining the reason for the cross-

gender strip search. Interviews with security staff of both genders confirmed their knowledge that cross-gender strip searches are prohibited. While they all insisted that there would never be an occasion for this to occur, they confirmed they understood that if a cross-gender strip search was necessary under exigent circumstances that it would have to be documented and would need prior approval. Interviews with security supervisors, the PSACM and Warden confirmed that no incidents of cross-gender strip searches have occurred during the audit period; and no body cavity searches are permitted. The Warden provided a Memorandum dated May 10, 2022, indicating there had been no strip search or visual body cavity search conducted at BDC, and confirmed this during his interview. The Warden explained that if there was a health safety reason that warranted a body cavity search, it would be conducted by medical and under the direction of a Physician and documented through an IR and in medical charts. The HSA provided the same information regarding body cavity searches during her interview that supported the Warden's explanation. Since no cross-gender strip searches or body cavity searches had occurred during the audit period, there was no documentation for review; however, the Auditor was provided a blank copy of the Cross Gender Search Log for review. Juveniles are not held at BDC. The Auditor's review of staff rosters and observation of staff present during the site visit concluded that there is adequate staff of both genders available to ensure cross-gender searches of any kind would not be necessary. All the detainees interviewed stated they had never been strip searched while at the facility.

(g) Policy 30.01 states, "Detainees will 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 checks or cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. BDC staff of the opposite gender will announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." During interviews, random security staff confirmed that they make their opposite gender announcements when they enter a housing unit or when entering an area that a detainee may be undressed. They also indicated that non-security staff are expected to make their announcements as well, but if they forget, the officer makes it for them. These announcements are documented in the area logbook and the Auditor observed samples of logbook entries where opposite gender announcements were made, indicating a well instituted practice. Additionally, during the site inspection, the Auditor observed signage posted outside each housing unit reminding staff to make the opposite gender announcements, and observed these announcements being made when the tour group entered the housing units. Detainee interviews confirmed that these announcements are made with few exceptions. The bathroom areas on the housing units are constructed so there is a block wall separating the bathroom from the living area, and an opaque barrier has been installed on top of the block wall that continues higher than an average person can view, and prevents the camera view from capturing detainees showering, using the restroom, or changing clothes in the area. The facility has taken sufficient action to mitigate opposite gender viewing. During detainee interviews, one male detainee mentioned being observed by a female detention officer while using the toilet but that he considered this incidental and could not recall another such instance. The intake group holding cells were toured during the site visit and the toilet areas contained barriers that blocked the view of sensitive body parts both in-person and with camera views. During an interview with the PSACM, she advised that she has the ability to pixelate images that display areas where detainees shower, use restroom facilities and/or change clothing. While onsite the Auditor identified one medical infirmary cell that included a partial view of the detainee toilet. The PSACM took corrective action during the audit and extended the pixel image covering the entire toilet area. Detainees change clothes in the shower/restroom area which has privacy barriers.

(h) BDC is not a Family Residential Center; therefore, this provision is not applicable.

(i) Policy 30.01 states, "BDC staff will not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner." Interviews with random security staff and supervisors, and the HSA and other medical staff, everyone's knowledge that searching a detainee for the purpose of determining his or her gender is prohibited. The facility reports that there were no incidents during the audit period where this type of search has occurred. As a result of the facility reporting no transgender or intersex detainees being received during the period, the Auditor was unable to review a case file of this type.

(j) Policy 30.01 states, "All pat searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. Pat-down searches will be conducted in an area under monitored surveillance. Pat-down searches conducted in non-monitored surveillance areas will require a minimum of two detention officers, second officer will serve as a witness." The Auditor reviewed the curriculum used by BDC to train their officers on conducting searches, "MTC SAAPI," which covers the proper procedures for conducting both pat-down and strip searches and explains that body cavity searches are only conducted by a physician. This training is supplemented with the "PREA and SAAPI" training curriculum which was created by MTC. The training manager confirmed during his interview that all security staff are required to take this training during their Pre-Service training, and again annually thereafter. A roster, dated May 12, 2022, provided evidence that 12 new hires received detainee search training. Interviews with random security staff and supervisors confirmed that they have been trained on searches to include conducting searches of transgender and intersex detainees and were able to explain to the Auditor proper techniques that would be used. The Auditor also observed the training curriculum titled "Cross-Gender Pat Search & Searches of Transgender and Intersex Inmates Quadrant Method" which all security staff are required to complete annually. Detainee interviews confirmed that searches 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) Policy 30.01 states, "BDC will take appropriate steps to ensure that detainees with disabilities (including for example, 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, BDC will 1) Provide 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, and 2) Providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication." The BDC Detainee Handbook was provided in English and Spanish for the Auditor's review. This handbook includes information for the detainee about accessing accommodations for disabilities and explains that access to programs and activities will be provided in the least restrictive setting possible, and to the most integrated setting appropriate to the needs of the detainee with a disability. The intake staff interviewed stated that when they encounter a detainee who is hearing impaired, information and direction is provided through written materials or use of one of the BDC text telephones (TTY). A Detainee Request Form, also known as an I-60, may be submitted to the HSA, or any staff, to request accommodations, and the detainee is allowed assistance in preparing the request form from another detainee, housing officer, or other facility staff. Interviews with three Intake Staff, the PSACM, and the HSA confirmed that an assessment of a detainee's disability is made upon arrival at the facility and if a disability is identified, the PSACM and HSA are both notified so any accommodations needed for effective communication are met in delivering the SAAPI information during the intake process. The intake area contains three private rooms designated for the SAAPI delivery and Risk Screening to be conducted. It is in this private setting that staff are able to assess if a detainee may have a disability. Additionally, the Risk Screening instrument includes a question for the detainee about any disabilities. Intake Staff interviewed explained that if a detainee appears to not understand the information based on cognitive limitations, they take extra time with the detainee to ensure the message is conveyed properly and notify the PSACM who will follow up with the individual within 24 hours to ensure they understand the information provided. According to the HSA, all incoming detainees are seen and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. The interviews also confirmed that they rarely receive a detainee who needs communication accommodations for a disability, and there were none at the facility during the site visit for the Auditor to interview. The Auditor interviewed three security staff who routinely process detainees at intake confirming their efforts toward ensuring effective communication with detainees during the intake processing, and utilization of the resources available to them as described in this narrative.

(b) Policy 30.01 states, "BDC will take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient (LEP), including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary." Policy 30.01 also states, "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." BDC Property Issue for Necessity Items In-Processing Form contains a space for Intake Staff to note if the detainee understands how to read and write in English; if the answer is no, then the language is identified by Intake Staff through use of the DHS I Speak... Language Identification Guide, by having the detainee point to the needed language. During the audit, the PSCAM advised the Auditor that approximately 30% staff at BDC are bilingual in English and Spanish, so only languages other than these require the use of an external interpreter service. During the facility tour, the Auditor observed the BDC Detainee Handbook available in English and Spanish and the ICE National Detainee Handbook on hand in, either printed or in PDF format, 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 ICE National Detainee Handbook has been uploaded to the tablet in all available languages for detainee access. Upon arrival at BDC, detainees receive the BDC Detainee Handbook, ICE National Detainee Handbook, and the BDC PREA Handout. The BDC Detainee Handbook contains extensive SAAPI information, including the contact numbers for all reporting methods as well as the community advocate. The BDC PREA Handout covers the topics required to ensure meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse. This Handout is printed in English, Spanish, Hindi, Russian, Simplified Chinese Mandarin, Arabic, Bengali, Georgian, and when a detainee does not speak/understand any of these languages, intake staff reads the information to the detainee with use of an available language line interpreter and in a language they understand. Every detainee signs the BDC PREA Handout after the Intake Staff reviews the information with the detainee; the detainee is then provided a copy, and a signed copy is retained for placement in the detainee's file.

The facility has a contract with Language Line Services, Inc., which was verified during an interview with the Warden. Based on the number of calls and various languages accessed on the translation line log, it is evident the facility has a well-implemented process of using the interpreter services to communicate with detainees. Additionally, BDC and ERO staff may utilize the ERO Language Services Resource Flyer for accessing translation/transcription and interpreting services or contact the <https://icegov.sharepoint.com/sites/insight/ero/custody/pages/larc.aspx> for access. During the intake process of one female detainee, the auditor observed the use of a pocket translator available to all assigned intake staff. The pocket translator allowed the intake officer to effectively communicate with the LEP detainee while utilizing the Risk Screening instrument. These pocket translators have the ability to translate in 14 of the most prevalent languages encountered by ICE. The DHS ICE Zero-Tolerance for Sexual Abuse poster, in both English and Spanish, was observed by the Auditor during the tour posted in all housing units and in other common areas, intake processing, medical, visiting area, courtroom area, and front entry. These posters included the name and contact number for the PSACM. Interviews with 28 LEP detainees confirmed all but 1 were provided the SAAPI information in a manner of

their understanding, and that they are afforded an interpreter when needed; they also mentioned the posters in the housing units provide them with information they can understand to make a complaint if needed. The Auditor reviewed the one detainee's file who stated that he did not receive SAAPI information in a language he understood and found the detainee signed for receipt of this information on his day of arrival. The facility also made available the DHS-prescribed ICE Sexual Abuse and Assault (SAA) information pamphlet, which is available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). These brochures were available in the intake area in English and Spanish and were available in the other languages in PDF for printing and distributing to detainees. The Auditor interviewed three security staff and a supervisor who routinely process detainees at intake, confirming their efforts toward ensuring effective communication with detainees during the intake process and utilization of the resources available to them as described in this narrative. Additionally, the facility provides tablets for detainee use and one of the resources available is the PREA-What You Need to Know video which is available in English, Spanish, and Hmong. In their interview with the Auditor, an intake staff member stated that in the event a detainee does not speak English or Spanish, a transcript of the video can be provided in a manner the detainee can understand through the use of the available language translation line. The tablets also have the ability to translate messages that can be sent to designated staff through the system in Arabic, Creole, English, Farsi, French, German, Hawaiian, Hindi, Japanese, Korean, Mandarin, Polish, Punjabi, Russian, Samoan, Spanish, Tagalog, Vietnamese, and Chinese.

(c) Policy 30.01 states, "In matters relating to allegations of sexual abuse, BDC will employ effective expressive and receptive verbal communication techniques while communicating with detainees with disabilities in accordance with professionally accepted standards of care. Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by 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." The Auditor's review of the nine investigative files found that three alleged victims spoke Spanish and were able to communicate with staff without use of an interpreter. Interviews with random security staff, supervisors, and the PSACM confirmed that the interpreter service would be used if needed, and if a detainee requested the use of another detainee to interpret, this may be allowed but would require assessment of appropriateness and approval by the Warden.

As a result of multiple translation options being available to assigned intake staff, to include the availability of three pocket translators, BDC has exceeded the requirements of this standard both during the risk assessment process and in providing the SAAPI information in multiple formats.

§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) BDC has a written policy, Sexual Safety In Prisons (PREA), 903E.02, that states, "MTC prohibits hiring and/or promoting staff who have contact with detainees who have engaged in sexual abuse and/or sexual harassment; and contractors and volunteers with prior sexual misconduct are prohibited from providing services to the facility." 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, require collectively to the extent permitted by law, the agency/facility 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. Interviews with the Warden and HRM confirmed that no candidate for a position that has contact with detainees, by new hire or promotion, will be considered for employment if they are found to have engaged in sexual abuse, sexual harassment, or any prior sexual misconduct.

Policy 903E.02 states, "Material omissions or the provision of materially false information by staff is prohibited as detailed in MTC Policy 203.01.B.8.b.18 Rules of Conduct." The acting 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 confirmed during her interview that any material omissions or materially false information discovered to have been presented by a candidate is grounds for termination.

The Auditor reviewed samples of the BDC Interview Questions form that every potential new hire or promotion must complete. This form asks the applicants directly about previous misconduct described in paragraph (a) of this standard. The Auditor reviewed 10 personnel files and found this completed form in each file. Employees have a continuing affirmative duty to disclose any such misconduct, and the employee is advised of this during the initial hiring process as well as during the PREA training. During the SDDO interview, he confirmed that there have been no recent promotions at their office. Upon interviewing the HRM and PSACM, it was determined that because of the continuing affirmative duty to disclose any such misconduct, they did not have a formal process in

place for these questions to be asked on any recurring interval. The HRM and PSACM immediately created an acknowledgement form to be completed annually and implemented a procedure for every employee to complete to become current. Before the closeout, documentation was provided to the Auditor for review of signed acknowledgement forms for every employee who was working the last day of the audit, and a plan had been developed to ensure that the remaining staff would complete the form over the next two weeks. Random staff interviews confirmed a clear knowledge of the continuing affirmative duty to disclose misconduct. Of the 10 employee files reviewed, 3 listed prior institutional employment and the files were documented where the prior employer was contacted requesting information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse.

(c)(d) Policy 903E.02 states, "Facilities shall either conduct criminal background checks at least every five years for current employees who may have contact with detainees or have in place a system for otherwise capturing such information for current employees; and Contractors having contact with detainees require a background check before enlisting services and every five years of continued service in accordance with MTC Policy 13.20, Purchase Policy." During the interview with the HRM, she explained that a background check is run on every employee and contractor through Accurate, a national company who conducts background checks. The Auditor reviewed evidence of the background check for ten facility employees, and one contractor. BDC has had no volunteers during this audit period. On August 01, 2022, the Auditor sent a request for Background Investigation for Employees and Contractors form to the PSO with a list of 11 employees (8-MTC;2-ICE/ERO;1-Contractor), to verify that background investigations had been conducted. The PSO responded indicating that all 11 are current and the response included a 5-year background investigation for the 1-ICE/ERO employee with more than five years of service. During the Warden's interview, he explained to the Auditor that sometimes the background investigation process can take up to six months, and in order to maintain staffing levels and to retain desirable employees, the facility will hire the candidate, contingent on a clear background investigation, and begin the training process but will not allow the employee to have contact with detainees until the ICE background investigation clearance is received. The Auditor interviewed one newly hired officer who confirmed that they have been assigned to non-contact duties at the facility and understand that they are not to have contact with detainees until their clearance is received.

(f) Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. During the HRM's interview, she confirmed that she provides information to prospective employers regarding prior employees of BDC upon request, and when they provide a signed release from the employee.

§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)(b) Policy 30.01 states, "When designing or acquiring any new facility, or in planning any substantial expansion or modification to the existing facility, BDC will consider the effect of the design, acquisition, expansion, or modification upon its ability to protect detainees from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology at the facility, BDC will consider how such technology may enhance its ability to protect detainees from sexual abuse by eliminating any blind spot as much as possible."

Interviews with the PSACM and the Warden confirmed that there were substantial modifications to the video monitoring system in March of 2019, prior to opening the facility and that BDC took into consideration how any changes would affect their ability to protect detainees from sexual abuse. (b) (7)(E)

[REDACTED] In an interview with the Warden, he explained the majority of these upgrades and camera additions occurred just prior to the facility opening in early 2019. Interviews with the PSACM, Maintenance Supervisor, and Warden confirmed that placement decisions for cameras are decided collaboratively with input from the PSACM. The Auditor's review of the BDC Staffing Analysis Report May 20, 2021, confirmed that the management team considered the effect of installation of a new video monitoring system and how upgrades to the existing system would have an impact on enhancing their ability to protect detainees from sexual abuse. Additionally, this consideration is evidenced through documentation on the Sexual Abuse Incident Review forms conducted within 30 days at the close of sexual abuse investigations. An interview with the Maintenance Supervisor confirmed that when cameras are inoperable, this is considered an emergency work order and would be high priority for repair.

§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) BDC provided the Auditor with a Memorandum of Understanding (MOU) with Jones County Sheriff's Department (JCSO), which details JCSO as, "the agency with legal authority to provide investigative services to BDC for any allegation of staff sexual misconduct or detainee on detainee sexual abuse and/or harassment that arises to the level of criminal behavior as defined by PREA," dated July 07, 2022. During the interviews with the PSACM, the SDDO/ERO PREA Field Coordinator and the Warden, it was determined that the facility has 14 designated investigators who are trained to conduct administrative investigations and that BDC follows the agency's Policy 11062.2 with regard to evidence collection, which is also outlined in Policy 30.01. Criminal investigations will be conducted by the JCSO as indicated in the MOU. The agency's Policy 11062.2 outlines the agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection.

Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. BDC Policy 30.01 states in part, "Preservation of direct and circumstantial evidence, including any DNA evidence and any available electronic monitoring data will be collected by BDC, and with the assistance of JCSD, when physical DNA evidence requires collection. The results of the physical examination when applicable and all collected physical evidence are to be provided to JCSD." The facility houses no juveniles. The Auditor's review of the nine closed investigations confirmed that uniform evidence protocols were used for collecting circumstantial evidence and the nature of each allegation presented no indication of physical evidence to be collected. Interviews with two trained facility investigators, one being the PSACM, confirmed their knowledge of uniform evidence protocols, consistent with the PREA Specialized Investigations Training they had received. Each of them explained that the JCSD is contacted and presented the opportunity to conduct a criminal investigation for all sexual abuse allegations and would lead the evidence collection related to any physical evidence required to be collected. The facility would be responsible for preserving evidence until a JCSD Investigator arrived on the scene. The SDDO/ERO PREA Field Coordinator confirmed during his interview that the evidence protocols utilized at JCDC are those described by the Warden, PSACM, and facility investigators, and are in accordance with agency Policy 11062.2. BDC SAAPI Policy 30.01 was reviewed and approved by the designated ICE ERO PREA Field Coordinator on January 25, 2022.

(b) BDC has entered into an MOU with Rape Victim Crisis Center (RVCC), dated January 14, 2022, to provide, in addition to other services, medical accompaniment to a detainee victim of sexual abuse from BDC, access and referral to a 24-hour sexual assault crisis hotline and abuse/human trafficking prevention sessions to detainees upon request, to address victim's needs. The BDC advises detainees of access to these services through the BDC Detainee Handbook, informational signage posted in the housing units, and through the BDC PREA Handout. A speed-dial number has been created that can be accessed from the housing unit telephone system that will go directly to the RVCC; these calls will not be recorded and may be placed at no cost to the detainee. The Auditor placed a test call from a random housing unit phone and spoke with a representative who confirmed these services are available. The Auditor's review of the nine investigative files found that victims were offered RVCC crisis intervention and counseling service; however, in each instance, the victim declined these available community resource services.

(c)(d) Policy 30.01 states, "Where evidential or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the Facility Administrator will arrange for the alleged victim to undergo a forensic medical examination. These examinations will be performed by the Anson General Hospital (AGH) in Anson, Texas. Prior to transporting any detainee for such treatment, a criminal report must be completed by the JCSD. As requested by the victim, the presence of his or her outside victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, will be allowed for support during a forensic exam and investigatory interviews." The BDC has entered into a Services Agreement on December 19, 2019, with AGH who provides qualified personnel to provide medical forensic examinations for detainee victims of sexual abuse and the agreement has no expiration date. Interview with the HSA and a representative of AGH confirmed the availability of the services, the utilization of Sexual Assault Forensic Nurse/Sexual Assault Nurse Examiner (SAFE/SANE) personnel when required, and both explained the protocols the AGH medical staff would go through to access these services if needed. Both the HSA and the AGH representative advised the Auditor there was no incident during the audit period requiring a forensic medical exam. Additional medical personnel interviewed were also able to provide the Auditor with protocols for accessing these services with AGH in the event of a sexual assault incident. During an interview with the Warden, PSACM, and HSA, each confirmed that as requested by the detainee victim, the victim advocate would be allowed to accompany the detainee during the examination at AGH and during any investigator interviews.

(e) The PSACM provided the Auditor with an email from the ACA/Compliance Coordinator addressed to the JCSD Chief requesting that the JCSD follow the requirements of provisions (a) through (d) of this standard when conducting sexual abuse investigations at BDC. The Auditor also interviewed one JCSD investigator who confirmed his agency would follow provisions (a) through (d) of this standard.

§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)(f) Policy 30.01 states, "At any time a detainee alleges sexual assault or abuse, BDC will coordinate and initiate an administrative investigation. All investigations, administrative or criminal, into alleged sexual assault [or abuse] will be prompt, thorough, objective, fair, and conducted by qualified investigators. BDC's Facility Investigator will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse." According to the BDC's MOU with JCSD, the JCSD is the entity with legal authority to provide investigative services to BDC for any allegation of staff sexual misconduct or detainee on detainee sexual abuse and/or harassment that arises to the level of criminal behavior as defined by PREA. Agency protocols require that all allegations be reported to the Joint Intake Center (JIC), where the allegation will be assessed to determine if it falls within the PREA purview. The PREA allegations are referred to DHS OIG or OPR. 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 Inquiry Unit (AIU) for action, and the agency would assign an administrative investigation to be completed. There were 15 allegations reported and

investigated during the audit period; the Auditor reviewed 9 investigative files total. Of the nine investigative files reviewed by the Auditor, six were staff-on-detainee and three were classified as detainee-on-detainee; all were closed. Seven of the nine allegations were investigated by the facility and two were investigated by OPR. The Auditor reviewed all nine investigative case files and found that each case was presented to the JCSD for a criminal investigation, and they declined. Of the nine investigative case files reviewed, two staff-on-detainee case were substantiated by the facility investigator and the remaining seven cases were determined either unsubstantiated or unfounded.

The facility's protocols, as outlined in Policy 30.01, includes a description of the responsibilities of the agency, the facility, and other investigative entities. Interviews with the PSACM, two facility investigators, and the SDDO/Field PREA Coordinator confirmed each have a thorough understanding of their responsibilities and the inter-agency coordinated efforts that are required when investigating an allegation of sexual abuse. Following a report of sexual abuse, the facility investigator will begin to collect facts and any available evidence and provide notification to the SDDO/Field PREA Coordinator. If at any point the incident appears to be criminal in nature, the Facility Investigator will immediately pause the administrative investigation, will update the SDDO/Field PREA Coordinator, and make notification to the ICE Field Officer Director (FOD) by way of the COR, not interview the alleged perpetrator, and contact the JCSD for a criminal investigation referral. The SDDO/Field PREA Coordinator confirmed during his interview that he is responsible for making notifications to the JIC, ICE OPR or the DHS OIG, as appropriate. Policy 30.01 states, "Coordination of administrative and criminal investigations shall ensure that criminal investigations are not compromised by an internal administrative investigation. When JCSD investigates an alleged sexual abuse and assault, BDC will cooperate with JCSD and will attempt to remain informed about the progress of the investigation. BDC will also cooperate with any administrative or criminal investigative efforts arising from the incident." Upon conclusion of the criminal investigation, the facility investigator will resume the administrative investigation. When a staff member is involved as an alleged perpetrator, the facility will follow the same protocols as outlined above, including the notifications to JIC, ICE OPR, or the DHS OIG. Additionally, the Warden advised that he is responsible for providing notification to MTC Corporate of incidents of a criminal nature involving staff. All notifications are made by email for documentation purposes, and in some cases, followed up with a phone call based on the urgency of the situation. In all nine cases reviewed, the Auditor confirmed that notifications were made promptly and appropriately to the required entities through investigative case file review. An interview with the SDDO confirmed the reporting protocols as previously explained by the SDDO/Field PREA Coordinator. The PSACM confirmed during her interview that retention of case files is maintained for at least five years.

(c) The Auditor confirmed that the agency and facility protocols are posted on their respective websites at: <https://www.ICE.gov/prea> and <https://www.mtcetrains.com/prea/>.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) Policy 30.01 states, "BDC's Training Manager is responsible for providing initial and annual training to all BDC staff, contractors, and volunteers. This training includes how to respond in a coordinated and appropriate fashion, when a detainee reports an incident of sexual abuse or assault. All training will be documented and maintained by the BDC Training Manager. BDC's SAAPI training will be included in training for employees, volunteers, and contract personnel and will also be included in annual refresher training thereafter." The Policy further delineates the required SAAPI training topics which include BDC's zero-tolerance policy for all forms of sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; Instruction that sexual abuse and assault is never an acceptable consequence of detention; How to avoid inappropriate relationships with detainees; Recognition of situations where sexual abuse or assault may occur; 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 assault and ways to prevent and respond to such occurrences; Requirements to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee's-victim's welfare, and for law enforcement/investigative purpose; The investigative 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, or gender nonconforming detainees; Instruction on reporting knowledge or suspicion of sexual abuse and assault; and Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and assault. The Auditor reviewed the staff training PowerPoint PREA & SAAPI and found it to be inclusive of all topics required in provision (a).

(b)(c) The training manager confirmed during her interview that she is responsible for coordinating, scheduling, and delivering training to staff, contractors, and volunteers and that they are required to take PREA training every year, which exceeds the requirement of provision (b), which requires a refresher every two years. Additionally, interviews with the training coordinator and the PSACM confirmed, the commissary contract employee has the same access and potential contact as BDC staff; therefore, is subject to the same training requirements as BDC employees. She also explained that most of the in-service training, including the PREA/SAAPI module is held in-person classroom training at this time. The PSACM delivers the PREA/SAAPI training as a subject matter expert. During class, a daily training roster is signed by the attendee verifying participation and acknowledging understanding of the training received. Additionally, BDC conducts monthly PREA refreshers with all MTC staff that have contact with detainees. The Auditor confirmed these monthly refreshers through staff interviews and corresponding participant sign in sheets that were available onsite. The Auditor reviewed in-service training records for six BDC employees and one commissary contract employee with the PAQ documents prior to the site visit and reviewed ten BDC staff training records randomly selected during the site visit. Based on the records reviewed and interviews with random staff, the facility has a well-implemented system in place for training staff and

maintaining records. The SDDO confirmed that he and the other eight ICE staff assigned to BDC are all current with their PREA training through PALMS. The Auditor randomly selected two of the ICE staff for an interview and was provided their training certificates, as requested. All random staff interviewed were very knowledgeable about the SAAPI program and had a complete understanding of the agency's zero-tolerance for sexual abuse. As a result of BDC's practice of providing formal classroom setting PREA training annually and additional monthly PREA refreshers, BDC is exceeding the standard requirement.

§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) Policy 30.01 states, "All volunteers and other contractors who have contact with detainees will be trained on their responsibilities under BDC'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 will be notified of BDC's zero-tolerance policy and informed on how to report such an incident." The facility provided PAQ and interview with the Warden confirmed that there had been no volunteers entering facility during the audit period and the Warden explained this was mostly related to the Covid-19 pandemic. Additional interviews with the Warden, PSACM and the training coordinator, established that once the volunteer programs begin, all volunteers will receive training on the SAAPI and zero-tolerance policy prior to have contact with detainees. The Auditor interviewed one commissary contractor who has contact with detainees and she confirmed she had PREA training relating to the facilities zero-tolerance for sexual abuse policy and her responsibilities if she becomes aware of an incident. The training coordinator also provided the contractor's signed copy of the PREA Contractor Acknowledgement form, and the training coordinator further explained this would be the same process for any volunteer approved to enter the facility.

§115.33 - Detainee education.

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

Notes:

(a) Policy 30.01 states in part, "Upon admission to BDC, all detainees will be notified of the facility's zero-tolerance policy for all forms of sexual abuse and assault through the orientation program, BDC's Detainee Handbook and ICE/ERO's National Detainee Handbook and provided with information about BDC's SAAPI program. BDC's orientation sheet will include at a minimum: BDC's zero-tolerance policy for all forms of sexual abuse or assault; The name of BDC's PREA Coordinator 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), their consular official, the DHS/OIG and ICE/OPR investigation process; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault will not negatively impact the detainee's immigration proceeding; The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." BDC provides every detainee the BDC PREA Handout during intake. The BDC PREA Handout covers the topics required to ensure meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse, and contains every topic required by provision (a) of this standard. The Intake Staff provide this information to each detainee one-on-one in the designated PREA interview stations in the intake area. Once the Intake Staff has covered the handout with the detainee, the detainee is then provided a copy, and a signed copy is retained for placement in the detainee's file. In addition, interviews with assigned intake staff confirmed the "PREA-What You Need to Know" video is shown to all detainees within each designated intake hold room.

(b) Policy 30.01 states, "Detainee notification and orientation will be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills." During the Auditor's interviews with three Intake Staff, the PSACM, and the HSA, they confirmed that an assessment of a detainee's disability and any language barrier is made upon arrival at the facility and if a disability or language barrier is identified, the PSACM and HSA are both notified so any accommodations needed for effective communication are met in delivering the SAAPI information during the intake process. The intake area contains four private interview stations designated for the delivery of SAAPI information and the Risk Screening to be conducted. It is in this private setting that staff are able to assess if a detainee may have a disability or a language barrier that needs the assistance of an interpreter or use of available pocket translators. Consistent with §115.16, multiple measures are employed to effectively deliver the SAAPI message to detainees at BDC. The facility provides auxiliary aids or services to accommodate disabilities as determined by the HSA. These services include the provision of readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, TTYs, interpreters, and note-takers, as needed. Intake staff interviewed explained that if a detainee appears to not understand the SAAPI information based on cognitive limitations or limited reading skills, they take extra time with the detainee to ensure the message is conveyed properly and notify the PSACM who will follow up with the individual within 24 hours to ensure they understand the information provided. According to the HSA, all incoming detainees are seen and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. The interviews also confirmed that they rarely receive a detainee who needs communication accommodations for a disability, and there were none at the facility during the site visit for the Auditor to interview. The BDC Detainee Handbook is published in English and Spanish, and the facility's PREA orientation video is presented in both English and Spanish, as the most common language spoken by detainees housed at BDC is Spanish. In addition to the PREA orientation video being shown to all detainees upon intake, BDC replays this video in each detainee housing unit each day during the 4:00 pm count. The BDC PREA Handout is printed in English, Spanish, Hindi, Russian, Simplified Chinese Mandarin, Arabic, Bengali, Georgian, and when a detainee does not speak/understand any of these languages, Intake Staff reads the information to the detainee with use of an

interpreter or available pocket translators in a language they understand. The tablets also have the ability to translate messages that can be sent to designated staff through the system in Arabic, Creole, English, Farsi, French, German, Hawaiian, Hindi, Japanese, Korean, Mandarin, Polish, Punjabi, Russian, Samoan, Spanish, Tagalog, Vietnamese, and Chinese.

(c) Policy 30.01 states, "BDC will maintain documentation of a detainee's receipt of BDC Detainee Handbook, which includes the DHS prescribed Sexual Assault Awareness information brochure and receiving BDC PREA Orientation Sheet." Based on interviews with the Intake Staff and the PSACM, there are two documents that capture the detainee's signature indicating they have participated in the intake process orientation. Both the BDC Detainee Dorm Card and the In-Processing Form indicates if a detainee is LEP, provides evidence the detainee watched the PREA video and the BDC orientation video, received the BDC Detainee Handbook and the ICE National Detainee Handbook, and whether an interpreter was used during the intake processing. The BDC PREA Handout indicates the detainee's understanding of the SAAPI information presented and indicates if an interpreter was used during the presentation of the SAAPI material. The Auditor reviewed 14 detainee files and found signed copies of both forms in each detainee's file.

(d)(e) Policy 30.01 states, "BDC will post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the PREA Coordinator; and Information about the local organization that can assist detainees who have been victims of sexual abuse or assault, including the mailing address and telephone number (including toll-free hotline numbers where available). DHS-prescribed "Sexual Assault Awareness Information" brochure will be on bulletin boards and BDC detainee handbooks." The Auditor's review of the BDC Detainee Handbook found that it includes the DHS-prescribed SAA information pamphlet so that each detainee is provided a copy when they are issued the BDC Detainee Handbook. At the time of the audit, these brochures were available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi), and were observed in both electronic and printed format in the intake area. During interviews with 30 detainees, 1 stated they did not receive a SAA informational pamphlet in a language of their understanding, which was Russian. The Auditor advised the PSACM, and she provided the brochure in the designated language for the detainee this same date and later provided the detainees signed acknowledgement sheet indicating she had received it upon intake. During the facility tour, the Auditor observed the DHS-prescribed sexual assault awareness notice, the name of the PSACM, and information for contacting RVCC. The Auditor observed that all notifications provided to detainees on the housing units were neatly printed and legible and were strategically and uniformly posted in every unit. Consistency in the way these informational posters are presented on each housing unit provides increased accessibility, particularly if detainees move from one housing unit to another. The facility has demonstrated meaningful efforts toward ensuring all detainees have equal opportunity to participate in the SAAPI program and multiple ways to communicate with entities outside of BDC.

(f) The facility had ICE National Detainee Handbooks, which included information about reporting sexual abuse, on hand in either printed or PDF format, 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). Based on interviews with the Intake Staff, PSACM, detainees, and review of supporting documentation in the detainee files upon arrival at BDC, detainees receive the ICE National Detainee Handbook. Additionally, the facility has uploaded the ICE National Detainee Handbooks in all available languages on the tablets for access by detainees.

§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) Based on interviews with the Facility Investigators, PSACM and training manager and review of Policy 30.01 states, "In addition to the general training provided to all BDC employees, BDC will provide specialized training on sexual abuse and effective cross-agency coordination to facility's investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities." BDC identified 14 staff who are specially trained facility investigators and certificates were provided where each of them had completed the PREA Specialized Investigations Training. The Auditor reviewed the course curriculum and found that it meets all topic requirements of provision (a). Training rosters and certificates are maintained by both the training manager and the PSACM as evidence of this completed training. While onsite, the Auditor reviewed each of the 14 designated investigators completion certificates for The National Institute of Corrections course titled: "PREA: Investigating Sexual Abuse in a Confinement Setting."

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 conduct an investigation of 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.

Of the nine investigative cases closed within the audit period, two were investigated by specialized trained OPR investigators, and seven by specialized trained facility investigators.

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

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

Notes:

(a)(b) IHSC/USPHS staff are not present at BDC based on a memorandum submitted by the Warden, dated May 10, 2022, and interview with the PSACM; therefore, these provisions are not applicable to BDC.

(c) Policy 30.01 states, "BDC medical staff will only provide care within the scope of their training and certification. Where indicated as necessary, advanced care for victims of sexual assault/abuse will be referred to outside providers." The Auditor's review of the SAAP training provided by BDC includes the specialized topics required for medical staff and all staff have received this training. Additionally, the HSA ensures all medical and mental health staff to receive "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and PREA: 201 for Medical and Mental Health Practitioners" training that includes responding to victims of sexual assault. This training is documented and retained by the HSA and the Auditor observed evidence of this completed training for all medical and mental health staff. Based on an interview with the HSA, BDC's medical staff do not conduct examinations or provide treatment to victims of sexual abuse; these services would be provided by AGH and in accordance with the provider service agreement. BDC's SAAP Policy 30.01 was reviewed and approved by the designated ICE ERO PREA Field Coordinator on January 19, 2022.

§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) In accordance with BDC's Standard Operating Procedures Admission and Release and Custody Classification System, "BDC will assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. BDC will also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival will be kept separate from the general population until he/she is classified and may be housed accordingly. In some cases, segregation may be warranted. BDC's initial screening and classifications processes will be completed within 12 hours of admission to the facility." The Auditor reviewed 14 detainee files during the site visit and found completed Screening for Risk of Victimization and Abusiveness (SRVA) forms that were clearly documented as being completed within 12 hours of the detainee's arrival. The PSACM also provided the Auditor with a sample of 3 BDC Intake Holding Cell Log Sheets that document the date and time a detainee is placed in the holding cell in the intake area, 15-minute checks by staff, mealtimes, time out of cell, and their housing designation the facility uses to ensure processing is completed within 12 hours as evidence that the initial classification process and initial housing assignment is accomplished within 12 hours. Interviews with Intake Staff and detainees also confirmed that intake processing is completed within 12 hours, with most all confirming the process normally takes less than 4 hours in total.

(c)(d)(f) Policy 30.01 states, "Each detainee arriving at BDC will be screened using the Screening for Risk of Victimization and Abusiveness (SRVA) Form. The SRVA form will be used as a tool to identify detainees who may have a potential risk of sexual victimization or sexually abusive behavior. Information will be gathered by interviewing the detainee and by using the following ICE provided documentation: I-213 Record of Deportable/Inadmissible Alien and Criminal Record Transcription or at any other time when warranted based upon the receipt of additional relevant information. BDC will consider the following criteria, to the extent that the information is available, to assess detainees for risk of sexual victimization 1. Whether the detainee has a mental, physical, or developmental disability; 2. Age of detainee; 3. Physical built and appearance; 4. Previously incarcerated or detained; 5. Nature of criminal history; 6. Any convictions for sex offenses against an adult or child; 7. Self-identification as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8. Having previously experienced sexual victimization; and 9. The detainee's own concerns about his or her safety. BDC will not discipline detainees for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to items 1, 7, 8 and 9 on SRVA]. The initial screening will consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. BDC staff will take 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. Upon completion of the SRVA form, if it is determined that the detainee is at risk of victimization or abusiveness the shift supervisor must be notified and the following staff members will be immediately notified by email: PREA Coordinator, Mental Health, and Classification Supervisor. The SRVA form will be maintained in the detainee's detention file." The facility provided a completed copy of the SRVA form with the PAQ for the Auditor's review and the Auditor found that the SRVA included questions to obtain information for consideration, as required by provisions (c)(d) of this standard. The Auditor reviewed 14 detainee files during the site visit and found appropriately completed SRVA forms for each detainee. The PSACM advised the Auditor that she conducts training with new staff who will be working in the intake area on how to conduct the assessment using the SRVA.

(e) Policy 30.01 states, "Utilizing the SRVA form, the PREA Coordinator will reassess each detainee for risk of victimization or abusiveness between 60 and 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. Classification is an ongoing, dynamic process. A detainee who is subjected to sexual abuse or assault will not be returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed." The Auditor reviewed a blank copy of the Screening for Victimization and Abusiveness §115.41, Form #PSACM 2080702, which is used for conducting reassessments at 30 days, 60-90 days, after an allegation of sexual abuse, or when any other information is made available that may affect the detainee's risk. Of the 30 detainee files reviewed, four had been at the facility for more than 60

days and each had a documented reassessment conducted between 60-90 days. The Auditor reviewed nine investigative case files reviewed confirmed a vulnerability reassessment was completed within 10 hours of the allegation in each instance.

(g) Policy 30.01 states, "Due to the sensitive nature of information gathered during this process, BDC staff will be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons." Interviews with intake staff, shift supervisors, the Classification Supervisor, and PSACM confirmed that the information collected during the screening is kept confidential and only shared with those who need to know for facility management, classification, or treatment purposes. The Auditor visited the classification area where detainee sensitive information is maintained and found the room and files secured under double locking system.

§115.42 - Use of assessment information.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) Policy 30.01 states, "The Classification Supervisor will be notified in the event a housing assignment is in question. Mental Health, Classification Supervisor and PREA Coordinator will be notified immediately if an abusive detainee is identified. Classification is an ongoing, dynamic process. A detainee who is subjected to sexual abuse or assault will not be returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed. Detainees will be screened upon arrival at BDC for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. Housing assignments are made accordingly. Detainees identified as being at risk for sexual victimization will be monitored and counseled, and placed in the least restrictive housing that is available and appropriate. BDC staff will visually observe new arrivals, focusing on signs consistent with vulnerabilities." The decision of the facility to designate private interview stations in the intake area specifically for the delivery of the SAAPI message and screening using the SRVA conveys to the Auditor that the facility is dedicated to making individualized determinations about how to ensure the safety of each detainee. Once the information is collected, any information that may indicate the detainee could be "at-risk" or sexually abusive is immediately forwarded to the shift supervisor, PSACM, medical and mental health, and Classification Supervisor. The shift supervisor will review the information and determine if a housing adjustment should be made, or if the detainee may be placed in the intake unit. The Classification Supervisor reviews the complete detainee file, including the SRVA in order to make individualized safety determinations and permanent housing decision by the time the detainee moves out of the intake unit. Once the PSACM receives the notification, the detainee is placed on her monitoring list, she will check in with the detainee periodically, and review housing, work, program, and recreation assignments for any potential unsafe situation and to ensure the detainee feels safe in their environment. The Classification Supervisor and the PSACM explained that the Offender Data System (ODS) will not allow detainees who are identified as potential victims and potential abusers to be housed together; when a bed selection is made, the system alerts the user that there is a conflict.

(b) Policy 30.01 states, "BDC will provide a respectful, safe, and secure environment for all detainees, including those individuals identified as transgender or intersex detainees. BDC will consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety when making classification and housing decisions for transgender or intersex detainees. Both medical and mental health professionals will be consulted as soon as practicable on this assessment. BDC will not base placement decisions solely on identity documents or the physical anatomy of the detainee, rather a detainee's self-identification and self-assessment of safety needs must always be taken into consideration as well. Housing of a transgender or intersex detainee will be consistent with the safety and security consideration of the facility. Housing and programming assignments for each transgender or intersex detainee will be reassessed at least twice each year to review any threats to safety experienced by the detainee. The detainee identified as a transgender or intersex will be temporarily housed in a location away from the general population, to include the Medical Observation Unit or protective custody, for no more than 72 hours until classification, housing, and other needs can be assessed. Placement into administrative segregation due to a detainee's identification as a transgender or intersex will be used as a last resort and when no other viable housing options exist." The facility has a Transgender Classification and Care Committee (TCCC) chaired by the PSACM, with members from medical, mental health, security, and the Classification Supervisor, that convene as a multi-disciplinary group to meet with the transgender or intersex detainee within 72 hours of arrival, for the purpose of making informed decisions on placement and while ensuring needs can be met in the best interest of the individual and facility. The facility provided a SRVA for a transgender detainee who was housed at the facility within the audit period. File documentation confirmed that the detainee met with the TCCC and was placed in the intake general population. The Committee evaluated all information presented and placed the detainee in the Short-Stay Medical Unit where the detainee was able to have individual access to the dayroom and other privileges afforded to general population. The detainee was released one day after arrival but had been added to the PSACM's monitoring list and scheduled for a six-month placement review, as confirmed by viewing the PSACM's tracking sheets. The minutes from the last Transgender Committee Meeting were provided for the Auditor's review; the notes were very detailed and indicated the Committee is thorough and comprehensive in gathering information to make sound placement decisions and that the detainee's perception of his or her wellbeing is taken into consideration. The implementation of a formal TCCC is above and beyond the requirements of this standard.

(c) Policy 30.01 states, "When operationally feasible, transgender and intersex detainees will be given the opportunity to shower separately from other detainees." Interviews with random security staff, shift supervisors, intake staff, the Classification Supervisor, PSACM, and Warden confirmed that if a transgender or intersex detainee requests to shower separately from other detainees, accommodations would be made.

§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)(d)(e)(f) Policy 30.01 states, "Victims and vulnerable detainees will be housed in a supportive environment that represents the least restrictive housing option possible (e.g., in a different housing unit, transfer to another facility, medical housing, or protective custody), and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. This placement should take into account any ongoing medical or mental health needs of the victim. Victims will not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. BDC will notify the appropriate ICE, via the COR, whenever a detainee victim, or detainee is placed in administrative segregation due to vulnerability to sexual abuse or assault, has been held in administrative segregation for 72 hours. A supervisory staff member shall conduct a review within 72 hours of a detainee's placement in administrative segregation to determine whether segregation is still warranted; and at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. BDC will conduct, at a minimum, an annual review of the Standard Operation Procedure (SOP) Sexual Abuse and Assault Prevention and Intervention (SAAPI), to assess whether changes to facility's policy or procedures could better prevent, detect, or respond to sexual abuse and assault. Immediately following the annual review, BDC will submit to the local ICE/ERO Field Office for approval." The entirety of BDC Policies 30.01 and 903E.02 were reviewed and fully approved by the Facility Administrator and the local ICE Field Office on January 25, 2022. The Warden provided a memorandum and confirmed through interview that no detainee has been placed in protective/administrative segregation for the protection of sexual abuse/assault during the audit period. Interviews with the PSACM, Warden, HSA confirmed that detainees would not be routinely placed in administrative segregation for protection and that alternative housing arrangements are generally possible. If it is necessary to place a detainee in segregation for protection, as in this case, measures are taken to ensure the least restrictive environment is provided.

§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)(c) Policy 30.01 outlines multiple ways that detainees can make a report of sexual abuse and states in part, "Detainee reports of sexual abuse or assault, retaliation for reporting sexual abuse or assault, and/or staff neglect or violation of responsibilities that may have contributed to such incidents will be made using any available methods of communication." These methods include verbal reports to any BDC staff member (to include BDC PREA Coordinator or medical staff); Written informal or formal request or grievances to the facility; Sick call request; Reports to Family Members, Friends, or Other Outside Entities by telephone, in writing or verbally during visit; Reports to RVCC; Written informal or formal requests or grievances to DHS/ICE (including emergency grievance) to the ICE Field Office; Telephonically or written reports to the DHS/OIG, ICE/OPR, or ICE/DRIL (Detention Reporting and Information Line); Telephonically or written reports to consular officials.

The Auditor observed that all notifications provided to detainees on the housing units were neatly printed and legible and were strategically and uniformly posted in every unit. Consistency in the way these informational posters are presented on each housing unit provides increased accessibility, particularly if detainees move from one housing unit to another. The facility has demonstrated meaningful efforts toward ensuring all detainees have an equal opportunity to participate in the SAAPI program and multiple ways to communicate with entities outside of BDC. The facility developed a flyer "Reporting Agencies for PREA," which is posted on every housing unit. This flyer provides a complete listing of all speed dial numbers that may be used to make a report of sexual abuse to an outside entity. The speed dial numbers are 1-6 and include, in this order, DRIL; DHS/OIG, JIC; National Rape Hotline (RAINN); State Sexual Abuse Hotline; MTC Hotline; and RVCC. Instructions are provided on how to use these speed dial numbers anonymously, without using a PIN. Calls made through these speed dial numbers are not recorded or monitored. This flyer also provides the direct toll-free number for MTC Hotline; direct telephone number for RVCC; and the mailing address for DHS/OIG. The Auditor tested each one of these speed dial numbers and was able to either talk to a live operator or reached a voice mail for leaving a message. The BDC consulate listing is also posted on each housing unit and includes instructions to reach Consulates and Embassies and multiple resources including the DRIL, DHS/OIG, and RAINN. Each housing unit has the DHS OIG Hotline (agency's designated public entity that is not part of the agency) notice posted in English and Spanish; and the DRIL posters were also on each housing unit posted in English and Spanish. In addition to these postings, detainees have access to this information through the ICE National Detainee Handbook, which has been uploaded in all 14 available languages to the tablets assigned to the housing units for detainee use. Interviews with all staff included discussions about methods detainees can use to make a report. All staff were able to explain the available methods that can be used, including accepting a verbal, written, anonymous, or third-party complaint and promptly documenting any verbal reports received. Detainee interviews also confirmed their awareness of multiple ways to make a report of sexual abuse. Most all detainees stated they would tell a staff member, but they were all aware of the many other avenues available to them through the written materials distributed and the posters on the walls and bulletin boards.

§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) Policy 30.01 states, "A formal grievance related to sexual abuse and assault can be filed at any time during, after, or in lieu of lodging an information grievance or complaint and with no time limit imposed on when a grievance may be submitted. In the event BDC receives an emergency grievance involving immediate threat to detainee health, safety, or welfare related to sexual abuse or assault, staff will take immediate action and provide the at-risk detainee with safe haven and notify the shift supervisor. The

emergency grievance will be forwarded to the facility PREA Coordinator for investigation. The PREA Coordinator will provide the detainee a decision on the grievance within five days of receipt and appeals will be responded to within 30 days. Detainees may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. BDC staff will take reasonable steps to expedite requests for assistance from these other parties. All grievances related to sexual abuse and BDC's decision on any such grievance will be forwarded and reported to ICE/ERO through the COR."

The facility reported no grievances were received regarding an allegation of sexual abuse or anything else related to sexual abuse during the audit period. This was confirmed through an interview with the Grievance Coordinator, who also explained that detainees are allowed to file a grievance related to sexual abuse at any time and there is no limit imposed on when it may be submitted. Detainees are advised through the BDC Detainee Handbook of their right to file a grievance related to sexual abuse and that assistance may be obtained from others, including another detainee, in preparing the grievance. Detainees are not required to file an informal complaint prior to filing a formal grievance. Additionally, the facility will provide the detainee with a decision by written response within 5 working days of receipt and responds to an appeal of the decision within the 30 days. Any grievance that involves an immediate threat to health, safety, or welfare will be considered an emergency grievance; and any medical emergencies will be brought to the attention of medical staff immediately. The Grievance Coordinator checks the grievance box daily, Monday through Friday. During the onsite audit, the Auditor tested the handwritten grievance process by privately placing a test PREA grievance within one detainee dorm grievance box with instructions to deliver to the Auditor upon collection. The Grievance Coordinator delivered this handwritten test grievance the following day which confirmed grievances are collected within 24 hours excluding weekends/holidays. Detainees are informed through the BDC Detainee Handbook that an emergency grievance should be reported to a staff member immediately. An interview with the HSA confirmed that detainee medical emergencies are brought to medical without delay. The Grievance Coordinator and PSACM both confirmed that any sexual abuse grievance would be forwarded to the ICE FOD via the Contracting Officer's Representative (COR) at the end of the grievance process. Detainee interviews confirmed awareness of the grievance process, that they can report sexual abuse through this method, and that they may obtain assistance in preparing the grievance if needed.

§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) Policy 30.01 states, "The BDC has entered into a MOU with the Rape Victim Crisis Center (RVCC), a community service provider specializing in post-sexual assault intervention and located in Abilene, Texas. BDC will enable reasonable communication between detainees and the RVCC in a confidential manner. The Warden has made available to detainees the information about the local organization RVCC who can assist detainees who have been victims of sexual abuse. This information, which includes RVCC's telephone number, toll-free hotline number and mailing address, is posted on all housing unit bulletin boards and is available in the BDC Detainee Handbook. BDC staff will inform detainees, prior to providing them access to the RVCC, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Auditor reviewed the MOU between BDC and RVCC, entered January 14, 2022, which provides legal advocacy and confidential emotional support services for immigrant victims of crime; the MOU has no expiration date. BDC has established a speed dial number to access the RVCC, and instructions are posted on each housing unit and found in the BDC Detainee Handbook. These instructions provided to the detainees advise the detainees that calls made through this method are not recorded or monitored. The Auditor placed a call to the RVCC using the speed dial number from a unit phone and the call was answered by a live operator who verified the services provided, as listed in the MOU; additionally, she explained the limitations of confidentiality, as would be done with a detainee caller, and their obligation to report a crime to the local authorities if they are made aware. The Auditor's review of BDC's SAAP written protocols includes the services of RVCC. The Auditor's review of the nine investigative case files included documentation indicating the alleged victims were provided RVCC information and offered an advocate in each case. Interviews with one Facility Investigator and the PSACM verified that the alleged victim is offered advocacy services by the assigned Investigator, and that the PSACM, if not the assigned investigator, will also follow up with the alleged victim on the next business day to ensure they have access to confidential community resources if they desire. Random detainee and random staff interviews confirmed their awareness that these services are available and how to access when needed.

§115.54 - Third-party reporting.

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

Notes:

Policy 30.01 states, "BDC has a 3rd Party Sexual Assault Reporting Box in the front administration, which is available to the public, includes instructions on how to report sexual abuse/assault on behalf of a detainee. Detainees are made aware of third-party reporting through the BDC Detainee Handbook and the Sexual Abuse and Assault Awareness brochure." The BDC Detainee Handbook states, "Reporting sexual harassment or assaults can be done verbally, in writing, anonymously and from a third party." A review of both the ICE web site <https://www.ice.gov> and MTC web site <https://www.mtctrains.com/prea/> confirmed each has a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees as well. During the audit, the Auditor tested <https://www.mtctrains.com/prea/> by sending a test email to the MTC PREA Coordinator listed for reporting misconduct and the facility was notified of this test email within four hours. Detainees confirmed during interviews that they are aware of the sexual abuse third-party reporting. The DHS OIG has a public reporting line for misconduct at 1-800-323-8603; on website at <https://www.oig.dhs.gov/>; and by mail. The facility has established this as a method for third-party reporting and notices containing this information were observed by the Auditor posted in the entry of the facility, on the housing units, in the visiting areas and other areas throughout the facility. Additionally, the DRIL website provides a method to the public on how to report sexual abuse on behalf of a detainee. The

standard requires the facility establish a method, and BDC has established multiple methods to receive third-party reports of sexual abuse.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) Policy 30.01 states in part, "The staff member receiving a reported allegation, of an incident of sexual abuse or retaliation, must immediately report the allegation to the shift supervisor. Staff will take immediate steps to ensure the victim's safety and to prevent further victimization of other detainees or staff. The staff member receiving the report must immediately complete an Incident Report (IR) documenting all pertinent information, i.e., date and time the report was received, who and how the report was made, names of all persons and/or detainee(s) involved, along with a synopsis of the reported allegation and action taken. Staff, Contractors, and Volunteers may report any allegations outside of BDC's chain-of-command structure, or directly to ICE/ERO, RVCC, DHS/OIG or ICE OPR." Interviews with random staff, and one contractor confirmed they understand their responsibility to immediately report any allegation they become aware of to the shift supervisor. Random staff were aware that they may go outside of their chain of command to make a report, should they feel it necessary. Policy 30.01 was reviewed and approved by the designated ICE ERO PREA Field Coordinator on January 19, 2022.

Upon review of one of the nine closed investigation files, the Auditor found a PREA allegation verbally reported to a food service staff member on March 16, 2022; however, the staff member did not report the allegation to a supervisor and/or the facility until March 17, 2022, the employee's following workday. Based on the facility leadership immediately implementing established PREA protocols when notified and the fact the eight remaining allegations reviewed by the auditor were immediately reported, the auditor found the facility met substantial compliance with provision (a) of this standard.

(c) Policy 30.01 states, "Regardless of the type of investigation, information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, will be limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes. Apart from such reporting, BDC staff will not reveal any information related to a sexual abuse and assault report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions." Random staff interviews and specialized staff interviews all confirmed the importance of limiting distribution of information related to a sexual abuse incident outside of those who need to know for purposes of treatment, investigation, or local management needs.

(d) Policy 30.01 states, "If the alleged victim is considered a vulnerable adult under a State or local vulnerable person's statute, BDC will report that information to the FOD so that ICE can report the allegation to the designated State or local services agency under applicable mandatory reporting laws." BDC houses only adult detainees. The Warden and PSACM both confirmed during their interview that if a detainee victim of sexual abuse was considered to be a vulnerable adult, they would notify the ICE FOD via the COR in addition to the JCSD and ICE would make any required notifications to any other state or service agency. None of the nine investigative case files reviewed involved a vulnerable adult.

§115.62 - Protection duties.

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

Notes:

Policy 30.01 states, "Staff shall take immediate action to separate any detainee who alleges that he/she has been sexually abused or assaulted from the alleged assailant and shall refer the detainee for a medical examination and/or clinical assessment for potential negative symptoms." Interviews with random staff, supervisors, the PSACM, Warden, and the SDDO all confirmed that immediate action would be taken to protect a detainee who is subject to a substantial risk of imminent sexual abuse. Most line staff stated they would keep the detainee with them and then contact their supervisor for further instructions; supervisory/management and executive level staff explained that the same methods used in §115.43 are the methods that would be used to protect a detainee subject to a substantial risk of imminent sexual abuse which are moving them to a different housing unit, transfer to another facility, medical housing, or protective custody.

§115.63 - Report 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) Policy 30.01 states, "Upon BDC staff receiving a notification of an allegation that a detainee was sexually abused or assaulted while confined at another facility, the Warden will notify the ICE FOD, via the COR and the appropriate administrator of the facility where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The BDC will be documenting using the PREA Notification Memo §115.63 and maintained in the detainee's detention file. The Warden will notify the detainee in advance of such reporting." During an interview with the PSACM, she advised there had been no incidents of sexual abuse reported that was alleged to have occurred at another facility during the audit period, which was further confirmed during her interview. Additionally, the PSACM advised the Auditor that if BDC receives such a report, notification to the appropriate office of the agency or the facility administrator would be made within 72 hours using the PREA Notification Memo §115.53 template created for this purpose, and to serve as documentation of this notification.

(d) BDC provided documentation identifying one notification received from another confinement facility that allegedly occurred at BDC during this audit period. The auditor reviewed this one staff-on-detainee investigative file and found the facility immediately notified the ICE FOD via the COR in addition to the JCSD. The investigative file review found that the facility investigator immediately began the investigation, and she followed the same investigative protocols for responding to sexual abuse allegations for a detainee housed at BDC.

\$115.64 - Responder duties.

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

Notes:

(a)(b) Policy 30.01 states, "Staff shall take immediate action to separate any detainee who alleges that he/she has been sexually abused or assaulted from the alleged assailant and shall refer the detainee for a medical examination and/or clinical assessment for potential negative symptoms. The first security staff member to respond to a report of sexual abuse, or his or her supervisor, shall preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder shall request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." Eight of the nine allegations reviewed during the audit period were reported to security staff members and the response protocols were followed appropriately. The Auditor's review of the investigative case files indicated no physical evidence would be available due to the nature of the allegations, so the evidence preservation instructions were not given by the staff member; however, the file indicated that the detainee was kept separated from contact with the alleged abuser and security staff was notified. The remaining allegation reviewed by the Auditor was made to a non-security staff member and due to the nature of the allegation, no physical evidence would have been available. Random staff interviews confirmed all staff are well-trained on their first responder duties and the importance of an immediate response to separate the alleged victim and alleged perpetrator.

\$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) Policy 30.01 clearly outlines the facility's written institutional plan to coordinate actions, using a multidisciplinary approach, taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. This plan includes notification to the JCSD; use of the designated hospital, AGH; and the designated victim advocate provider, RVCC. Additionally, Policy 30.01 establishes a Sexual Abuse Response Team (SART), which includes a nurse practitioner, a mental health practitioner, a shift supervisor and the PSACM. The Auditor interviewed members of this team and found them very knowledgeable of their responsibilities, as well as understanding of the established institutional plan to coordinate actions following a sexual abuse allegation. The Auditor's review of the nine investigative case files that were reported during the audit period found that BDC staff responded according to the facility's established coordinated response plan.

(c)(d) Policy 30.01 states, "When a victim is transferred between detention 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 (unless the victim requests otherwise in the case of transfer to a non-ICE facility). If the receiving facility is unknown to the sending facility, the sending facility shall notify the FOD, so that he or she can notify the receiving facility." The Warden and HSA confirmed during interviews that when a detainee victim is transferred to another facility that falls under the DHS PREA standards, the potential need for services will be conveyed by the PSACM to the receiving facility, and to a non-DHS receiving facility only if the detainee has not requested otherwise. The Warden, HSA, PSACM and the PAQ confirmed that BDC has had no instances of victim transfers between DHS PREA or non-DHS PREA facilities during the audit period.

Recommendation (d): The Auditor recommends that the facility update MTC Policy 30.1 to include all "When a victim is transferred between detention 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 (unless the victim requests otherwise in the case of transfer to a non-DHS PREA facility)."

\$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:

Policy 30.01 states, "BDC staff, contractors and volunteers suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of an investigation. The Warden will ensure that the incident is immediately referred to the ICE FOD, via the COR." The Auditor's review of six investigative staff-on-detainee case files found that in five of six instances, the staff member was removed from all contact with detainees and the one remaining allegation against staff, the detainee could not provide a name or clear physical description of the staff member. While onsite, the Auditor reviewed correspondence to each named subject staff member notifying each of their assignment to post positions that would not involve detainee contact. The Auditor further substantiated standard compliance by reviewing post log entries that confirmed named subject staff members did not have contact with detainees pending case closure. Interviews with the Warden and the HRM confirmed that employees are removed from all duties requiring detainee contact pending the outcome of the investigation which may include suspension, and contractors or volunteers would be removed from the facility until the investigation is completed and the ICE FOD would be notified.

§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) Policy 30.01 states, "BDC staff, contractors, or volunteers will 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. BDC will employ multiple protection measures such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with an investigation. For at least 90 days following a report of sexual abuse or assault, the BDC will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and will act promptly to remedy any such retaliation. BDC will monitor the following: detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments by staff. BDC will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." The PSACM is the facility's designated retaliation monitor and she explained during her interview that she utilizes the PREA Allegation Follow Up form to monitor detainees to see if there are facts that may suggest possible retaliation by other detainees or staff. The Auditor reviewed the completed PREA Allegation Follow Up forms for all alleged victims in the allegations reported within the audit period and documentation revealed that the PSACM conducted weekly monitoring for retaliation that began on the date the allegation was reported until such time that the detainees were released or transferred from the facility. Random staff interviews confirmed a clear understanding that retaliation is prohibited. The Warden and PSACM both confirmed that retaliation against any person involved in a sexual abuse incident is strictly prohibited and explained procedures consistent with the policy as the facility's measures to prevent and respond to retaliation. The Auditor also interviewed the Grievance Coordinator who confirmed no PREA or retaliation related grievances were submitted during the audit period.

§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)(d) Policy 30.01 states, "Victims and vulnerable detainees will be housed in a supportive environment that represents the least restrictive housing option possible (e.g., in a different housing unit, transfer to another facility, medical housing, or protective custody), and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. This placement should take into account any ongoing medical or mental health needs of the victim. Victims will not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. BDC will notify the appropriate ICE FOD, via the COR, whenever a detainee victim, or detainee is placed in administrative segregation due to vulnerability to sexual abuse or assault, has been held in administrative segregation for 72 hours." Based on interviews with the Warden, PSACM, HSA, the SDDO, and the Auditor's review of nine investigative case files, no detainee was placed in administrative segregation status based on a reported incident of sexual abuse within the audit period. These interviews further confirmed that detainees are not routinely placed in administrative segregation for protection and that alternative housing arrangements are generally possible. If it is necessary to place a detainee victim in segregation after an allegation of sexual abuse for protection, measures are taken to ensure the least restrictive environment is provided. These interviews also confirmed all had knowledge that after a detainee has been held in administrative segregation for 72 hours, the FOD must be notified.

(c) Policy 30.01 states, "Victims who are in protective custody after having been subjected to sexual abuse will not be returned to the general population until the completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault." The Warden provided a memorandum, dated May 10, 2022, advising the Auditor there has been no instances when a detainee victim was placed in segregation after an allegation of sexual abuse, which was further confirmed during his interview and the Auditor's review of the nine investigative case files.

§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)(c)(e)(f) BDC provided the Auditor with an MOU with JCSD, which details JCSD as "the agency with legal authority to provide investigative services to BDC for any allegation of staff sexual misconduct or detainee on detainee sexual abuse and/or harassment that arises to the level of criminal behavior as defined by PREA," dated July 07, 2022. During the interviews with the PSACM, the SDDO, and the Warden, it was determined that the facility has 14 designated investigators who are trained and authorized to conduct administrative investigations. Training for the Facility Investigators was verified and discussed in §115.34 of this report. Criminal investigations will be conducted by the JCSD as indicated in the MOU with BDC. Policy 30.01 states, "Upon conclusion of a criminal investigation, where the allegation is substantiated or unsubstantiated, BDC will conduct an administrative investigation. Administrative investigations will be conducted after consultation with ICE/ERO via the COR, and JCSD."

BDC's administrative investigation as stated in Policy 30.01 includes "1. Preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data. BDC will collect all direct and circumstantial evidence and will request the assistance from JCSD when physical DNA evidence requires collection. All surveillance will be gathered by BDC and will have it available for during investigation process. 2. Interviewing alleged victims, suspected perpetrators, and witnesses. BDC's Facility Investigator will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse. When initial evidence suggests that a legitimate case of sexual abuse or assault did indeed occur, the alleged perpetrator will not be interviewed during the administrative investigation. The PREA Coordinator will notify ICE, via the COR and will contact

JCSD, as JCSD has law enforcement jurisdiction, they will conduct the criminal investigation. 3. Reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. The detention files for all detainees involved in an allegation of sexual abuse or assault will be reviewed. 4. Assessment of the credibility of an alleged victim, suspect or witness, without regard to individual's status as detainee, staff, or employee and without requiring any detainee who alleged sexual abuse or assault will submit to a polygraph. 5. An effort to determine whether actions or failures to act at BDC contributed to the abuse. 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. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. BDC will conduct sexual incident reviews within 30 days of allegations for all substantiated and unsubstantiated cases. 6. Documentation of each investigation by written report, which will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The PREA Coordinator will be responsible for gathering all evidence and create an incident report file that will contain the aforementioned information. BDC will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. 7. BDC will retain reports for as long as the alleged abuser is detained or employed by the facility, plus five years. 8. Coordination of administrative and criminal investigations shall ensure that criminal investigations are not compromised by an internal administrative investigation. When JCSD investigates an alleged sexual abuse and assault, BDC will cooperate with JCSD and will attempt to remain informed about the progress of the investigation. BDC will also cooperate with any administrative or criminal investigative efforts arising from the incident."

Interviews with the PSACM, two Facility Investigators, Warden, and a JCSD Investigator, and review of the nine investigative case files confirmed the facility notifies the JCSD upon every allegation of sexual abuse and waits to conduct the administrative investigation after consultation with the appropriate investigative offices within DHS/ICE/OPR. The facility investigators and the JCSD Investigator confirmed they remain in contact with these agencies, providing assistance where needed and the primary point of contact is the PSACM. Additionally, no actions would be taken involving the administrative investigation that may compromise any criminal investigation without coordinating with the investigating entity. These interviews also confirmed that determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; and that the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating an investigation. The Auditor's review of the nine allegations of sexual abuse reported at BDC during the audit period found these protocols were followed as described and all were thorough, conducted promptly, objectively, and by a specialized trained, qualified investigator.

§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:

Policy 30.01 states, "BDC will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." Additionally, the agency provided a written directive, Policy 11062.2, which states in part that; "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." Interviews with two facility investigators and the PSACM confirmed the evidence standard they use when determining the outcome of a sexual abuse case is the preponderance of evidence. All were able to articulate to the Auditor how they evaluate the evidence presented to make a conclusive decision on the disposition of a case. The Auditor reviewed the nine investigative case files reported during the audit period and found all outcomes of the investigations were based on the preponderance 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:

Policy 30.01 states, "Following an investigation conducted by BDC into a detainee's allegations of sexual abuse, BDC will notify the FOD, via the COR, of the result of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee." The Auditor completed the Notification of PREA Investigation Result to Detainee on August 3, 2022, and submitted to the Team Lead to verify that ERO had made notification of the results of the closed investigation to the victims of the three cases reported during the audit period. This form was returned with six of the nine notifications missing evidence of notification; however, upon reviewing the nine investigative files during the site visit, the Auditor observed a copy of the Notification form and documentation where the facility had made efforts to notify the detainee using the U.S. Postal Service Return Receipt Request in all cases. The PSACM confirmed during her interview that she had contacted ERO to obtain the whereabouts and forwarding address for each detainee where she could make the notifications.

§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)(c)(d) Policy 30.01 states, "BDC staff will be subject to disciplinary or adverse action, up to and including removal from their position, for substantiated allegations of sexual abuse or for violating ICE/ERO or BDC's sexual abuse rules, policies, or standards. Staff removed from their position is the plausible disciplinary sanction for those who have engaged in, attempted or threatened to engage in sexual abuse as defined under the definition of staff-on-detainee abuse in this policy. BDC will report all incidents of substantiated sexual abuse by staff, and all removals of staff, or resignations in lieu of removal for violations of sexual abuse policies,

to the JCSD unless the activities were clearly not criminal. BDC will also report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the FOD, via the COR, regardless of whether the activities were criminal and will make reasonable efforts to report such information to any relevant licensing organizations, to the extent known." The Auditor reviewed six investigative files in which staff was named as the alleged subject. Two of six staff-on-detainee investigative files were substantiated by the facility investigator and in both cases, the facility employee was terminated. In a third case and although determined "unfounded," the facility employee identified as the subject resigned prior to the case being closed. In the remaining staff-on-detainee cases, each investigation disposition was determined to be "unfounded," and no disciplinary action was taken against the named staff member.

Interviews with the HRM and Warden also confirmed removal from employment and Federal Service would be the presumptive discipline 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; additionally, notification would be made to both the JCSD and any relevant licensing body. The auditor confirmed notification to both the JCSD and the agency during review of the staff-on-detainee investigative files. Disciplinary sanctions for violations of SAAPI policies, other than engaging in sexual abuse or actions deemed criminal, would be based on the nature and seriousness of the violation, employee's prior conduct, and any other relevant factors. BDC's SAAPI Policy 30.01 was reviewed and approved by the designated ICE ERO PREA Field Coordinator on January 19, 2022.

§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) Policy 30.01 states, "Contractors suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of the investigation. Any contractor or volunteer who has engaged in sexual abuse or assault will be prohibited from contact with detainees. BDC will take appropriate remedial measures and will 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 will be reported to the RPD, unless the activity was clearly not criminal. BDC will also report such incident to the FOD, via the COR, regardless of whether the activity was criminal and will make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." The PSACM provided memorandums, dated May 10, 2022, advising the Auditor there had been no reports of sexual abuse against a contractor or volunteer, or any violations of SAAPI policies during the audit period, which was further confirmed during her interview, and interviews with the HRM, Warden, and SDDO. These interviews also confirmed a contractor or volunteer suspected of sexual abuse or violating the SAAPI/zero-tolerance policies would be removed from all duties requiring detainee contact pending the outcome of the investigation, and ultimately terminated from any future contact if substantiated; additionally, notification would be made to both the JCSD and any relevant licensing body of substantiated allegations of sexual abuse. Disciplinary sanctions for violations of SAAPI policies, other than engaging in sexual abuse or actions deemed criminal, would be based on the nature and seriousness of the incident. The PAQ and interviews with the Warden and HRM confirmed no volunteers entering the facility during 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) Policy 30.01 states, "Detainees will be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in a sexual abuse or assault. If a detainee is mentally disabled or mentally ill but competent, the disciplinary process will consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The Warden provided a memorandum, dated May 10, 2022, advising the Auditor there were no substantiated allegations against a detainee during the audit period, which was further confirmed during his interview and a review of the three detainee-on-detainee investigative case files.

Detainee disciplinary procedures and sanctions are delineated in BDC's Policy 3.1, Disciplinary System. Policy 3.1 states, "Detainees shall be informed of facility rules and regulations, prohibited acts, disciplinary sanctions that may be imposed, their rights in the disciplinary system and the procedure for appealing disciplinary findings. Staff who have reason to suspect that a detainee has engaged in a prohibited act or who witness a prohibited act that cannot or should not be resolved informally, shall prepare a clear, concise, and complete Incident Report. Each Incident Report shall be objectively and impartially investigated and reported, ordinarily by a person of supervisory rank. BDC shall have graduated severity scales of prohibited acts and disciplinary consequences. Appendix A will provide the prohibited acts within the facility in where disciplinary sanctions can be imposed." The Auditor's review of Policy 3.1 and interviews with the Warden and PSACM verified that the facility has a detainee disciplinary system that has written procedures, progressive levels of reviews, appeals procedures, and documentation procedures. Appendix A, Offense Categories finds "Assaulting any person (includes sexual assault) listed as a prohibited act that carries sanctions for "Greatest" offense category, and other sexual acts, making sexual proposals or threats are considered "High" offenses." In an interview with the Classification Supervisor, she confirmed that all detainees are informed of the BDC'S disciplinary process during orientation and through the issued BDC Detainee Handbook. Interviews with the Warden and one Mental Health Professional confirmed that a detainee's mental health status at the time of an incident is considered during the disciplinary process and if this mental disability or mental illness contributed to his or her behavior when determining any sanctions that may be imposed.

(e) Policy 30.01 states, "BDC will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact." This procedure was confirmed during interviews with the PSACM, Warden, and SDDO.

(f) Policy 30.01 states, "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 will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." This procedure was confirmed during interviews with the PSACM, Warden, and SDDO.

§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) Policy 30.01 states, "BDC staff will, 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 will receive a health evaluation no later than two 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 72 hours after the referral." The HSA confirmed during interview that if the SRVA screening form indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, all elements of this component and the above noted policy would be followed. The Auditor reviewed a documented example of a referral resulting from the detainee's disclosure of prior sexual abuse during the risk screening process. The referral to the medical department for mental health follow-up was made on the same day, and the detainee was seen by mental health on the next day. Based on interviews with the HSA and one mental health professional, and review of the documented referral provided, the Auditor concluded that medical and mental health see the detainees as soon as possible after a referral, but no later than two days (medical) and 72 hours (mental health) after the referral. Interviews with the intake staff confirmed when a detainee answers affirmative to certain questions on the SRVA form, that they immediately notify the PSACM, medical, and classification by email to initiate the necessary follow-up.

§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) Policy 30.01 states, "BDC will provide detainee victims of sexual abuse and assault with 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. BDC Medical Department will coordinate with transportation Officers and/or Emergency Medical Services (EMS), if applicable, to ensure the alleged victim's special needs are taken into account during transportation for emergency care or other services offsite. BDC's Medical Department will coordinate with ICE/ERO to offer medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while detained in immigration detention." The Warden provided a memorandum, dated May 10, 2022, advising the Auditor there had been no incidents during the audit period where detainee victims of sexual abuse required emergency medical or mental health services. This was further confirmed during interviews with the PSACM, HSA, Warden, and the SDDO. Interviews with medical staff and review of the nine investigative case files confirmed that the alleged victims and alleged perpetrators in each case were seen by medical and mental health providers for an evaluation immediately after the allegation was reported. Additionally, the facility investigator provided three examples of signed Treatment Refusal forms for the Auditor's review indicating the detainees were seen by a mental health provider within 24 hours of the reported allegation.

(b) Policy 30.01 states, "All treatment services, both emergency and ongoing, will 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. BDC's Medical Department will provide such victims with medical and mental health services consistent with the community level of care." Interviews with the HSA and a representative from AGH confirmed that detainee victims are not charged for treatment services related to sexual abuse.

§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)(f) Policy 30.01 states, "BDC's evaluation and treatment of such victims will 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. BDC's Medical Department will provide such victims with medical and mental health services consistent with the community level of care. All treatment services, both emergency and ongoing, will 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." These procedures and practices were confirmed during interviews with the HSA, Mental Health Professionals, and other medical staff. Interviews with the HSA and a representee from the RVCC confirmed that detainee victims are not charged for treatment services related to sexual abuse.

(d) Policy 30.01 states, "BDC's Medical Department will offer detainee victims of sexually abuse by a male abuser, while detained, pregnancy test. If pregnancy results from an instance of sexual abuse, BDC's Medical Department will provide the victim with timely and comprehensive information about lawful pregnancy-related medical services, as well as timely access to all lawful pregnancy-related medical services." During an interview with the HSA, she confirmed this procedure and practice.

(e) Policy 30.01 states, "BDC's Medical Department will offer detainee victims of sexual abuse, while detained, test for sexually transmitted infections as medically appropriate." Interviews with the HSA, and other medical staff confirmed that once a detainee

victim returns from the hospital, they will carry out any medical treatment or medical regiment started at the hospital and administer necessary tests and treatment as prescribed by the medical provider.

(g) Policy 30.011 states, "BDC's mental health provider will attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history. BDC will offer treatment when deemed appropriate by mental health practitioners." The Auditor's interview with the HSA and a representative from RVCC confirmed these procedures and practices, and that there have been no substantiated allegations resulting in a known detainee perpetrator during the audit period; and the Warden provided a memorandum dated May 10, 2022, noting the same.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) Policy 30.01 states, "BDC will conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault. Regardless, whether the investigation results are substantiated or unsubstantiated BDC's PREA Coordinator will prepare a written report within 30 days of the conclusion of the investigation. The report will include recommendations, revealed by the allegation or investigation, to change policy or practice that could better prevent, detect or respond to sexual abuse and assault. BDC will submit the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and response will be forwarded to the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator. BDC will also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator. The review team will consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex identification; status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at BDC." The Auditor interviewed five members of the Incident Review Team and the PSACM to confirm the processes and procedures for conducting an incident review is well-established. All members were very knowledgeable about their responsibilities and the elements that are to be taken into consideration during the review. Each of these members interviewed discussed their participation as a member of the Incident Review Team. The PSACM provided a completed Sexual Abuse or Assault Incident Review Form, which includes consideration of all elements required in provision (b), with the PAQ documents for one of the nine cases closed during the audit period. During the site visit, the Auditor reviewed the completed Sexual Abuse or Assault Incident Review Form for seven of the remaining eight cases, further confirming that the facility's processes for conducting incident reviews. The eight completed incident reviews conducted during the audit period resulted in no recommendations for improvements or changes to policy at BDC. However, one of the staff-on-detainee allegations did not include an incident review written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation required change in policy or practice to better prevent, detect, or respond to sexual abuse. An interview with the PSACM and facility investigator both stated that as a result of a language misinterpretation issue, the facility determined the allegation not to be PREA related and therefore did not conduct the required incident review. However, the Auditor's review of the provided PREA Allegation Spreadsheet found the agency did determine the allegation a PREA case; and therefore, an incident review should have been completed.

Does Not Meet (a): The facility could not provide documentation that the sexual abuse incident review was completed within 30 days from the conclusion of one staff-on-detainee investigation dated February 5, 2020. The facility must develop a process to conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse, to include when the Agency deems an allegation PREA post-facility assessment of the case. Staff must be trained on the incident review requirement and conduct an after-the-fact sexual abuse incident review for the July 24, 2020, closed investigation. Additionally, the facility must document staff training, along with two examples of incident reviews completed in a timely manner for compliance review (if applicable).

(c) Policy 30.01 states, "BDC's PREA Coordinator will conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. When BDC has not had any reports of sexual abuse during the annual reporting period, BDC will prepare a negative report. The result and findings of the annual review will be provided to the Warden and the FOD, via the COR, for transmission to the ICE/ERO PSA Coordinator." The Auditor viewed the 2021 BDC Annual PREA Incident Report and the PSACM confirmed procedures for using this review process to improve the SAAPI program at BDC. Additionally, the Auditor reviewed the email correspondence confirming a copy of this annual report was provided to both the COR and the ICE PSA Coordinator.

§115.87 - Data collection.

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

Notes:

(a) Policy 30.01 states, "BDC will maintain in the PREA Coordinator's Office all case records associated with claims of sexual abuse or assault, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Coordinator will maintain a file regarding incidents of sexual abuse and assault in chronological order, which include the following minimum information: A general file which includes the victim(s) and assailant(s) of a sexual assault; the date, time, location, and nature of the incident; the demographic background of the victim and the perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming); detailed reporting timeline, including the names of the individual who reported the incident and received the report of sexual assault, date and time the report was received, steps taken to communicate the report up the chain of command any injuries sustained by the victim; all formal and/or informal action taken, including all post-report follow up response taken by BDC (e.g. housing placement/custody classification, medical examination, mental health counseling, etc.);

supporting evidence. The PREA Coordinator will maintain a listing of the names of sexual assault victims and assailants, along with the dates and locations of all sexual assault incidents occurring within the facility, on his/her computerized incident reporting system. Such information will be maintained on a need-to-know basis, access will be limited to those staff involved in the treatment of the victim or the investigation of the incident. At no time may law enforcement sensitive documents or evidence be stored at the facility. On an ongoing basis, the PREA Coordinator and Warden must work with Field Office and ICE/ERO PSA Coordinator to share data regarding sexual abuse incidents and response.” During an interview with the PSACM and direct observation of investigative files, it was determined that files are maintained securely and contain information consistent with the requirements of this standard. These records are complete and comprehensive and stored within a restricted office under a double locking system.

§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 the entire facility 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. The facility staff was extremely responsive to the requests of the Auditor and promptly provided the documentation requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or 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:	3
Number of standards met:	36
Number of standards not met:	1
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.

James T. McClelland

10/5/2022

Auditor's Signature & Date

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

10/5/2022

Assistant Program Manager's Signature & Date

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

10/7/2022

PREA Program Manager's Signature & Date

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



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	James T. McClelland	Organization:	Creative Corrections
Email address:	(b) (6), (b) (7)(C)	Telephone number:	409-866- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Correction
Email address:	(b) (6), (b) (7)(C)	Telephone number:	406-866- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	(b) (6), (b) (7)(C)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 North Stemmon Freeway, Dallas, Texas 75247
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Bluebonnet Detention Center
Physical address:	400 2 nd Street, Anson, Texas 79501
Mailing address: (if different from above)	POB 591, Anson, Texas 79501
Telephone number:	325-823-8031
Facility type:	IGSA

Facility Leadership

Name of Officer in Charge:	Steve Mora	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	325-823- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	325-823- (b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found BDC met 36 standards, had 3 standards (115.16, 115.31 and 115.42) that exceeded, had 1 standard (115.14) that was non-applicable, and 1 non-compliant standard (115.86). As a result of the facility being out of compliance with 1 standard, the facility entered into a 180-day corrective action period which began on October 11, 2022, and ended on November 14, 2022. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Not Met: 1

§115.86 Sexual abuse incident reviews

The Auditor received both the initial and final CAP documents in November 2022 that were provided by the facility to demonstrate compliance with the standard. The documentation was reviewed, and the Auditor determined that the facility demonstrated compliance with the one standard found non-compliant at the time of the site visit.

PROVISIONS

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

§115. 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) Policy 30.01 states, "BDC will conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault. Regardless, whether the investigation results are substantiated or unsubstantiated BDC's PREA Coordinator will prepare a written report within 30 days of the conclusion of the investigation. The report will include recommendations, revealed by the allegation or investigation, to change policy or practice that could better prevent, detect or respond to sexual abuse and assault. BDC will submit the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and response will be forwarded to the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator. BDC will also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator. The review team will consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex identification; status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at BDC." The Auditor interviewed five members of the Incident Review Team and the PSACM to confirm the processes and procedures for conducting an incident review is well-established. All members were very knowledgeable about their responsibilities and the elements that are to be taken into consideration during the review. Each of these members interviewed discussed their participation as a member of the Incident Review Team. The PSACM provided a completed Sexual Abuse or Assault Incident Review Form, which includes consideration of all elements required in provision (b), with the PAQ documents for one of the nine cases closed during the audit period. During the site visit, the Auditor reviewed the completed Sexual Abuse or Assault Incident Review Form for seven of the remaining eight cases, further confirming that the facility's processes for conducting incident reviews. The eight completed incident reviews conducted during the audit period resulted in no recommendations for improvements or changes to policy at BDC. However, one of the staff-on-detainee allegations did not include an incident review written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation required change in policy or practice to better prevent, detect, or respond to sexual abuse. An interview with the PSACM and facility investigator both stated that as a result of a language misinterpretation issue, the facility determined the allegation not to be PREA related and therefore did not conduct the required incident review. However, the Auditor's review of the provided PREA Allegation Spreadsheet found the agency did determine the allegation a PREA case; and therefore, an incident review should have been completed.

Does Not Meet (a): The facility could not provide documentation that the sexual abuse incident review was completed within 30 days from the conclusion of one staff-on-detainee investigation dated February 5, 2020. The facility must develop a process to conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse, to include when the Agency deems an allegation PREA post-facility assessment of the case. Staff must be trained on the incident review requirement and conduct an after-the-fact sexual abuse incident review for the July 24, 2020, closed investigation. Additionally, the facility must document staff training, along with two examples of incident reviews completed in a timely manner for compliance review (if applicable).

Corrective Action Taken (a): On November 09, 2022, the Auditor reviewed the completed "after-the-fact" Sexual Abuse or Assault Incident Review Form for the allegation reported within the audit period and found it met each component of this standard. Additionally, the Auditor also reviewed two additional completed incident reviews from instances that occurred during the CAP period, and each was conducted within 30 days from the conclusion of the investigation. The Auditor found both met all components of this standard. Furthermore, the Auditor reviewed the facility provided "Sexual Abuse Incident Review" training records for eight key staff responsible for conducting reviews within 30 days of the conclusion of a sexual abuse investigation, confirming each received the required training. The Auditor accepted the corrective action made and the facility has demonstrated compliance with subpart (a) of this standard.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

James T. McClelland

Auditor's Signature & Date

November 15, 2022

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

Assistant Program Manager's Signature & Date

November 15, 2022

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

Program Manager's Signature & Date

November 15, 2022