

PREA Audit: Subpart A

DHS Immigration Detention Facilities

Corrective Action Plan Final Determination



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	Jodi L. Upshaw	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
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AGENCY INFORMATION

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

Name of Field Office:	Salt Lake City Field Office
Field Office Director:	Michael V. Bernacke
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	2975 S. Decker Lake Dr., Suite 100, West Valley, UT 84119-6096
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INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Minicassia Detention Center		
Physical address:	1415 Albion Avenue, Burley, ID 83318		
Mailing address: (if different from above)			
Telephone number:	208-878-1000		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Lieutenant
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-878-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Staff Sergeant
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-878-(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 Minicassia Detention Center, known as the Mini-Cassia Criminal Justice Center (MCCJC) met 16 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 24 non-compliant standards. As a result of the facility being out of compliance with 24 standards, the facility entered a 180-day corrective action period which began on April 12, 2023, and ended on October 9, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 24

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.53 Detainee access to outside confidential support services
§115.61 Staff and agency reporting duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.81 Medical and mental health screenings; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews

The facility submitted documentation through the Agency for the CAP on May 8, 2023, through October 3, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on October 12, 2023. In a review of the submitted documentation to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

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. 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)(d): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center's written policy mandates zero tolerance toward all forms of sexual abuse, sexual misconduct and sexual harassment towards all persons working or in the custody of this facility and outlines the facility's approach to preventing, detecting, and responding to such conduct. This policy shall be reviewed and approved by Immigration, Customs, Enforcement (ICE) and US Marshals Service (USMS) officials in regard to detainees incarcerated in the facility. The Mini-Cassia Criminal Justice Center shall appoint an agency-wide PREA Compliance Manager who shall serve as the facility point of contact for the facility PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA policy and standards in the facility." A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the PSA Compliance manager will serve as the point of contact for the Agency PSA Coordinator. In addition, a review of MCCJC policy 03.126 PREA, and interviews with the OIC, could not confirm that MCCJC policy 03.126 PREA was referred to the Agency for review and approval. Formal interviews with the OIC, a first line supervisor, and two detention officers confirmed they were knowledgeable regarding the Agency's and facility's zero-tolerance policy. The Auditor reviewed the MCCJC website (www.cassiacounty.org/mini-cassia-criminal-justice-center) and confirmed the zero-tolerance information is available to the public via the website. During the facility tour the Auditor observed on the intake area bulletin board signage that included the DHS-prescribed sexual assault awareness notice which contains the Agency's Zero-Tolerance policy. In an interview with the PSA Compliance Manager, it was indicated that he is the point of contact for the Agency PSA Coordinator and has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures. The Auditor reviewed the facility staffing plan and observed the PSA Compliance Manager reports to the Jail Lieutenant and the Jail Commander/Administrator. A review of MCCJC policy 03.126 PREA or an interview with the PSA Compliance Manager could not confirm MCCJC policy 03.126 was submitted to the Agency for review and approval.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA, or an interview with the OIC could not confirm that MCCJC policy 03.126 PREA was referred to the Agency for review and approval. To become compliant the facility must submit documentation that MCCJC policy 03.126 PREA was submitted to the Agency for review and approval.

Corrective Action (c): The facility submitted a memorandum from the SDDO which confirms the Agency has reviewed MCCJC Policy 03.126 PREA and approved of its content. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§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)(d): MCCJC 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the facilities shall consider: Idaho Jail Standards; Applicable state or local laws, regulations, national standards or any other relevant factors; Generally accepted detention practices; Any judicial, federal or state investigation or inspection and internal/external agency findings of inadequacy; The facility's physical plant including blind-spots or areas where staff or inmates may be isolated; The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; The prevalence of substantiated and unsubstantiated incidents of sexual abuse." MCCJC policy 03.126 PREA further states, "Intermediate level or higher-level supervisors will conduct and document unannounced and random rounds on all shifts to identify and deter staff sexual abuse and sexual harassment on all shifts. This will be Staff Sergeant, Sergeant, or Corporal on shift, once each shift, three times a week. The documentation of these rounds will be logged on PREA Supervisor check logs and will be made available to the PREA Auditor as requested at the time of the audit. Staff is prohibited from alerting other staff members that these supervisor rounds are occurring unless such announcement is related to the legitimate operational functions of the Detention Center. Any staff member that alerts other staff members of the supervisor's

round(s) will be subject to discipline.” During the on-site audit the Auditor observed appropriate staffing levels in intake processing and other areas where detainees are housed. The Auditor also observed master control observation sight lines and (b) (7)(E) in detainee housing areas, which provided for adequate supervision. There was no direct viewing of showers or toilets noted during the Auditor’s observations in master control. Any direct line of sight to a toilet area was grayed out to provide privacy. There are a total of (b) (7)(E) strategically located throughout the facility, which operate 24/7 (b) (7)(E) are continuously monitored in the (b) (7)(E) room and can be accessed in the (b) (7)(E) and (b) (7)(E). Video footage is retained on a server for 60 days. In an interview with the OIC it was indicated that (b) (7)(E). The Auditor was provided with a copy of the facility staffing plan and corresponding meeting minutes from September 28, 2022 which confirmed when determining adequate supervision and the need for video monitoring the facility took into consideration findings of inadequacy in the plan, adequate levels of staff, physical plant inadequacies, such as blind-spots on video monitoring systems, any judicial findings of inadequacy, any findings of inadequacy from federal investigative agencies or other internal or external oversight bodies, the number and placement of supervisory staff, institution programs occurring on particular shift, prevalence of sexual abuse reporting on a certain shift, increase in average daily number of inmates, any applicable State or local laws, regulations or standards and any other relevant factors. However, a review of the staffing plan further confirmed the facility did not take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency custody. The Auditor reviewed the supervision guidelines for the Control Officer, Floor Officer, Booking Officer, and Supervisors and could not confirm the supervision guidelines were reviewed annually as required by subsection (b) of the standard. In addition, a review of the supervision guidelines for supervisors confirmed it does not require supervisors to make unannounced security inspections. The Auditor reviewed the “PREA Supervisor Rounds” form and confirmed it requires unannounced security inspections to be conducted three times per week and inspections could be conducted via video. During the onsite audit the Auditor reviewed unannounced security inspection logs titled “PREA Supervisor Rounds” and recorded the date, time started and ended, location rounds and if they were observed in person or via video monitoring and confirmed security supervisors completed rounds three times per week as required by facility policy. While in Master Control the Auditor observed an unannounced security inspection being conducted and did not observe radio traffic, telephone calls or staff verbally alerting others of the round. In an interview with a first line supervisor, it was confirmed that unannounced security inspections are conducted at least three times a week to deter misconduct and for safety and security.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b), (c) and (d) of the standard. A review of the staffing plan confirmed the facility did not take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency custody. In addition, a review of the supervision guidelines for supervisors confirmed it does not require supervisors to make unannounced security inspections. The Auditor reviewed the “PREA Supervisor Rounds” form and confirmed it requires unannounced security inspections to be conducted three times per week and inspections could be conducted via video. In addition, during the onsite audit the Auditor reviewed unannounced security inspection logs titled “PREA Supervisor Rounds” and recorded the date, time started and ended, location rounds and if they were observed in person or via video monitoring and confirmed security supervisors completed rounds three times per week as required by facility policy. In an interview with a first line supervisor, it was confirmed that rounds are conducted at least three times a week to deter misconduct and for safety and security. The Auditor was not provided documentation that the post orders were reviewed for the years 2022 or 2023. To become compliant, the facility must implement a practice that requires supervisors to make frequent unannounced security inspections on the housing units during both day and night shifts as required by the standard. Once implemented, for a period of two months, the facility must submit to the Auditor documentation of unannounced security inspections that occurred on the housing unit and not through video monitoring that occurred during the Corrective Action Plan (CAP) period. In addition, the facility must provide the Auditor with documentation to confirm when determining adequate staffing levels at MCCJC and the need for video monitoring, the facility took into consideration the physical layout of each holding facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency Custody.

Corrective Action (b)(c)(d): The facility submitted a review of the facility staffing plan, dated May 30, 2023, which confirms the facility took into consideration all elements of subsection (c) of the standard including generally accepted detention and correctional practices, the composition of the detainee population, the findings and recommendations of sexual abuse incident review reports, and the length of time detainees spend in Agency custody. The facility submitted changes to their standard operating procedures (SOP) regarding supervisor security checks. The Auditor reviewed the

updated SOP and confirmed the updated SOP requires a change in the security supervision guidelines by indicating supervisors must do in person security checks every shift on both day and night shifts. In addition, upon review of the updated SOP the Auditor accepted the updated SOP as a revision to the facility supervision guidelines; and therefore, no longer requires documentation to confirm the security supervision guidelines were reviewed for the year 2023. The facility submitted Pre-shift Supervisory Logs for 8/2023 and 9/2023 which confirm supervisors are making frequent unannounced security inspections on the housing units during both day and night shifts as required by the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b), (c), and (d) of the standard.

§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:

(g): MCCJC policy 03.126 PREA mandates, "In accordance with PREA and the Idaho Jail Standards, the Mini-Cassia Criminal Justice Center staff will ensure that inmates may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." During the on-site audit the Auditor observed shower curtains in five housing units that allowed while in use direct viewing of detainees by staff of the opposite gender. Discussion on-site with the OIC confirmed he was aware of the cross gender viewing issues with the showers and was actively working to replace the non-compliant shower curtains.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit the Auditor observed shower curtains in five housing units that allowed for direct viewing of detainees by staff of the opposite gender while in use. Discussion on-site with the OIC confirmed he was aware of the cross-gender viewing issues with the showers and was actively working to replace the non-compliant shower curtains. To become compliant the facility must install appropriate shower curtains that allow detainees privacy to shower without being viewed by staff of the opposite gender. Once installed the facility must provide the Auditor with documentation that the shower curtains were installed as required.

Corrective Action (g): The facility submitted six photos which confirm newly installed shower curtains allow detainees privacy to shower without being viewed by staff of the opposite gender. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (g) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient

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

Notes:

(a)(b)(c): MCCJC 03.126 PREA mandates, "The PREA Coordinator will ensure that all inmates, including inmates with disabilities or inmates who are limited in English proficiency have meaningful access to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility will provide the following: Informational video in both English and Spanish; Inmate Handbook in both English and Spanish; ICE Inmate Handbook in English, Spanish, and other foreign languages for federal detainees; PREA Posters in both English and Spanish; PREA Pamphlets in English, Spanish and other foreign languages; PREA Pamphlet in Braille; Staff Interpreters, if available; Access to a language line; Staff explaining the information one-on-one to inmates who are illiterate or who are unable to read the information themselves; Access to Video Phone; Access to help through sign language. The facility will regularly check sources such as the language line, Video Phone, interpreters, etc. to make sure they are continuously available when needed. Access to these sources will be given to the PREA auditor upon request. The Mini-Cassia Criminal Justice Center will not use inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations unless the inmate or detainee expresses a preference for another detainee to provide interpretation and the facility determines that such interpretation is appropriate and consistent with the policy." A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. During the on-site audit the Auditor observed the ICE Detention Reporting and Information Line (DRIL) posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, VAV posters, ERO Language Services resource flyers and the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance Manager's name and contact information. The Auditor was also able to observe handheld devices utilized by floor staff that interface with the Guardian System utilized by MCCJC and provides staff with a means to utilize Google translate to communicate with a detainee whose preferred language is not English. In an interview with two detention deputies, it was indicated that the system was user friendly thus providing staff a way to communicate with all detainees regardless of their preferred language. The Auditor was able to view a video of Intake staff utilizing the language line for a detainee who arrived earlier; however, did not have booking completed prior to the Auditor exiting the facility for the day. The detainee was brought into the fingerprinting room, the

door was closed, and PREA intake information was interpreted via the telephone. Interviews with two detention deputies confirmed that should a detainee require the use of sign language for communication a Patrol deputy would be utilized; however, should the Patrol deputy be unavailable, staff would utilize written material for the detainee. The Auditor observed a binder that included PREA information translated into braille in the intake area which confirmed the detainee who was blind or had low vision has the option of being given the PREA information in a manner they could understand. Interviews with Intake staff indicated detainees with intellectual, psychiatric or speech disabilities would be provided required PREA information via medical or mental health and that communication would be at a level consistent with the detainee's mental acuity. Interviews with detention deputies also confirmed that the ICE National Detainee Handbook and DHS-prescribed SAA Information pamphlet, in English and Spanish, is available on-site and should a detainee require the ICE National Detainee Handbook, in one of the other most prevalent languages encountered by ICE: French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; or the DHS-prescribed SAA Information pamphlet, available in addition to English and Spanish, in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese the additional languages would be printed off the computer in the intake area. Interviews with two detention deputies further confirmed that should the detainee speak a language that is not one on the most prevalent languages encountered by ICE staff would use Google translate to interpret the information in the detainee's preferred language. The Auditor reviewed two detainee files and confirmed the information was provided to them in their preferred language, Spanish. In addition, interviews with two LEP detainees confirmed that the PREA information was provided in a language they easily understood. In interviews with two detention deputies it was indicated they would not use another detainee for translation unless it was an emergency or the detainee requested one; however, they could not articulate they would not use another detainee to interpret in matters related to sexual abuse 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. In addition, the two detention deputies interviewed could not articulate that they would not use minors, alleged abuser detainees who witness the alleged abuse, or detainees who have a significant relation with the alleged abuser to interpret in matters related to sexual abuse.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. In interviews with two detention deputies it was indicated they would not use another detainee for translation unless it was an emergency or the detainee requested one; however, they could not articulate they would not use another detainee to interpret in matters related to sexual abuse 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. In addition, the two detention deputies interviewed could not articulate that they would not use minors, alleged abuser detainees who witness the alleged abuse, or detainees who have a significant relation with the alleged abuser to interpret in matters related to sexual abuse. To become compliant the facility must implement a practice that includes the requirements the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse or another detainee to interpret in matters related to sexual abuse 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. Once implemented the facility must train all staff who have contact with detainees on the updated practice. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files that occurred during the CAP period.

Corrective Action (c): The facility submitted updated policy 03.126 which confirms it includes the requirement not to use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse or another detainee to interpret in matters related to sexual abuse 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. In addition, the facility submitted training records which confirm all applicable staff have been trained on updated policy 03.126. The facility submitted a memo to the Auditor which confirms the facility did not have any allegations of sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115. 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)(b)(c)(d): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director

(FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.” MCCJC policy 03.126 PREA mandates, “The facility shall consider how best to utilize available resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims’ needs. The facility shall make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall make available to a victim, a victim advocate. If a rape crisis center is not available to provide victim advocate services, the Center will make available an appropriate staff member from a community-based organization or an appropriate agency staff member to provide these services. The agency will document the efforts made to secure these services. An appropriate agency staff member or an appropriate community-based staff member shall be an individual who has been screened to serve in this role and has received education concerning sexual assault and forensic examination issues in general. If an agency staff member is used, the Detention Center will maintain documentation on the staff member’s qualifications to provide victim advocate services. The Mini-Cassia Criminal Justice Center has an MOU with the Cassia County Victim/Witness Coordinator to provide advocate services. The advocate shall provide emotional support, crisis intervention, information, and referrals. The Mini-Cassia Criminal Justice Center will offer victims of sexual abuse access to forensic medical examinations, on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. These examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. The agency will document the attempts to find a SAFE or SANE. The investigator or employee who accompanies the inmate to the forensic medical exam will document who performed the forensic medical exam. The Mini-Cassia Criminal Justice Center will maintain documentation that delineates the responsibilities of outside medical and mental health practitioners in the forensic medical exams. The Mini-Cassia Criminal Justice Center will make every effort to make available to the victim a victim advocate from a rape crisis center or community resource when requested by a victim during a forensic exam. The victim advocate shall be allowed for support during a forensic exam or investigatory interview.” The Auditor was provided with a Memorandum of Understanding (MOU) entered into with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention or referrals. In addition, the MOU does not confirm that VAV would provide the detainee victim with advocacy services during a forensic exam or support during investigatory interviews. The facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital to provide a SAFE/SANE during a forensic exam; however, the draft MOU has not been forwarded to the hospital for consideration; and therefore, the use of a SAFE/SANE or other qualified medical professional during a forensic exam could not be confirmed. The facility did not provide documentation to confirm that a forensic exam when medically appropriate, at no cost to the detainee, and only with the detainee’s consent a medical exam, would be conducted. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b), (c), and (d) of the standard. The Auditor reviewed a MOU entered into with VAV and confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention or referrals. In addition, the MOU does not confirm that VAV would provide the detainee victim with advocacy services during a forensic exam or support during investigatory interviews. The facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital to provide a SAFE/SANE during a forensic exam; however, the draft MOU has not been forwarded to the hospital for consideration; and therefore, the use of a SAFE/SANE or other qualified medical professional during a forensic exam could not be confirmed. The facility did not provide documentation to confirm that a forensic exam when medically appropriate, at no cost to the detainee, and only with the detainee’s consent would be conducted. To become compliant the facility must identify a local hospital to provide the detainee victim a forensic exam, if evidentiary or medically appropriate, by a SAFE/SANE Nurse or other qualified medical practitioner. In addition, the facility must coordinate with a community resource to provide expertise and support in the areas of crisis intervention and counseling and to provide advocacy services, if not available through the hospital agreement, to the detainee victim during a forensic exam and during the investigation process. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse to confirm compliance with subparts (b), (c), and (d) of the standard.

Corrective Action (b)(c)(d): The facility provided a signed MOU with Voices against Violence (VAV) which confirms VAV will provide expertise and support in the areas of crisis intervention and counseling. The MOU with VAV further confirms VAV will provide advocacy services and referrals. In addition, the MOU with VAV confirms VAV will provide advocacy services to the detainee victim during a forensic exam and during the investigation process. The facility submitted a signed MOU with Minidoka Memorial Hospital (MMH) which confirms MMH will provide a SAFE/SANE or other qualified health services professional during a forensic exam. The facility provided training records to confirm all applicable staff have been trained in the requirements of standard 115.21. The facility submitted a memo to the Auditor that confirms the facility has not had any allegations of sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (b), (c), and (d) of the standard.

(e): MCCJC policy 03.126 PREA states, "If an outside agency is called in to conduct the investigation, the assisting agency will be required to follow the requirements of (a) through (d) of this section. The Mini-Cassia Criminal Justice Center will document the request to the assisting agency to follow these requirements." Interviews conducted with the OIC, and PSA Compliance Manager, confirmed that the facility would conduct the administrative investigation unless it involved a staff member. The facility provided a memorandum that indicates MCCJC is currently working with Jerome County Sheriff's Office to investigate any sexual abuse allegation investigation that involves a conflict of interest. The Auditor reviewed the request to enter the MOU and confirmed it does not request the Jerome County Sheriff's Office follow the requirements of paragraph (a) through (d) of the standard. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. The facility provided a memorandum that indicates MCCJC is currently working with Jerome County Sheriff's Office to investigate any sexual abuse allegation investigation that involves a conflict of interest. The Auditor reviewed the request to enter the MOU and confirmed it does not request the Jerome County Sheriff's Office follow the requirements of subsection (e) paragraphs (a - d) of the standard. To become compliant the facility must provide the Auditor with documentation that confirms MCCJC requested the Jerome County Sheriff's Office follow the requirements of paragraph subsection (e) paragraphs (a - d) of the standard.

Corrective Action (e): The facility submitted an MOU with the Jerome County Sheriff's Office (JCSO) which confirms the facility has requested the JCSO to follow the requirements of subsection (e) paragraphs (a - d) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (e) of the 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)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Detention Center may begin such investigations by conducting a preliminary inquiry or review into the allegations to determine whether further investigation is necessary and whether the allegations should be referred for an administrative or criminal investigation. The Supervisor or PREA Coordinator will assign a person to complete this preliminary review into the allegations. After the assigned employee has finished the review of the incident, he/she will advise the PREA Coordinator of his/her findings and whether or not further investigation is necessary. The assigned employee will write a detailed report on his/her findings and recommendations. The Mini-Cassia Criminal Justice Center will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Sheriff will decide when the investigation will be handled by investigators of his/her agency or if the investigation should be referred to an outside agency. All referrals will be documented. If the Detention Center decides not to refer an allegation for criminal investigation, that decision must be reviewed and approved by the Sheriff or his/her designee. If an outside entity conducts criminal investigations, the Mini-Cassia Criminal Justice Center will cooperate fully with the investigation by providing access to the suspect, victim, witnesses, and necessary staff. The detention center will also provide a secure room for investigator to conduct the interviews and paperwork. The outside entity conducting the criminal investigation will be asked to comply with the rules of

the facility and the PREA standards. All requests to the outside entity will be documented. Once the investigation is completed, the outside entity will be asked to meet with the Sheriff to give a full report of the outcome of the investigation and recommendations for prosecution. The Mini-Cassia Criminal Justice Center will publish the policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on its website. The Mini-Cassia Criminal Justice Center will conduct administrative investigations of sexual abuse or sexual harassment when the violations do not involve potentially criminal behavior. The Jail Administrator will assign an employee who is trained in conducting an administrative investigation to the investigation of the allegations. The assigned employee will interview all persons that were involved, or alleged to be involved, in the incident to verify the facts in the allegations. Upon completion of the administrative investigation, the investigating employee will write a detailed report of his/her findings and will present his findings to the Jail Administrator. The Mini-Cassia Criminal Justice Center shall ensure that the data collected pursuant to §115.87 are securely retained and maintained for at least 10 years after the date of the initial collection unless otherwise mandated by Federal, State, or local laws." A review MCCJC policy 03.126 PREA confirms it does not include the requirements when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR, the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. as required by subsections (b), (d), (e), and (f) of the standard. The Auditor reviewed MCCJC's website www.cassiacounty.org/mini-cassia-criminal-justice-center and confirmed the facility's protocol for investigation is made available to the public; however, the facility protocol is not compliant with the standard. Interviews with the OIC and PSA Compliance Manager confirmed all allegations of sexual abuse will be referred for investigation and that such records will be maintained in hard copy and electronic format for at least 10 years. Interviews further confirmed when a detainee, prisoner, inmate, or resident of the facility where the detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority. Interview with the SDDO also confirmed that notification to the JIC would be made immediately.

Does Not Meet (a)(b)(c)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (d), (e), and (f) of the standard. A review of the facility protocol confirms the Supervisor or PREA Coordinator will assign a person to complete a preliminary review into allegations of sexual abuse. After the assigned employee has finished the review of the incident, he/she will advise the PREA Coordinator of his/her findings and whether or not further investigation is necessary. The assigned employee will write a detailed report on his/her findings and recommendations and if the assigned employee does not find that further investigation is necessary the facility will not continue to investigate the allegation. Therefore, an administrative or criminal investigation is not completed for all allegations of sexual abuse as required by subsection (a) of the standard. In addition, a review of the facility protocol confirms it does not include the requirements when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR, the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. as required by subsections (b), (d), and (f) of the standard. Interviews with the OIC and PSA Compliance Manager confirmed all allegations of sexual abuse investigation records will be maintained in hard copy and electronic format for at least 10 years. A review of the facility website (www.cassiacounty.org/mini-cassia-criminal-justice-center) confirms it includes the facility protocol; however, the posted protocol is not compliant with the standard. To become compliant the facility must update the facility protocol to ensure that an administrative or criminal investigation is conducted on all allegations of sexual abuse and to include the verbiage, "when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD)" as required by subsections (d) and (e) of the standard" and "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD." In addition, the facility must update the protocol to include the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. Once updated, the facility must submit documentation that all applicable staff, including facility Investigators, received training on the updated evidence protocol. If applicable, the facility must submit all closed sexual abuse allegation investigations with confirmation that the facility notified ICE OPR or DHS OIG, the JIC, and the appropriate FOD of the reported allegation.

Corrective Action (a)(b)(c)(d)(e)(f): The facility submitted an updated facility protocol which confirms it requires an administrative or criminal investigation be conducted on all allegations of sexual abuse. The updated facility protocol further

confirms it includes the facility will document and maintain, for at least five years, all reports, and referrals of allegations of sexual abuse. In addition, a review of the updated facility protocol confirms it includes the requirements when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, and the FOD and when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, and the FOD. The facility submitted documentation that all applicable staff, including facility Investigators, received training on the updated evidence protocol. The Auditor reviewed the MCCJC website www.cassiacounty.org/mini-cassia-criminal-justice-center and confirmed it includes the updated facility protocol. The facility submitted a memo to the Auditor that confirms there were no closed sexual abuse allegation investigations that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (c), (d), (e), and (f) of the standard.

§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): MCCJC policy 03.126 PREA mandates, "The PREA Coordinator shall ensure that facility investigative officers, in addition to the training provided to all staff, receive training in conducting investigations of sexual abuse in a facility setting and effective cross-agency coordination. This training shall include techniques for interviewing victims of sexual misconduct, including techniques specific to juvenile victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized Investigator training shall be documented in the officer's training file." The Auditor was provided with certificates of completion for all seven reported facility Investigators. This training was entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting", completed online and through the National Institute of Corrections (NIC); however, the Auditor was not provided a copy of the curriculum; and therefore, could not confirm the curriculum included all required elements of the standard. There were no allegations of sexual abuse reported during the audit period.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Although the Auditor was provided with training certificates to confirm that all seven facility investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm it included all elements required by subsection (a) of the standard. To become compliant, the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (a) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility Investigators were trained on the new curriculum.

Corrective Action (a): The facility submitted the training curriculum for Investigating Sexual Abuse in a Confinement Setting which confirms the training curriculum is compliant with all elements of the standard. As the training curriculum is compliant with all elements of the standard the Auditor no longer requires the facility submit documentation to confirm all facility Investigators were trained on the new curriculum. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§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:

(b)(c): MCCJC policy 03.126 PREA mandates, "All full and part-time medical and mental health care practitioners who work regularly in the Mini-Cassia Criminal Justice Center shall receive specialized training on the following: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and mental health care practitioners in the facility shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. Medical and mental health care practitioners completing the above training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in the training file." A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that the facility submitted MCCJC policy 03.126 PREA to the Agency for review and approval. The facility provided copies of the National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners certificates of completion for all four contracted medical and mental health staff; however, the facility did not provide a copy of the curriculum; and therefore, the Auditor could not confirm that the curriculum contained all elements required by subsection (b) of the standard.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. The facility provided copies of the National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners certificates of completion for all four contracted medical and mental health staff; however, the facility did not provide a copy of the curriculum; and therefore, the Auditor could not confirm that the curriculum contained all elements required by subsection (c) of the standard. A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that the facility submitted MCCJC policy 03.126 PREA to the Agency for review and approval. To become compliant the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (c) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility medical and mental health staff were trained on the new curriculum. In addition, the facility must submit documentation that MCCJC policy 03.126 PREA was submitted to the Agency for review and approval.

Corrective Action (b)(c): The facility submitted four training modules from the National PREA Resource Center which are utilized by the medical and mental health staff for specialized training under subsection (b) of the standard. The Auditor reviewed the submitted training modules and confirmed the training curriculum is compliant with subsection (b) of the standard; and therefore, the Auditor no longer requires the facility submit documentation to confirm all medical and mental health staff have received training on a new curriculum. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) and (c) of this standard.

§115. 41 - Assessment for risk of victimization and abusiveness

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

Notes:

(a)(b)(c)(d)(e)(f)(g): MCCJC policy 03.126 PREA mandates, "The facility shall assess all inmates/detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house inmates/detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within 12 hours of admission into the facility. The screening for potential victims shall include: Whether the inmate has a mental, physical, or developmental disability; The age of the inmate; The physical build of the inmate; Whether the inmate has previously been incarcerated; Whether the inmate's criminal history is exclusively nonviolent; Whether the inmate has prior convictions for sex offenses against an adult or child; Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the inmate has previously experienced sexual victimization; The inmate's own perception of vulnerability; and Whether the inmate is detained solely for civil immigration purposes. The initial screening for potential perpetrators will include Prior convictions for violent felonies; Prior convictions for sex offenses; Prior violent acts in custody; and Prior incidents of sexual abuse in custody. A re-assessment screening will be conducted by the PREA Coordinator or Classification Deputy within 45 days after booking and as necessary in response to alleged incident(s) of sexual abuse or whenever needed as a response to additional, relevant information. Inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening for risk of sexual victimization or abusiveness. The Mini-Cassia Criminal Justice Center shall ensure the sensitive assessment information is not exploited to the inmate's detriment by staff or other inmates and that any documents obtained from the assessment are secured in a manner recommended by the PREA Coordinator. Any staff or inmate who uses the information to the inmate's detriment will face disciplinary action. When an outside agency or non-jail staff member requests to view an inmate's file, a detention sergeant or above is required to approve the request and must assure that any confidential information is removed before giving access to the file." Through observation during the on-site audit, and in interviews with intake staff, it was confirmed detainees are assessed for likelihood of sexual aggressors or victims upon intake and all detainees are held in the intake area until booking is completed. In interviews with Intake staff, it was indicated the detainee completes the Sexual Abuse/Victim Risk Screening Questions (PREA) form. The Auditor reviewed the Sexual Abuse/Victim Risk Screening Questions (PREA) form and confirmed it contains all elements required by subsections (c) and (d) of the standard. During the on-site audit the Auditor observed the form is provided in English and Spanish with other languages available in the detainees preferred language. In an interview with the booking officer, it was indicated that once the detainee completes the form the facility will use the NorthPointe mapping process to verify the detainee's criminal history and detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during the screening. Although the facility has not had a detainee housed at the facility long enough to complete the required between 60 and 90 days reassessment, had any relevant information received for a detainee, or had a detainee involved in an incident of abuse or victimization; an interview with the Classification officer, although it was indicated a reassessment would be conducted, could not confirm the reassessment would be conducted during the timeframe required by subsection (e) of the standard. In interviews with the Classification officer and PSA Compliance Manager it was confirmed responses to questions asked pursuant to standard 115.41 are provided only on a need-to-know basis. During the on-site audit the Auditor observed the PREA risk screening forms in the Classification officer's office locked in a file cabinet. In addition, the Auditor observed only one detainee at a time at the intake desk and confirmed the intake PREA screening is conducted confidentially in privacy.

The Auditor reviewed two detainee files and confirmed the detainees filled out the Sexual Abuse/Victim Risk Screening Questions (PREA) form and that initial classification and housing assignment was completed within 12 hours of admission.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. A review of MCCJC policy 03.126 PREA confirms that it requires a re-assessment screening be conducted by the PREA Coordinator or Classification Deputy within 45 days after booking. In an interview with the Classification officer it was confirmed that he would conduct a reassessment of the detainee; however, the interview did not confirm that the reassessment would be conducted during the required timeframe of between 60 and 90 days from the date of the initial assessment. To become compliant the facility must implement a practice that ensures all detainees are reassessed for risk of abusiveness or victimization between 60-90 days of the initial assessment. In addition, the facility must provide documentation that all classification staff are trained on the new procedure. If applicable, the facility must provide the Auditor with 10 detainee files that include reassessments of detainee's risk of victimization and abusiveness, between 60-and-90 days of the initial assessment that occurred during the CAP period to confirm the detainee victim was reassessed as required by subsection (e) of the standard.

Corrective Action (e): The facility submitted updated policy 03.126 which confirms it includes the requirement to conduct a reassessment of each detainee between 60 – 90 days from the initial assessment. In addition, the facility submitted training records which confirm all classification staff have received training on updated policy 03.126. The facility submitted a memo to Auditor which confirms the facility did not have any detainees that required a reassessment between 60-90 days during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (e) of the standard.

§115. 42 - Use of assessment information

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

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, "The information from the assessment shall be used to inform housing, bed, work, and programming assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. When an inmate is identified as possibly being at risk, the shift supervisor on duty must be notified. Additionally, Classification, detention deputies, and other appropriate facility personnel are notified to determine an appropriate housing assignment and to take any other necessary safety and security measures. In determining housing and programming assignments for Transgender or Intersex inmates to male or female accommodations, the Classification Officer shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present operational management, security, and/or mental health services problems. A Transgender or Intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Placement and programming assignments for each Transgender or Intersex inmate shall be reassessed at least monthly to review any threats to the inmate's safety. The Mini-Cassia Criminal Justice Center shall not place lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates in dedicated facilities, housing units, or cells solely on the basis of such identification or status, unless such placement is in a dedicated facility, housing unit, or cell established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. When an inmate is placed in a dedicated facility, housing unit, or cell, the agency will document the valid reasons why that placement is necessary. Transgender and Intersex inmates shall be given the opportunity to shower separately from other inmates when operationally feasible." MCCJC provided the Auditor with a Classification Assessment Form, Sexual Abuse/Victim Risk Screening Questions (PREA), Primary Security Level Assignment, Inmate Classification Review (also used for detainees), Inmate Classification Interview Questions (also used for detainees) and Periodic Classification Review Questions. The Sexual Abuse/Victim Risk Screening Questions (PREA) utilized at intake also has an area for the interviewing officer to formulate an opinion of a detainee being victimized or at risk of being sexually abusive based on detainee answers. The Primary Security Level Assignment has an area for staff to override the model for an increase (or decrease) of a detainee's custody level. The Auditor reviewed both the Inmate Classification form and the Primary Security Level Assignment form used to determine the detainee's initial classification and housing and confirmed that neither form considered any of the responses to the initial risk assessment. In addition, the facility did not provide documentation to confirm the process to utilize the information obtained during the initial risk assessment in determining recreation and other activities or voluntary programs. Interviews with Intake, Classification, and the RN indicated they were knowledgeable when it came to housing transgender and intersex detainees and all areas of the assessment are reviewed to ensure detainee safety. In addition, during the Auditor's interview with the classification staff, the staff were aware of the reassessment requirements for transgender detainees. The Auditor had planned to interview transgender detainees during the on-site audit; however, there were no transgender detainees housed at the facility during the visit.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. MCCJC provided the Auditor with a Classification Assessment Form, Sexual Abuse/Victim Risk Screening Questions (PREA), Primary Security Level Assignment, Inmate Classification Review (also used for detainees), Inmate Classification Interview Questions (also used for detainees) and Periodic Classification Review Questions. The Auditor reviewed both the Inmate Classification form and the

Primary Security Level Assignment form, used in determining the detainee's initial classification and housing, and confirmed that neither form considered any of the responses to the initial risk assessment. In addition, the facility did not provide documentation to confirm information obtained during the initial risk assessment is considered in determining recreation and other activities or voluntary programs. To become compliant, the facility must establish and implement a procedure to ensure that information gained from the initial risk screening is considered when determining detainee housing, recreation and other activities, and voluntary programming. The facility must train all applicable staff on the new procedure and submit documentation to the Auditor to confirm the training was received. In addition, the facility must submit 10 detainee files to confirm information gained from the initial risk assessment was considered in determining the detainee's housing, recreation and other activities, and voluntary work program.

Corrective Action (a): The facility submitted an updated procedure which confirms the facility will take into consideration the information gained from the initial risk assessment when determining detainee housing, recreation and other activities, and voluntary programming. The facility submitted training records which confirm classification staff have been trained on the updated procedure. The facility submitted updated primary and periodic classification review forms which include a section confirming the facility would take into consideration the information gained from the initial risk assessment when determining detainee housing, recreation and other activities, and voluntary programming. The facility submitted 10 detainee files to confirm staff is required to use information gained from the initial risk assessment in determining the detainee's housing, recreation and other activities, and voluntary work program. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§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): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall adopt procedures managing administrative segregation of inmates. These procedures shall be developed in consultation with ICE EROFOD and USMS for the restricted housing of detainees. The facility shall have detailed documentation for the reason an inmate/detainee is placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The facility shall not place inmates who have been classified as high risk for sexual victimization in an involuntary restrictive housing cell unless an assessment of all available alternatives has been made prior to doing so, and it is determined that there is no other available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in involuntary restrictive housing not to exceed a 24-hour period until such an assessment can be completed. Further, the Mini-Cassia Criminal Justice Center shall assign such inmates to involuntary restrictive housing only until an alternative means of separation from likely abusers can be arranged, and this shall not ordinarily exceed a 30-day period. Inmates who are placed in involuntary restrictive housing for protective custody under this section shall have access to programs, privileges, education, visitation, counsel, and work opportunities to the extent possible. The Mini-Cassia Criminal Justice Center shall adequately, clearly, and completely document the following facts if/when an inmate is assigned to an involuntary restrictive housing cell for the sole purpose of protective custody: The basis for the facility's concern for the inmate's safety; The reason why no alternative means of separation could be arranged; The reason why/if the 30-day involuntary restrictive housing period is required to be extended; Any restriction and/or limitations of access to programs, privileges, education, or work opportunities have been imposed; The duration of the restrictions/limitations to programs, privileges, education, or work opportunities; and The reason for any restrictions/limitations to programs, privileges, education, or work opportunities. In addition, a supervisory staff member shall conduct a review within 72 hours of an inmate's placement in administrative segregation to determine if segregation is still warranted. An identical review shall be conducted after 7 days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. For ICE/USMS Detainees, the facility shall notify the appropriate ICE/USMS Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of vulnerability to sexual abuse or assault." A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD. In an interview with the PSA Compliance Manager, it was indicated MCCJC has not had any detainees held in protective custody for risk of sexual abuse or assault; however, the Auditor was provided with blank copies of the Inmate Classification Review, Inmate Classification, Inmate Questionnaire, and Periodic Classification Questions forms for review. These forms include PREA related questions such as: PREA education, previous sexual victimization, detainee perception of risk and if the detainee or others consider them to be gay, lesbian, transgender, intersex, or gender nonconforming.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD. To become compliant, the facility must provide documentation that confirms MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD.

Corrective Action (a): The facility submitted a memorandum from the SDDO that confirms the Agency has reviewed MCCJC Policy 03.126 PREA and approved of its content. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§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): MCCJC policy 03.126 PREA mandates, "Inmates at the Mini-Cassia Criminal Justice Center may make reports of sexual abuse, sexual harassment, retaliation by other inmates or staff members, and/or staff neglect or violation of staff responsibilities that may have contributed to sexual abuse or harassment, either verbally or in writing; privately or anonymously, to any staff person. Verbal reports may be submitted to: Detention Deputy, Medical or mental health staff, other staff members, Detention or Agency Administration, Volunteers, Third party or Hot line." MCCJC policy 03.126 PREA further states, "The Mini-Cassia Criminal Justice Center shall also allow inmates to report sexual abuse or sexual harassment to a public or private outside agency which is: Cassia County Prosecutors Office Victim Advocate, 1459 Overland Avenue, Burley, Idaho, Cassia County Sheriff's Office, 129 East 14th Street, Burley, Idaho, Minidoka County Sheriff's Office, 718 H Street, Rupert, Voices Against Violence, 212 Second Avenue West #101, Twin Falls, ID 83301 Tel. 208-733-0100" and "the inmate shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse." In addition, MCCJC policy 03.126 PREA states, "Verbal reports that are received are promptly documented." During the on-site audit the Auditor observed, in English and Spanish, the DHS-prescribed sexual assault awareness notice, the DHS-prescribed SAA Information pamphlet, and contact information for the DHS OIG, foreign consulate, and VAV. The Auditor was provided with an MOU with VAV and was able to confirm the VAV would accept reports of sexual abuse and immediately forward the report to MCCJC; however, the MOU does not confirm that the VAV would accept reports of sexual abuse allowing the detainee to remain anonymous upon the detainee's request. In interviews with the PSA Compliance Manager, a first-line supervisor, and two detention deputies it was confirmed that detainees could make a report verbally, in writing, anonymously and through third parties and all reports of sexual abuse would be documented. During the on-site review the Auditor attempted to contact the DHS OIG and VAV from a housing unit telephone to verify that they would accept a report of sexual abuse both confidentially and anonymously if the detainee desired; however, the Auditor was not able to complete the calls due to inadequate posted instructions of how to place a toll-free call. The Auditor interviewed two LEP detainees who indicated they were unaware of the VAV and the services they provide. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The Auditor was provided with an MOU with VAV and was able to confirm the VAV would accept reports of sexual abuse and immediately forward the report to MCCJC; however, the MOU does not confirm that the VAV would accept reports of sexual abuse allowing the detainee to remain anonymous upon the detainee's request. During the on-site audit, the Auditor attempted to place calls to the DHS OIG and the VAV from the housing unit telephones to verify that they would accept a report of sexual abuse both confidentially and anonymously if the detainee desired; however, due to a lack of instructions on how to make toll-free calls, the Auditor could not complete the calls. The Auditor interviewed two LEP detainees who indicated they were unaware of the VAV and the services they provide. To become compliant the facility must provide documentation that the phone system has been updated to allow anonymous reporting to the DHS OIG and that detainees are made aware of how to complete toll-free calls in a manner that they can understand.

Corrective Action (b): The facility submitted a new PREA orientation instructional page which confirms it notifies detainees, in the 14 most prevalent languages encountered by ICE, how to make anonymous calls to the VAV and DHS OIG using toll free calling. Upon review of all submitted documentation the Auditor now finds the facility in compliance with standard 115.51.

§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): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall make contact information for outside agencies and/or victim advocate services that provide emotional and/or psychological support for victims of sexual assault available to inmates. These may include local, State, or national victim advocacy or rape crisis organizations. This contact information will be available to inmates through: Wall of the housing unit, Securus tablet/kiosk, multi-purpose/classroom, Inmate Handbook. The Mini-Cassia Criminal Justice Center shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The Mini-Cassia Criminal Justice Center shall inform inmates, prior to giving them access, 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 Mini-Cassia Criminal Justice Center shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services

related to sexual abuse. Copies of the agreements or documentation showing attempts to enter into such agreements will be maintained on file with the facility.” The Auditor was provided with a MOU entered into with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention services or investigation and the prosecution of sexual abuse perpetrators to address victims’ needs most appropriately. In addition, the facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. During the on-site audit the Auditor observed information pertaining to how telephone calls are monitored on the VAV contact signage and in the facility detainee handbook; however, a review of both the signage and the facility handbook confirmed neither advises the detainee the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor interviewed two LEP detainees who indicated they were not aware of VAV or the services they provided.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. The Auditor was provided with a MOU entered with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention services or investigation and the prosecution of sexual abuse perpetrators to address victims’ needs most appropriately. In addition, the facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. Information pertaining to how telephone calls are monitored are clearly shown on the informational posters and in the facility detainee handbook; however, a review of both the poster and the facility handbook confirmed the facility does not advise the detainee the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor interviewed two LEP detainees who indicated they were not aware of VAV or the services they provided. To become compliant, the facility must provide the Auditor documentation that the facility notifies detainees the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner that all detainees can understand. In addition, the facility must provide documentation that VAV or another local community or service provides detainees with services that includes all elements of subsection (a) of the standard.

Corrective Action (a)(d): The facility submitted a signed MOU with VAV confirming they would provide detainees with services which include valuable expertise and support in the areas of investigation and the prosecution of sexual abuse perpetrators to address victims’ needs most appropriately. In addition, the facility submitted an updated detainee PREA Orientation distributed during intake which confirms it notifies detainees, in the 14 most prevalent languages encountered by ICE, the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (d) of the standard.

§115. 61 - Staff reporting duties

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

Notes:

(a)(b)(c)(d): Policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” MCCJC policy 03.126 PREA mandates, “All employees, staff, volunteer(s), and/or contract services personnel shall report all allegations and/or incidents of sexual abuse, harassment, misconduct, discrimination and/or retaliation to the Mini-Cassia Criminal Justice Center immediately upon receiving such knowledge. Reports shall be made to the Supervisor, PREA Coordinator, or Administration regarding any neglect or violation of responsibilities on the part of any facility employee that may have contributed to a sexual abuse incident or retaliation against those who have reported such incidents.” MCCJC policy 03.126 PREA further states, “Staff may also choose to report outside the Chain of Command. Staff may contact any Investigator, Sheriff, or Chief Deputy in Minidoka or Jerome Counties. Such reports will immediately be forwarded to the appropriate administration for investigation. The reporting staff member shall then write an incident report prior to leaving the facility and forward it to the PREA Coordinator or Supervisor” and “Staff is required to accept all such reports from inmates and/or the public when informed of such incidents through any of the following means: Written reports, Verbal reports,

Anonymous reports, Telephone call/Voicemail message, Sheriff's Office Website, Third Party Reporting or E-mail. The reporting staff member or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings." In addition, MCCJC policy 03.126 states, "Incidents of sexual abuse and/or sexual harassment on inmates who are under the age of 18 or inmates classified as a vulnerable adult under Idaho Statute 18-1505 shall be reported to the Idaho Department of Health and Welfare Child Protective Services and/or Adult Protective Services under mandatory reporting laws by the PREA Coordinator." A review of MCCJC policy 03.126 PREA confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In addition, a review of MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 was referred to the Agency for review and approval. In interviews with the PSA Compliance Manager, Classification officer, and two detention deputies it was confirmed any incidents of sexual abuse or assault would remain confidential and be reported immediately. In an interview with the PSA Compliance Manager it was indicated that the facility would report an allegation of sexual abuse against a vulnerable adult to the state agency having jurisdiction; however the PSA Compliance Manager was unaware of the facility's requirement to report the allegation to the Agency who is required to report the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section, if after consultation with the relevant OPLA Office of the Chief Counsel (OCC), the detainee is determined to be a vulnerable adult under the state or local vulnerable persons statute.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of MCCJC policy 03.126 PREA confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In an interview with the PSA Compliance Manager it was indicated that the facility would report an allegation of sexual abuse against a vulnerable adult to the state agency having jurisdiction; however the PSA Compliance Manager was unaware of the facility's requirement to report the allegation to the Agency who is required to report the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section, if after consultation with the relevant OPLA Office of the Chief Counsel (OCC), the detainee is determined to be a vulnerable adult under the state or local vulnerable persons statute. In addition, a review of MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 was referred to the Agency for review and approval. To become compliant the facility must update MCCJC policy 03.126 PREA to include the requirement the facility report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility must train all applicable staff on the reporting requirement for vulnerable adult victims of an alleged sexual abuse. If applicable the facility must submit all sexual abuse investigation files that include a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to confirm the new practice has been implemented. In addition, the facility must submit documentation that MCCJC policy 03.126 PREA has been submitted to the Agency for review and approval.

Corrective Action (a)(d): The facility submitted updated policy 03.126 which confirms it includes the requirement the facility must report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility submitted training records which confirm all applicable staff have received training on the requirements of standard 115.61. The facility submitted a memorandum from the SDDO which confirms the Agency has reviewed MCCJC Policy 03.126 PREA and approved of its content. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (d) of the standard.

§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)(c)(d): MCCJC policy 03.126 PREA mandates, "The "First Responder" will immediately contact the Supervisor to notify of the incident and the Supervisor will respond to the area. The Supervisor will ensure that the "First Responder" has completed his/her responsibilities and will do the following: Notify the Jail Administrator who will, in turn, notify the Chief Deputy, Sheriff and investigators, Notify the PREA Coordinator, Ensure the only persons permitted to enter the secured crime scene shall be the assigned investigator, medical staff as needed, and facility leadership, Ensure a log is maintained of anyone entering the crime scene and at what time he/she entered and exited, Ensure the area remains secured as a crime scene until verification the investigation is completed and released by the investigating authority, The Mini-Cassia Criminal

Justice Center shall make available to inmate victims of sexual abuse, immediate on-site medical/mental health care to the capacity to which the facility is able to administer such care. Additionally, in the event that outside medical/mental health services are required, the Mini-Cassia Criminal Justice Center shall inform the receiving facility or service provider(s) of the incident unless otherwise requested by the inmate to restrict the release of information and their protection of privacy." A review of MCCJC policy 03.126 PREA confirms it does not contain first responder procedures for security or non-security staff. In addition, a review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In an interview with the RN it could not be confirmed if a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law the facility would inform the receiving facility of the incident and the victim's potential need for medical or social services or if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the 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. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c), and (d) of the standard. A review of MCCJC policy 03.126 PREA, the facility coordinated response plan, confirms it does not contain first responder procedures for security or non-security staff. In addition, a review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In an interview with the RN it could not be confirmed if a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law the facility would inform the receiving facility of the incident and the victim's potential need for medical or social services or if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. To become compliant, the facility must update the facility coordinated response plan to include the responsibilities of both security and non-security first responders and subsections (c) and (d) of the standard. In addition, the facility must document that all applicable staff, including medical staff, have received training regarding the content of the updated coordinated response plan. If applicable, the facility must provide the Auditor with any investigation, medical, and detainee files regarding any detainee victim of sexual abuse transferred during the CAP period.

Corrective Action (a)(c)(d): The facility submitted updated MCCJC policy 03.126 PREA which serves as the facility coordinated response plan. The Auditor reviewed the updated coordinated response plan and confirmed the updated plan includes first responder duties for both security and non-security first responders. The facility submitted training verification forms which confirmed both security and non-security first responders received training on the updated coordinated response plan. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (c), and (d) of the standard.

§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): ICE policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center strictly prohibits retaliation by or against any party involved in a complaint of sexual abuse or sexual harassment. Retaliation in and of itself, shall be grounds for disciplinary action up to and including termination. Any inmate/detainee, volunteer, contractor, or staff member that reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fear retaliation, shall be protected from such unwarranted and prohibited behavior. The Mini-Cassia Criminal Justice Center shall implement various protective measures for inmates/detainees who face substantial risk of imminent sexual abuse that include, but are not limited or restricted to: Direct monitoring of the victim by Detention staff for unusual or abnormal behavior, Housing reassignment or transfers for the victim, Removal of alleged staff or inmate abusers from contact with the victim, Referral for emotional/psychological support to the victim and Immediately request an investigation of the allegation of sexual abuse." MCCJC policy 03.126 PREA further states, "The

protective measures will remain in effect until all signs of danger or fear is removed for the inmate at risk" and "following a report of sexual abuse, the Mini-Cassia Criminal Justice Center shall act promptly to remedy any allegation of retaliation against any inmate or staff member who reports sexual abuse or harassment. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager will monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff and shall immediately take measures to remedy any such retaliation. The monitoring shall terminate if/when an investigation determines that the allegation is unfounded. The monitoring shall continue beyond 90 days if there is continued fear or danger of retaliation." A review of MCCJC policy 03.126 confirms it requires monitoring to continue for a period of 90 days unless the allegation is determined to be unfounded. Interviews with the OIC and PSA Compliance Manager confirmed all areas of the detainee confinement would be monitored for a period of 90 days to include housing and disciplinary reports; however, the interviews could not confirm that the monitoring would continue if the allegation was determined to be unfounded. As MCCJC has not had any allegations or incidents of sexual abuse during the audit period the facility submitted a blank "Sexual Abuse Retaliation Monitoring" form for the Auditor to review. A review of the "Sexual Abuse Retaliation Monitoring" form confirms it requires monitoring of staff and detainees as required by subsections (a) and (b) of the standard; however, it allows retaliation monitoring to be discontinued if an investigation determines there is no evidence, or the accusation is determined to be unfounded. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA confirms it requires monitoring to continue for a period of 90 days unless the allegation is determined to be unfounded. In addition, a review of the "Sexual Abuse Retaliation Monitoring" form confirms it requires monitoring of staff and detainees as required by subsections (a) and (b) of the standard; however, it allows retaliation monitoring to be discontinued if an investigation determines there is no evidence, or the accusation is determined to be unfounded. Although in an interview with the PSA Manager Compliance Manager it was confirmed retaliation monitoring would continue for 90 days, to include housing and disciplinary reports, the interviews could not confirm that the monitoring would continue should the allegation be determined to be unfounded. To become compliant the facility must update their practice to monitor the detainee victim of sexual abuse for at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff regardless of the final determination. The facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse in the new practice and document such training. In addition, the facility must provide the Auditor with copies of all sexual abuse allegation investigation files that include detainees and the corresponding Sexual Abuse Retaliation Monitoring form to confirm monitoring was conducted in accordance with subsection (c) of the standard.

Corrective Action (c): The facility submitted updated policy 03.126 which confirms it includes the requirement for at least 90 days following a report of sexual abuse, the PREA Compliance Manager will monitor the conduct and treatment of inmates/detainees or staff who reported the sexual abuse regardless of the final determination to see if there are any changes that may suggest possible retaliation by inmates or staff and shall immediately take measures to remedy any such retaliation. The facility submitted training records which confirm all applicable staff have received training on the updated policy 03.126. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115. 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): MCCJC policy 03.126 PREA mandates, "When the Mini-Cassia Criminal Justice Center conducts investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Where sexual abuse is alleged, the investigator(s) from within the agency shall have received the specialized training required in the training and education standards. The Mini-Cassia Criminal Justice Center may enlist the services of an outside law enforcement agency to conduct investigations when it determines that there may be a conflict of interest that may compromise the investigation or when a staff member has been accused of sexual misconduct. The facility will ask the outside investigator if he/she has had the specialized training and, if not, request that he/she take it. If the investigator refuses to take the specialized training, the Mini-Cassia Criminal Justice Center will document its request to the investigator and the investigators response. The facility will also request that the outside agency follow PREA standards relating to investigations. At a minimum, the investigator(s) shall be responsible to: Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, Interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports (if any), of sexual abuse involving the suspected perpetrator, When the quality of evidence appears to support criminal prosecution, the investigator(s) shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis only, and shall not be determined by the person's status

as inmate, or, as a staff member of the Mini-Cassia Criminal Justice Center, Shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation of such an allegation, Determine whether staff actions (including misconduct), or failures to act contributed to the abuse, Refer any/all substantiated allegations of sexual abuse, sexual harassment, or staff misconduct that appears to be criminal for prosecution, Continue and not terminate an investigation of alleged sexual abuse even when the alleged abuser or victim has been released from custody, or, terminated active employment with the Cassia County Sheriff's Office or Mini-Cassia Criminal Justice Center. All written reports, physical, testimonial, and/or documentary evidence, credibility assessments, electronic monitoring data, DNA, and investigative facts and findings shall be thoroughly documented during the investigative process to adequately support the final outcome of the investigation, whether or not a referral for criminal prosecution is recommended or filed. All completed administrative investigations shall be forwarded to the Cassia County and/or Burley City Prosecutor. The Prosecutor shall review the investigation and determine whether any allegation(s) of sexual abuse or sexual harassment are substantiated. The Mini-Cassia Criminal Justice Center shall retain all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or as otherwise required by applicable law or consent decrees of the agency. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." A review of MCCJC policy 03.126 PREA confirmed that completed administrative investigations would be forwarded to the Cassia County and/or Burley City Prosecutor; however, it does not require that administrative investigations will be conducted after consultation with the appropriate investigative office within DHS. According to the PAQ, MCCJC utilizes seven facility Investigators to conduct administrative investigations. Interviews with the OIC, who is also a facility Investigator, and PSA Compliance Manager confirmed the facility is aligned with the standard and policy requirements for conducting investigations of reported sexual abuse; however, although the Auditor was provided with training certificates to confirm that all seven facility Investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm that the curriculum included all elements required by subsection (a) of standard 115.34. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of MCCJC policy 03.126 PREA confirmed that completed administrative investigations would be forwarded to the Cassia County and/or Burley City Prosecutor; however, it does not require that administrative investigations will be conducted after consultation with the appropriate investigative office within DHS. In addition, although the Auditor was provided with training certificates to confirm that all seven facility Investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm that the curriculum included all elements required by subsection (a) standard 115.34. To become compliant the facility must provide documentation that MCCJC policy 03.126 PREA was updated to include the verbiage administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS. In addition, the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (a) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility Investigators were trained on the new curriculum. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files that occur during the audit period.

Corrective Action (a)(b): The facility submitted updated policy 03.126 which confirms it includes the verbiage administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS. The facility submitted the training curriculum for Investigating Sexual Abuse in a Confinement Setting which confirms the training curriculum is compliant; and therefore, the Auditor no longer requires the facility to develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility Investigators were trained on the new curriculum. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115. 73 - Reporting to detainees

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

Notes:

MCCJC 03.126 policy PREA mandates, "The Mini-Cassia Criminal Justice Center shall inform the inmate of the investigative findings as to whether the allegation of sexual abuse or sexual harassment has been determined to be substantiated, or unsubstantiated. If an ICE Detainee is to be notified it will be done by ICE staff. If an outside agency investigator conducted the investigation, the Mini Cassia Criminal Justice Center shall request the relevant information from the investigative agency in order to inform the inmate. When an allegation of sexual abuse is made by an inmate involving a staff member, (unless the Cassia County or outside Sheriff's Office has determined that the allegation is unfounded) the

inmate shall be notified whenever: The staff member is no longer posted within the inmate's unit, The staff member is no longer employed at the detention center, The Cassia County Sheriff's Office learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The Cassia County Sheriff's Office learns that the staff member has been convicted on a charge related to sexual abuse within the facility. When an allegation of sexual abuse is made by an inmate by another inmate, the Mini-Cassia Criminal Justice Center shall subsequently inform the inmate whenever: The Cassia County Sheriff's Office learns that the alleged abuser has been indicted on a charge related to sexual abuse within the detention center; or The Cassia County Sheriff's Office learns that the alleged abuser has been convicted on a charge related to sexual abuse within the detention center. All notifications or attempted notifications to inmates shall be documented. This notification requirement shall terminate if the inmate victim is released from the Mini-Cassia Criminal Justice Center's custody." A review of MCCJC policy 03.126 PREA confirms it does not require a detainee to be notified of a sexual abuse allegation outcome, if notification is feasible, if the detainee is not in immigration detention or the allegation outcome is determined to be unfounded. The Auditor reviewed a blank copy of the MCCJC "PREA Case Review Committee Findings, Victim's Review" and confirmed it did not include a requirement to notify the detainee the outcome of a sexual abuse allegation that was determined to be unfounded. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet: The facility is not in compliance with the standard. A review of MCCJC policy 03.126 PREA confirms it does not require a detainee to be notified of the outcome of an allegation of sexual abuse if the outcome is determined to be unfounded or, if notification is feasible, when a detainee is no longer in immigration detention. The Auditor reviewed a blank copy of the "PREA Case Review Committee Findings, Victim's Review" form and confirmed it did not include the requirement to notify the detainee of a sexual abuse allegation outcome that was determined to be unfounded. To become compliant the facility must implement a practice that requires a detainee to be notified of the outcome of an allegation of sexual abuse if the outcome is determined to be unfounded or, if notification is feasible, when a detainee is no longer in immigration detention. Once implemented the facility must provide the Auditor with documentation that confirms all applicable staff, including ICE staff, have been trained in the new practice. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files and the corresponding detainee notice of sexual abuse allegation outcome that occur during the CAP period.

Corrective Action: The facility submitted updated policy 03.126 which confirms it includes the requirement the Mini-Cassia Criminal Justice Center shall inform the inmate of the investigative findings as to whether the allegation of sexual abuse or sexual harassment has been determined to be substantiated, unfounded, or unsubstantiated. The facility provided updated policy 03.126 which confirms updated policy 03.126 requires a detainee to be notified of the outcome of an allegation of sexual abuse if the outcome is determined to be unfounded or, if notification is feasible, when a detainee is no longer in immigration detention. The facility submitted training records which confirm all applicable staff have been trained on the updated policies. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with standard 115.73.

§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): MCCJC policy 03.126 PREA mandates, "Staff of the Mini-Cassia Criminal Justice Center shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. All disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other members with similar histories. Termination shall be the presumptive disciplinary sanction for all Cassia County Sheriff's Office employees who have engaged in sexual abuse. All employees terminated for sexual abuse, or who resign from employment with the Cassia County Sheriff's Office, who would have been terminated if not for their resignation, shall be subject to criminal investigation unless the activity was clearly not criminal. In addition, reports will be made to Idaho (Peace Officers Standards and Training) P.O.S.T." A review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" or "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, as termination is greater than removal from Federal Service, the Auditor finds MCCJC policy 03.126 PREA in substantial compliance with the wording required by subsection (b) of the standard. In addition, a review of MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that MCCJC policy 03.126 PREA has been referred to the Agency for review and approval. In an interview with the OIC it was confirmed that staff would be subject to disciplinary or adverse action including termination for substantiated allegations of sexual abuse and

that the appropriate notifications would be made to Idaho P.O.S.T. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. A review of MCCJ policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that MCCJC policy 03.126 PREA has been referred to the Agency for review and approval. To become compliant the facility must submit documentation to the Auditor that confirms MCCJC policy 03.126 PREA has been submitted to the Agency for review and approval.

Corrective Action (b): The facility submitted a memorandum from the SDDO which confirms the Agency has reviewed MCCJC Policy 03.126 PREA and approved of its content. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

§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): MCCJC policy 03.126 PREA mandates, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was clearly not criminal. In addition to internal and criminal actions, reports will be made to any relevant licensing bodies. The Cassia County Sheriff's Office shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, termination of services and/or contracts, subsequent to a sustained finding after an allegation of sexual abuse." In an interview with the OIC it was confirmed that contractors or volunteers would have their security clearance revoked and not allowed to enter the facility; however, the interview could not confirm the facility would make a reasonable effort to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. The Auditor was provided with a sample notification letter that would be sent to the contractor or volunteer group. This notification indicates that the security clearance of the contractor or staff would be revoked with an effective date, and they would not be allowed into the facility. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In an interview with the OIC it was confirmed that contractors or volunteers would have their security clearance revoked and not allowed to enter the facility; however, the interview could not confirm the facility make reasonable efforts to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. To become compliant the facility must provide documentation that all applicable staff have received training on subsection (a) of the standard that required the facility make a reasonable effort to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. If applicable, the facility must provide the Auditor with any sexual abuse investigation files that include contractors or volunteers that occurred during the CAP period.

Corrective Action (a): The facility submitted training records which confirm all applicable staff have received training on subsection (a) of the standard. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

§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): MCCJC 03.126 PREA mandates, "If the intake screening indicates, or staff otherwise receives information, that an inmate has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, staff of the Mini-Cassia Criminal Justice Center shall ensure that the inmate/detainee is immediately referred to Medical/Mental Health staff. When a medical/Mental health referral is initiated the inmate/detainee shall receive a health evaluation no later than two working days from the date of assessment. If a Mental Health assessment has been referred, it shall be completed within 72 hours. All referrals will be documented in the inmate medical file. A review of MCCJC policy 03.126 PREA confirms it does not require that if the assessment pursuant to 115.41 indicates that the detainee perpetrated sexual abuse staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up. An interview with the Classification officer did confirm that this form would be utilized should a detainee disclose prior sexual victimization or a prior conviction for sex offenses against an adult or child or have a history of institutional violence or sex abuse. The Auditor was provided a copy of the Sexual Abuse/Victim Risk Screening Questions (PREA) for review and confirmed the form asks the detainee who has experienced prior sexual abuse if he/she would like to be seen by medical and/or mental health and if the detainee responds "yes" a referral will be made; however, subsection (a) of the standard requires if the assessment pursuant to 115.41 indicates that a detainee has

experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of MCCJC policy 03.126 PREA confirms it does not require that if the assessment pursuant to 115.41 indicates that the detainee perpetrated sexual abuse staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up. In addition, a review of the facility Sexual Abuse/Victim Risk Screening Questions (PREA) for review and confirmed the form asks the detainee who has experienced prior sexual abuse if he/she would like to be seen by medical and/or mental health. If the detainee responds "yes" a referral will be made; however, subsection (a) of the standard requires if the assessment pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up. To become compliant the facility must implement a practice that requires all detainees who pursuant to 115.41 report prior sexual victimization or perpetrated sexual abuse be immediately referred to medical or mental health for a medical or mental health follow-up. Once implemented the facility must train all intake, medical, and mental health staff on the new procedure. If applicable, the facility must submit to the Auditor all detainee files, and corresponding medical and mental health files, of any detainees who pursuant to 115.41 report prior sexual victimization or have perpetrated sexual abuse.

Corrective Action (a): The facility submitted updated policy 03.126 which confirms updated policy 03.126 requires all detainees who pursuant to 115.41 report prior sexual victimization or perpetrated sexual abuse be immediately referred to medical or mental health for a medical or mental health follow-up. The facility submitted updated Sexual Abuse/Victim Risk Screening Questions (PREA) which confirms the updated Sexual Abuse/Victim Risk Screening Questions (PREA) includes, "Has the inmate previously experienced sexual victimization or perpetrated sexual abuse at any time, even when not incarcerated? When? If the answer to #8 is yes, you must immediately refer to medical & Mental Health." The facility submitted training records which confirm all applicable staff have been trained on updated policy 03.126 standard 115.81. The facility submitted a memo to the Auditor that confirms the facility has not had any detainees who pursuant to 115.41 reported prior sexual victimization or have perpetrated sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

§115. 82 - Access to emergency medical and mental health services

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

Notes:

(a)(b): MCCJC policy 03.126 PREA mandates, "Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by your medical health professionals according to their professional judgment. In the event that there are no qualified medical or mental health professionals on duty at the time a report of sexual abuse is made, the detention staff "First Responders" shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the on-call nurse and follow their directions. Inmate victims of sexual abuse that occurred while incarcerated shall be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Mini-Cassia Criminal Justice Center medical/mental health professional staff shall provide urgent care to victims, as needed, prior to their transport to an outside medical facility. If medical/mental health staff is not on the premises, the detention staff will contact the EMT's to respond to the facility to provide urgent care to victims. Treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In an interview with the PSA Compliance Manager it was indicated that a detainee alleging sexual abuse and in need of emergency care would be taken to Cassia Regional Hospital; however, the facility did not provide documentation to confirm that the facility ensures that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In addition, the Auditor reviewed an MOU with VAV; however, the MOU did not confirm that VAV would provide crisis intervention services for victims of sexual abuse.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. In an interview with the PSA Compliance Manager it was indicated that a detainee alleging sexual abuse and in need of emergency care would be taken to Cassia Regional Hospital; however, the facility did not provide documentation to confirm that the facility ensures that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency

and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the Auditor reviewed an MOU with VAV; however, the MOU did not confirm that VAV would provide crisis intervention services for victims of sexual abuse.” To become compliant, the facility must provide the Auditor with documentation that confirms Cassia Regional Hospital would provide detainee victims of sexual abuse or assault with timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” In addition, the facility Must provide the Auditor with documentation that the VAV, or another local organization would provide the detainee with crisis intervention services during an incident of sexual abuse with no cost to the detainee victim. Once implemented the facility must train all applicable staff regarding their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor, if applicable, with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse during the CAP period to confirm compliance with subsections (a) and (b) of the standard.

Corrective Action (a)(b): The facility submitted a signed MOU with VAV which confirms VAV will provide detainees with crisis intervention services during an incident of sexual abuse with no cost to the detainee victim. The facility submitted a signed MOU with MMH which confirms MMH will provide detainee victims of sexual abuse 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. The facility provided training records which confirm all applicable staff have received training regarding their responsibility to provide the detainee victim of sexual abuse with all requirements of standard 115.82. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115. 83 - Ongoing medical and mental health care for sexual abuse victims and abusers

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

Notes:

(a)(b)(c)(d)(e)(f)(g): MCCJC policy 03.126 PREA mandates, “The Mini-Cassia Criminal Justice Center shall offer ongoing medical care and/or mental health professional services to inmates who it learns have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility shall attempt to conduct a mental health evaluation of known ICE/USMS Detainee on Detainee abusers within 60 days of learning of such abuse and offer treatment when deemed appropriate by mental health practitioners. The medical care and/or mental health professional services shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Mini-Cassia Criminal Justice Center shall offer and provide such victims with medical care and mental health professional services consistent with the community level of care. This ongoing care terminates upon release from the Mini-Cassia Criminal Justice Center custody. The Mini-Cassia Criminal justice Center medical or mental health staff will make the referral when the inmate is released from custody but will not make the appointment for the inmate. Female inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests by the medical staff. If pregnancy results from the sexual abuse incident, such victims shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. All inmate victims of sexual abuse while incarcerated shall be offered the opportunity by the medical staff to be tested for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The Auditor reviewed an MOU between VAV and MCCJC and confirmed it does not include the requirement that treatment services would be provided to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital; however, the draft MOU does not include any of the requirements mandated by subsections (d), (e), and (f) of the standard. In an interview with a mental health specialist, it was indicated that treatment services would be provided should a detainee need follow up services. In addition, an interview with VAV confirmed that continuing emotional support services would be provided if requested, resources would be offered, and they could assist a detainee with out of jail services should they be released.

Does Not Meet (d)(e)(f): The facility is not in compliance with subsections (d), (e), and (f) of the standard. The Auditor reviewed an MOU between VAV and MCCJC and confirmed it does not include the requirement that treatment services would be provided to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital; however, the draft MOU does not include any of the requirements mandated by subsections (d), (e), and (f) of the standard. To become compliant, the facility must identify a

local hospital to provide detainee victims of sexual abuse or assault with timely, unimpeded access to emergency medical treatment to include emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility must provide documentation that VAV, or another community resource, will provide treatment services to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility must document training of all applicable staff regarding their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor, if applicable, with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse to confirm compliance with subsections (d), (e), and (f) of the standard.

Corrective Action (d)(e)(f): The facility submitted a signed MOU with VAV which confirms VAV will provide treatment services to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility submitted a signed MOU with MMH which confirms MMH will provide detainee victims of sexual abuse or assault with timely, unimpeded access to emergency medical treatment to include emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility provided training records which confirm all applicable staff have been trained regarding their responsibility to provide the detainee victim of sexual abuse with all requirements of standard 115.83. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (d), (e), and (f) of the standard.

§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)(c): MCCJC policy 03.126 PREA mandates, "A review team consisting of the Cassia County Prosecutor, Burley City Prosecutor, PREA Coordinator, a Cassia County Sheriff Detective, the Classification Sergeant, and any other persons relevant to the investigation shall conduct an PREA incident review no later than 30 days following the conclusion of an investigation, unless the allegation has been determined to be unfounded. The review will be to analyze applicable information contributing to the reported PREA incident. The focus of the review will be to determine if there are corrective actions required to prevent future incidents. The review will consider, at a minimum, the following: Classification and Housing, Imminent risk factors for the victim, Whether or not the incident was motivated by race, ethnicity, gang affiliation, or other group dynamics in the facility, "LGBTI" gender identity, Proper adherence to the PREA and jail operations policy, procedure, and processes by staff, Adequacy of staffing levels in the area during different shifts, Consideration of detention center/housing modules troublesome physical barrier areas, Review video monitoring technology capabilities and Upgrade, change, and/or discontinuance of any daily operation activity. The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement, and submit the findings to the Jail Lieutenant and the PREA Coordinator. The PREA Coordinator shall prepare an annual report that identifies problem areas and whether any immediate corrective action or changes have been implemented for the facility, as well as the agency as a whole. When a review concerns an ICE/USMS Detainee the findings will be sent to the ICE ERO, and PSA Coordinator. If the facility has not had any reports of sexual abuse, it shall prepare a negative report." The facility submitted a negative annual report for the year 2021 that included January 2021 through December 2022 that confirmed the report was submitted annually as required by subsection (c) of the standard; however, a review of the submitted report could not confirm that it was forwarded to the facility OIC, ICE FOD, or the Agency PSA Coordinator. The Auditor reviewed a blank "PREA Case Review" form and confirmed it lists all the required elements to be reviewed in accordance with subsection (b) of the standard; however, the routing on the form does not include the Agency PSA Coordinator.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. The facility submitted a negative annual report for the year 2021 that included January 2021 through December 2022; however, a review of the submitted report could not confirm that it was forwarded to the facility OIC, ICE FOD, or the Agency PSA Coordinator. The Auditor reviewed a blank form, "PREA Case Review" form and confirmed it lists all the required elements to be reviewed in accordance with subsection (b) of the standard; however, the routing on the form does not include the Agency PSA Coordinator. To become compliant the facility must submit documentation that the facility 2021 annual negative report was forwarded to the facility OIC, ICE FOD, and the Agency PSA Coordinator. In addition, the facility must update their practice to include submitting the sexual abuse incident review report and the response to the report if any, to the Agency PSA Coordinator. If applicable the facility must submit to the Auditor al sexual abuse allegation investigation files, the corresponding incident review, and documentation that the incident review report and response to the report was submitted to the Agency PSA Coordinator to confirm compliance with subsection (a) of the standard.

Corrective Action (a)(c): The facility submitted the 2021 PREA Annual Report to the FOD, who confirmed he has received the Annual Report for 2021 and has forwarded the report to the Agency PSA Coordinator for review. The facility submitted an updated PREA Case Review Form which confirms it requires the facility to submit the updated PREA Case Review Form to the Agency PSA Coordinator. The facility submitted a memo to Auditor which confirms there were no allegations of sexual abuse that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (c) of the standard.

AUDITOR CERTIFICATION:

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

Jodi Upshaw

October 26, 2023

Auditor's Signature & Date

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

October 26, 2023

Assistant Program Manager's Signature & Date

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

November 3, 2023

Program Manager's Signature & Date

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	2/14/2023	To:	2/16/2023
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AUDITOR INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Salt Lake City Field Office
Field Office Director:	Michael V. Bernacke
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	2975 S. Decker Lake Dr., Suite 100, West Valley City, UT 84119-6096
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:	Minicassia Detention Center
Physical address:	1415 Albion Avenue, Burley, ID 83318
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	208-878-1000
Facility type:	IGSA
PREA Incorporation Date:	3/9/2020

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Lieutenant
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-878- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Staff Sergeant
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-266- (b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	01/06/2023
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 Minicassia Detention Center known as the Mini-Cassia Criminal Justice Center (MCCJC) was conducted on February 14 – February 16, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. MCCJC is a county government facility governed by the Mini-Cassia Sheriff's Office (MCSO) and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The audit period is from March 9, 2020, through February 16, 2023. This is the first PREA audit for MCCJC.

The facility houses adult male and female detainees with low, medium, and high custody levels who are awaiting transportation to an ICE facility. The design capacity for the facility is 170 and is comprised of County, State, and other federal inmates. The average daily ICE population for the prior 12 months was 1. The facility reported there were 96 ICE detainees booked into the facility in the last 12 months. The current ICE detainee population on the first day of the audit was two. The average length of time in custody is four days. The facility is comprised of one building which includes one single occupancy cell housing unit, six multiple occupancy cell housing units, and six open bay/dorm housing units. There are five male segregation cells and one female segregation cell. The intake unit has a detoxification cell that can accommodate up to six detainees for a short period of time when not in use. In addition to the detoxification cell there are three cells in the intake area that house detainees waiting to be booked, a dress out area, and a shower area.

Approximately two weeks prior to the audit, the ERAU Team Lead (TL), (b) (6), (b) (7)(C), provided the Auditor with the facility's PAQ, Agency policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policy that provides facility direction for MCCJC is MCCJC policy 03.126 Prison Rape Elimination Act (PREA). All documentation, policies and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Auditor for interviews with staff and detainees. The Auditor also reviewed the facility's website, www.cassiacounty.org/mini-cassia-criminal-justice-center, and the Agency website www.ice.gov. A review of the facility website confirmed it does contain PREA information.

The entry briefing was held in the office of the Officer in Charge (OIC) on February 14, 2023. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

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

(b) (6), (b) (7)(C), OIC, MCCJC

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

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

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance 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. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting staff and detainee interviews. No correspondence was received from any detainee, outside individual, or staff member.

The audit commenced on February 14, 2023, and included the intake area, recreation area, female and male housing units, the library and medical. Detainees are housed in an open bay/dorm style housing, multi-occupancy cells within a housing unit or in a single segregation cell. Open bay/dorm style housing can house up to 12 detainees per unit. Multi-occupancy cells hold two detainees in each cell for a maximum capacity of 6, 8, 12 or 14 within the housing unit. Within each housing unit there is a common seating area, telephones, kiosks, and a bathroom with a toilet and shower. Above the telephone and the wall around the telephone are posters which include: the PREA audit notice, the DHS-prescribed sexual assault awareness notice, the DHS-prescribed Sexual Abuse Awareness (SAA) Information pamphlet, and contact information for the DHS (Office of Inspector General), foreign consulate, and Voices Against Violence (VAV). All observed postings were in English and Spanish. During the on-site audit, the Auditor noted sight lines, potential blind spots, and (b) (7)(E) throughout the (b) (7)(E), (b) (7)(E), (b) (7)(E) and the (b) (7)(E) and confirmed there were shower curtains in five housing units that allowed for direct viewing of opposite gender staff. Discussion on-site with the OIC confirmed he was aware of the issue and is actively working to replace the non-compliant shower curtains. During the

on-site audit the Auditor observed the intake processing of two detainees and confirmed detainees are brought in through the Sally Port area and a pat-down search is conducted. Once the pat-down search is conducted, detainees are placed in the detoxification cell until they could be escorted out to the booking desk one at a time for processing. At the booking desk the detainees would be classified, provided written PREA education information which consists of a PREA Intake Orientation form, facility handbook, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, and the ICE National Detainee Handbook in a language easily understood by the detainee.

MCCJC has (b) (7)(E) located throughout all areas of the facility. The cameras run 24/7 and video footage is stored for up to 60 days on a server before deletion. The Auditor observed (b) (7)(E) and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. The Auditor viewed the (b) (7)(E) for direct viewing of (b) (7)(E) and confirmed (b) (7)(E) provided privacy while a detainee was using the (b) (7)(E).

MCCJC employees 37 staff to include security, non-security, and contractors. According to the PAQ, there are 26 security staff (17 male and 9 female) with duty hours from 0700 – 1900, 1900 – 0700 and 0700 – 1700. The remaining staff consisted of administration and maintenance. In addition, there are three medical and one mental health staff contracted through Sawtooth Medical, one food service worker contracted through Summit Food Service, and one ICE SDDO assigned to the facility. There were no volunteers that provided a service to the facility. The Auditor interviewed 12 staff members which consisted of the OIC, PSA Compliance Manager, OIC for Human Resources (HR), Investigative staff (1), Intake staff (1), Classification staff (1), First Responder (2), Master Control staff (1), First Line Supervisor (1), and Detention Deputies (2). In addition, the Auditor interviewed an ICE SDDO, food service contract staff (1), a Registered Nurse (RN), the Grievance Officer (GO), and two limited English proficient (LEP) detainees who required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections.

The facility PAQ reported there are seven facility investigators that have received specialized training on sexual abuse. There were no allegations of sexual abuse reported during the audit period.

On February 16, 2023, an exit briefing was held in the office of the OIC. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

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

(b) (6), (b) (7)(C) OIC, MCCJC

(b) (6), (b) (7)(C) PM, Creative Corrections, LLC, via telephone

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

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor spoke briefly about non-compliance in the areas of cross gender viewing and training. The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 16

§115.17 Hiring and promotion decisions

§115.18 Upgrades to facilities and technologies

§115.31 Staff training

§115.32 Other training

§115.33 Detainee education

§115.52 Grievances

§115.54 Third-party reporting

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.64 Responder duties

§115.66 Protection of detainees from contact with alleged abusers

§115.68 Post-allegation protective custody

§115.72 Evidentiary standard for administrative investigations

§115.78 Disciplinary sanctions for detainees

§115.87 Data collection

§115.201 Scope of audits

Number of Standards Not Met: 24

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

§115.13 Detainee supervision and monitoring

§115.15 Limits to cross-gender viewing and searches

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

§115.21 Evidence protocols and forensic medical examinations

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

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and mental health care

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.43 Protective custody

§115.51 Detainee reporting

§115.53 Detainee access to outside confidential support services

§115.61 Staff and agency reporting duties

§115.65 Coordinated response

§115.67 Agency protection against retaliation

§115.71 Criminal and administrative investigations

§115.73 Reporting to detainees

§115.76 Disciplinary sanctions for staff

§115.77 Corrective action for contractors and volunteers

§115.81 Medical and mental health screenings; history of sexual abuse

§115.82 Access to emergency medical and mental health services

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

§115.86 Sexual abuse incident reviews

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: Does not Meet Standard (requires corrective action)

Notes:

(c)(d): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center's written policy mandates zero tolerance toward all forms of sexual abuse, sexual misconduct and sexual harassment towards all persons working or in the custody of this facility and outlines the facility's approach to preventing, detecting, and responding to such conduct. This policy shall be reviewed and approved by Immigration, Customs, Enforcement (ICE) and US Marshals Service (USMS) officials in regard to detainees incarcerated in the facility. The Mini-Cassia Criminal Justice Center shall appoint an agency-wide PREA Compliance Manager who shall serve as the facility point of contact for the facility PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA policy and standards in the facility." A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the PSA Compliance manager will serve as the point of contact for the Agency PSA Coordinator. In addition, a review of MCCJC policy 03.126 PREA, and interviews with the OIC, could not confirm that MCCJC policy 03.126 PREA was referred to the Agency for review and approval. Formal interviews with the OIC, a first line supervisor, and two detention officers confirmed they were knowledgeable regarding the Agency's and facility's zero-tolerance policy. The Auditor reviewed the MCCJC website (www.cassiacounty.org/mini-cassia-criminal-justice-center) and confirmed the zero-tolerance information is available to the public via the website. During the facility tour the Auditor observed on the intake area bulletin board signage that included the DHS-prescribed sexual assault awareness notice which contains the Agency's Zero-Tolerance policy. In an interview with the PSA Compliance Manager, it was indicated that he is the point of contact for the Agency PSA Coordinator and has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures. The Auditor reviewed the facility staffing plan and observed the PSA Compliance Manager reports to the Jail Lieutenant and the Jail Commander/Administrator. A review of MCCJC policy 03.126 PREA or an interview with the PSA Compliance Manager could not confirm MCCJC policy 03.126 was submitted to the Agency for review and approval.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA, or an interview with the OIC could not confirm that MCCJC policy 03.126 PREA was referred to the Agency for review and approval. To become compliant the facility must submit documentation that MCCJC policy 03.126 PREA was submitted to the Agency for review and approval.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): MCCJC 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the facilities shall consider: Idaho Jail Standards; Applicable state or local laws, regulations, national standards or any other relevant factors; Generally accepted detention practices; Any judicial, federal or state investigation or inspection and internal/external agency findings of inadequacy; The facility's physical plant including blind-spots or areas where staff or inmates may be isolated; The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; The prevalence of substantiated and unsubstantiated incidents of sexual abuse." MCCJC policy 03.126 PREA further states, "Intermediate level or higher-level supervisors will conduct and document unannounced and random rounds on all shifts to identify and deter staff sexual abuse and sexual harassment on all shifts. This will be Staff Sergeant, Sergeant, or Corporal on shift, once each shift, three times a week. The documentation of these rounds will be logged on PREA Supervisor check logs and will be made available to the PREA Auditor as requested at the time of the audit. Staff is prohibited from alerting other staff members that these supervisor rounds are occurring unless such announcement is related to the legitimate operational functions of the Detention Center. Any staff member that alerts other staff members of the supervisor's round(s) will be subject to discipline." During the on-site audit the Auditor observed appropriate staffing levels in intake processing and other areas where detainees are housed. The Auditor also observed master control observation sight lines and (b) (7)(E) in (b) (7)(E), which provided for adequate supervision. There was no direct viewing of showers or toilets noted during the Auditor's observations in master control. Any direct line of sight to a toilet area was grayed out to provide privacy. There are a total of (b) (7)(E) strategically located throughout the facility, which operate 24/7 (b) (7)(E) continuously monitored in the (b) (7)(E) and can be accessed in the (b) (7)(E) and (b) (7)(E). Video footage is retained on a server for 60 days. In an interview with the OIC it was indicated that (b) (7)(E). The Auditor was provided with a copy of the facility staffing plan and corresponding meeting minutes from September 28, 2022 which confirmed when determining adequate supervision and the need for video monitoring the facility took into consideration findings of inadequacy in the plan, adequate levels of staff, physical plant inadequacies, such as blind-spots on video monitoring systems, any judicial findings of inadequacy, any findings of

inadequacy from federal investigative agencies or other internal or external oversight bodies, the number and placement of supervisory staff, institution programs occurring on particular shift, prevalence of sexual abuse reporting on a certain shift, increase in average daily number of inmates, any applicable State or local laws, regulations or standards and any other relevant factors. However, a review of the staffing plan further confirmed the facility did not take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency custody. The Auditor reviewed the supervision guidelines for the Control Officer, Floor Officer, Booking Officer, and Supervisors and could not confirm the supervision guidelines were reviewed annually as required by subsection (b) of the standard. In addition, a review of the supervision guidelines for supervisors confirmed it does not require supervisors to make unannounced security inspections. The Auditor reviewed the "PREA Supervisor Rounds" form and confirmed it requires unannounced security inspections to be conducted three times per week and inspections could be conducted via video. During the on-site audit the Auditor reviewed unannounced security inspection logs titled "PREA Supervisor Rounds" and recorded the date, time started and ended, location rounds and if they were observed in person or via video monitoring and confirmed security supervisors completed rounds three times per week as required by facility policy. While in Master Control the Auditor observed an unannounced security inspection being conducted and did not observe radio traffic, telephone calls or staff verbally alerting others of the round. In an interview with a first line supervisor, it was confirmed that unannounced security inspections are conducted at least three times a week to deter misconduct and for safety and security.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b), (c) and (d) of the standard. A review of the staffing plan confirmed the facility did not take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency custody. In addition, a review of the supervision guidelines for supervisors confirmed it does not require supervisors to make unannounced security inspections. The Auditor reviewed the "PREA Supervisor Rounds" form and confirmed it requires unannounced security inspections to be conducted three times per week and inspections could be conducted via video. In addition, during the on-site audit the Auditor reviewed unannounced security inspection logs titled "PREA Supervisor Rounds" and recorded the date, time started and ended, location rounds and if they were observed in person or via video monitoring and confirmed security supervisors completed rounds three times per week as required by facility policy. In an interview with a first line supervisor, it was confirmed that rounds are conducted at least three times a week to deter misconduct and for safety and security. The Auditor was not provided documentation that the post orders were reviewed for the years 2022 or 2023. To become compliant, the facility must implement a practice that requires supervisors to make frequent unannounced security inspections on the housing units during both day and night shifts as required by the standard. Once implemented, for a period of two months, the facility must submit to the Auditor documentation of unannounced security inspections that occurred on the housing unit and not through video monitoring that occurred during the Corrective Action Plan (CAP) period. In addition, the facility must provide the Auditor with documentation to confirm when determining adequate staffing levels at MCCJC and the need for video monitoring, the facility took into consideration the physical layout of each holding facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors, including but not limited to the length of time detainees spend in Agency Custody.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): MCCJC does not accept juvenile or family unit detainees. The facility reported in the PAQ they only house adults which was confirmed through interviews with the OIC, SSgt, Classification officer and Intake deputy.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(c)(d)(e)(f)(i)(j): MCCJC policy 03.126 PREA mandates, "Searches are necessary to ensure safety in the facility. They are done to detect and secure evidence of criminal activity; and to promote security, safety, and related interests in the facility. In cases of exigent circumstances where staff is required to pat search an inmate or detainee of the opposite gender, the staff person shall obtain supervisory permission prior to conducting the pat search and shall document their actions in an incident report. Exigent circumstances include times when staff has reasonable suspicion to believe that the inmate or detainee has in his/her possession items (such as drugs or weapons) that may be used to cause self-harm or harm to staff or others." MCCJC policy 03.126 PREA further states, "Cross-gender pat-down searches of male inmates or detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Cross-Gender pat-down searches of female inmates or detainees shall not be conducted unless in exigent circumstances. The detention staff will document all cross-gender pat-down searches of inmates or detainees following the guidelines required by Idaho Jail Standards. Documentation of these cross-gender searches will be made available to the PREA Auditor upon request. The Mini-Cassia Criminal Justice Center will not conduct cross-gender strip searches or cross-gender visual body cavity (search of the anal or genital opening). All Strip Searches and visual cavity searches of Federal detainees shall be documented. This includes viewing via (b) (7)(E)." In addition, MCCJC policy 03.126 PREA states, "Staff members of the opposite gender of those inmates housed in the housing unit are required to announce their presence when entering the housing unit" and "staff members, except medical staff, will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital

status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The Jail Training Deputy will ensure that security staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. All searches will be conducted in a professional and respectful manner and in the least intrusive manner possible. The training curriculum and rosters of the security staff that completed the training will be kept on file. All body cavity searches will only be done by medical personnel." Interviews with Intake staff, Classification staff, and two detention deputies confirmed that cross-gender pat-down searches would not be allowed except for exigent circumstances; however, should a cross-gender pat-down search be necessary they would be documented. Intake staff, Classification staff, and two detention deputies further indicated cross-gender strip searches or body cavity searches are not allowed and should a detainee's gender be unknown a medical practitioner would consult with the detainee. Interviews with two detention deputies, Intake staff, two custody first-responders, and a first line supervisor confirmed that they have been trained in conducting pat-down searches, including cross-gender pat-down searches of transgender and intersex detainees. The interviews further confirmed the interviewees were able to articulate how to conduct a proper pat-down search of transgender and intersex detainees. During the on-site audit the Auditor observed a pat-down search. The search was conducted by staff of the same gender as the detainee and was completed in a professional and respectful manner in the least intrusive manner possible. The Auditor reviewed the MCCJC training curriculum for pat-down searches and confirmed it included all elements of the standard. An internal course attendance roster for Pat Searches was provided to the Auditor which confirmed all applicable staff attended the pat-down search training. Interviews with two LEP detainees confirmed that cross-gender staff announced their presence as they entered the housing unit. Although the facility has not conducted a cross gender pat-down search, strip search or cross-gender visual body cavity search during the audit period, they did provide a blank form titled, "Cross Gender Pat Down Searches" and a strip search log for ICE detainees which confirmed MCCJC staff would document the searches should they occur.

Recommendation (f): The Auditor did observe the Mini-Cassia Criminal Justice Center Strip Search log. The log documents detainee strip searches by name, date/time and has a line for "Deputies". The document provided only shows the deputy's badge number and not the deputy's name. The Auditor recommends that the name and badge number be recorded to further affirm that the strip search was conducted by the same gender as the detainee.

(g): MCCJC policy 03.126 PREA mandates, "In accordance with PREA and the Idaho Jail Standards, the Mini-Cassia Criminal Justice Center staff will ensure that inmates may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." During the on-site audit the Auditor observed shower curtains in five housing units that allowed while in use direct viewing of detainees by staff of the opposite gender. Discussion on-site with the OIC confirmed he was aware of the cross-gender viewing issues with the showers and was actively working to replace the non-compliant shower curtains.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit the Auditor observed shower curtains in five housing units that allowed for direct viewing of detainees by staff of the opposite gender while in use. Discussion on-site with the OIC confirmed he was aware of the cross-gender viewing issues with the showers and was actively working to replace the non-compliant shower curtains. To become compliant the facility must install appropriate shower curtains that allow detainees privacy to shower without being viewed by staff of the opposite gender. Once installed the facility must provide the Auditor with documentation that the shower curtains were installed as required.

(h): MCCJC is not designated as a Family Resident Center; therefore, provision (h) is not applicable.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC 03.126 PREA mandates, "The PREA Coordinator will ensure that all inmates, including inmates with disabilities or inmates who are limited in English proficiency have meaningful access to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility will provide the following: Informational video in both English and Spanish; Inmate Handbook in both English and Spanish; ICE Inmate Handbook in English, Spanish, and other foreign languages for federal detainees; PREA Posters in both English and Spanish; PREA Pamphlets in English, Spanish and other foreign languages; PREA Pamphlet in Braille; Staff Interpreters, if available; Access to a language line; Staff explaining the information one-on-one to inmates who are illiterate or who are unable to read the information themselves; Access to Video Phone; Access to help through sign language. The facility will regularly check sources such as the language line, Video Phone, interpreters, etc. to make sure they are continuously available when needed. Access to these sources will be given to the PREA auditor upon request. The Mini-Cassia Criminal Justice Center will not use inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations unless the inmate or detainee expresses a preference for another detainee to provide interpretation and the facility determines that such interpretation is appropriate and consistent with the policy." A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. During the on-site audit the Auditor observed the ICE Detention Reporting and Information Line (DRIL) posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, VAV posters, ERO Language Services resource flyers and the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance

Manager's name and contact information. The Auditor was also able to observe handheld devices utilized by floor staff that interface with the Guardian System utilized by MCCJC and provides staff with a means to utilize Google translate to communicate with a detainee whose preferred language is not English. In an interview with two detention deputies, it was indicated that the system was user friendly thus providing staff a way to communicate with all detainees regardless of their preferred language. The Auditor was able to view a video of Intake staff utilizing the language line for a detainee who arrived earlier; however, did not have booking completed prior to the Auditor exiting the facility for the day. The detainee was brought into the fingerprinting room, the door was closed, and PREA intake information was interpreted via the telephone. Interviews with two detention deputies confirmed that should a detainee require the use of sign language for communication a Patrol deputy would be utilized; however, should the Patrol deputy be unavailable, staff would utilize written material for the detainee. The Auditor observed a binder that included PREA information translated into braille in the intake area which confirmed the detainee who was blind or had low vision has the option of being given the PREA information in a manner they could understand. Interviews with Intake staff indicated detainees with intellectual, psychiatric or speech disabilities would be provided required PREA information via medical or mental health and that communication would be at a level consistent with the detainee's mental acuity. Interviews with detention deputies also confirmed that the ICE National Detainee Handbook and DHS-prescribed SAA Information pamphlet, in English and Spanish, is available on-site and should a detainee require the ICE National Detainee Handbook, in one of the other most prevalent languages encountered by ICE: French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; or the DHS-prescribed SAA Information pamphlet, available in addition to English and Spanish, in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese the additional languages would be printed off the computer in the intake area. Interviews with two detention deputies further confirmed that should the detainee speak a language that is not one of the most prevalent languages encountered by ICE staff would use Google translate to interpret the information in the detainee's preferred language. The Auditor reviewed two detainee files and confirmed the information was provided to them in their preferred language, Spanish. In addition, interviews with two LEP detainees confirmed that the PREA information was provided in a language they easily understood. In interviews with two detention deputies it was indicated they would not use another detainee for translation unless it was an emergency or the detainee requested one; however, they could not articulate they would not use another detainee to interpret in matters related to sexual abuse 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. In addition, the two detention deputies interviewed could not articulate that they would not use minors, alleged abuser detainees who witness the alleged abuse, or detainees who have a significant relation with the alleged abuser to interpret in matters related to sexual abuse.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA confirms it does not include the requirement the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse. In interviews with two detention deputies it was indicated they would not use another detainee for translation unless it was an emergency or the detainee requested one; however, they could not articulate they would not use another detainee to interpret in matters related to sexual abuse 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. In addition, the two detention deputies interviewed could not articulate that they would not use minors, alleged abuser detainees who witness the alleged abuse, or detainees who have a significant relation with the alleged abuser to interpret in matters related to sexual abuse. To become compliant the facility must implement a practice that includes the requirements the facility will not use minors, alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the abuser to interpret in matters related to sexual abuse or another detainee to interpret in matters related to sexual abuse 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. Once implemented the facility must train all staff who have contact with detainees on the updated practice. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files that occurred during the CAP period.

\$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)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." The ICE Personnel Security and Suitability Program policy outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will not hire or promote anyone who may have contact with inmates, and will not enlist the services of any contractor, or volunteer who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, 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 abuse in the community 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 abuse described in this section. Before hiring new employees, who may have contact with inmates, the Cassia County Sheriff's Office will complete a criminal background check and, consistent with Federal, State, and local law, will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. All employees who may have contact with inmates will undergo a criminal history check every two to three years. The Sheriff's Office shall also perform a Criminal Background record check before enlisting the services of any contractor who may have unsupervised contact with inmates. The Sheriff's Office shall conduct criminal background records checks at least every five years of current employees and long-term contractors who may have contact with inmates. Documentation of the background records checks of current employees and long-term contractors at five-year intervals will be kept on file and made available to the PREA auditor when requested. The Sheriff's Office will ask, and document in the conditional offer to hire form, anyone who is given a conditional offer of employment the following three questions; Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution? Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt (obvious) or implied threats of force, or coercion (pressure) or if the victim did not consent or was unable to consent or refuse? Have you ever been civilly or administratively adjudicated (had a judgement declared) for having engaged in the activity described in the previous two questions? At the yearly PREA training employees and contract employees will be asked the above 3 questions and will be required to fill out and sign a form indicating their response. Any employee being considered for promotion will be asked the above 3 questions and their response will be documented. Employees, contract employees and contractors have a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. All requests for information on former employees will be referred to the Sheriff or his/her authorized designee. The Sheriff, or authorized designee, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." In an interview with the HR it was confirmed new hires must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents. The HR further indicated that unless prohibited by law his facility would share any relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer. The Auditor reviewed seven staff personnel files and confirmed that all staff have received background checks prior to employment and the required five-year background investigations. In addition, the review of the seven personnel files confirmed employment documents include the inquiry of previous misconduct of sexual abuse, conviction or civil adjudication of sexual abuse activity and staff must sign that material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. A review of the seven personnel files further confirmed that during annual PREA training staff signed the "PREA Training Verification" form that includes inquiry of: having engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution, having ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt (obvious) or implied threats of force, or coercion (pressure) or if the victim did not consent or was unable to consent or refuse and having ever been civilly or administratively adjudicated (had judgement declared) for having engaged in the activity described in the previous two questions and staff must sign documents that include: material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. There were no facility or ICE staff who have reoccurring contact with detainees that were promoted during the audit period. The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit to include the two ICE employees assigned to the facility to verify the completion of the background process. OPR PSO confirmed the background investigation status of the two Agency employees submitted were completed.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a): This subsection of the standard is not applicable. MCCJC has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing facility.

(b): MCCJC 03.126 PREA mandates, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Mini-Cassia Criminal Justice Center will consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Documentation of any such considerations will be kept on file and made available to the PREA auditor upon request." The facility provided documentation that the video camera system was installed in 2018; however, [REDACTED]

Recommendation (b): The Auditor recommends prior to replacing the [REDACTED] the facility take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated an unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in Agency custody as required by subsection (c) of standard 115.13.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform

sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.” MCCJC policy 03.126 PREA mandates, “The facility shall consider how best to utilize available resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims’ needs. The facility shall make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall make available to a victim, a victim advocate. If a rape crisis center is not available to provide victim advocate services, the Center will make available an appropriate staff member from a community-based organization or an appropriate agency staff member to provide these services. The agency will document the efforts made to secure these services. An appropriate agency staff member or an appropriate community-based staff member shall be an individual who has been screened to serve in this role and has received education concerning sexual assault and forensic examination issues in general. If an agency staff member is used, the Detention Center will maintain documentation on the staff member’s qualifications to provide victim advocate services. The Mini-Cassia Criminal Justice Center has an MOU with the Cassia County Victim/Witness Coordinator to provide advocate services. The advocate shall provide emotional support, crisis intervention, information, and referrals. The Mini-Cassia Criminal Justice Center will offer victims of sexual abuse access to forensic medical examinations, on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. These examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. The agency will document the attempts to find a SAFE or SANE. The investigator or employee who accompanies the inmate to the forensic medical exam will document who performed the forensic medical exam. The Mini-Cassia Criminal Justice Center will maintain documentation that delineates the responsibilities of outside medical and mental health practitioners in the forensic medical exams. The Mini-Cassia Criminal Justice Center will make every effort to make available to the victim a victim advocate from a rape crisis center or community resource when requested by a victim during a forensic exam. The victim advocate shall be allowed for support during a forensic exam or investigatory interview.” The Auditor was provided with a Memorandum of Understanding (MOU) entered into with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention or referrals. In addition, the MOU does not confirm that VAV would provide the detainee victim with advocacy services during a forensic exam or support during investigatory interviews. The facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital to provide a SAFE/SANE during a forensic exam; however, the draft MOU has not been forwarded to the hospital for consideration; and therefore, the use of a SAFE/SANE or other qualified medical professional during a forensic exam could not be confirmed. The facility did not provide documentation to confirm that a forensic exam when medically appropriate, at no cost to the detainee, and only with the detainee’s consent a medical exam, would be conducted. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b), (c), and (d) of the standard. The Auditor reviewed a MOU entered into with VAV and confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention or referrals. In addition, the MOU does not confirm that VAV would provide the detainee victim with advocacy services during a forensic exam or support during investigatory interviews. The facility provided an interdepartmental memo indicating that the Cassia County District Attorney’s Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital to provide a SAFE/SANE during a forensic exam; however, the draft MOU has not been forwarded to the hospital for consideration; and therefore, the use of a SAFE/SANE or other qualified medical professional during a forensic exam could not be confirmed. The facility did not provide documentation to confirm that a forensic exam when medically appropriate, at no cost to the detainee, and only with the detainee’s consent would be conducted. To become compliant the facility must identify a local hospital to provide the detainee victim a forensic exam, if evidentiary or medically appropriate, by a SAFE/SANE Nurse or other qualified medical practitioner. In addition, the facility must coordinate with a community resource to provide expertise and support in the areas of crisis intervention and counseling and to provide advocacy services, if not available through the hospital agreement, to the detainee victim during a forensic exam and during the investigation process. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse to confirm compliance with subparts (b), (c), and (d) of the standard.

(e): MCCJC policy 03.126 PREA states, “If an outside agency is called in to conduct the investigation, the assisting agency will be required to follow the requirements of (a) through (d) of this section. The Mini-Cassia Criminal Justice Center will document the request to the assisting agency to follow these requirements.” Interviews conducted with the OIC, and PSA Compliance Manager, confirmed that the facility would conduct the administrative investigation unless it involved a staff member. The facility provided a memorandum that indicates MCCJC is currently working with Jerome County Sherriff’s Office to investigate any sexual abuse allegation investigation that involves a conflict of interest. The Auditor reviewed the request to enter the MOU and confirmed it does not request

the Jerome County Sherriff's Office follow the requirements of paragraph (a) through (d) of the standard. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. The facility provided a memorandum that indicates MCCJC is currently working with Jerome County Sherriff's Office to investigate any sexual abuse allegation investigation that involves a conflict of interest. The Auditor reviewed the request to enter the MOU and confirmed it does not request the Jerome County Sherriff's Office follow the requirements of subsection (e) paragraphs (a - d) of the standard. To become compliant the facility must provide the Auditor with documentation that confirms MCCJC requested the Jerome County Sherriff's Office follow the requirements of paragraph subsection (e) paragraphs (a - d) of the standard.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Detention Center may begin such investigations by conducting a preliminary inquiry or review into the allegations to determine whether further investigation is necessary and whether the allegations should be referred for an administrative or criminal investigation. The Supervisor or PREA Coordinator will assign a person to complete this preliminary review into the allegations. After the assigned employee has finished the review of the incident, he/she will advise the PREA Coordinator of his/her findings and whether or not further investigation is necessary. The assigned employee will write a detailed report on his/her findings and recommendations. The Mini-Cassia Criminal Justice Center will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The Sheriff will decide when the investigation will be handled by investigators of his/her agency or if the investigation should be referred to an outside agency. All referrals will be documented. If the Detention Center decides not to refer an allegation for criminal investigation, that decision must be reviewed and approved by the Sheriff or his/her designee. If an outside entity conducts criminal investigations, the Mini-Cassia Criminal Justice Center will cooperate fully with the investigation by providing access to the suspect, victim, witnesses, and necessary staff. The detention center will also provide a secure room for investigator to conduct the interviews and paperwork. The outside entity conducting the criminal investigation will be asked to comply with the rules of the facility and the PREA standards. All requests to the outside entity will be documented. Once the investigation is completed, the outside entity will be asked to meet with the Sheriff to give a full report of the outcome of the investigation and recommendations for prosecution. The Mini-Cassia Criminal Justice Center will publish the policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on its website. The Mini-Cassia Criminal Justice Center will conduct administrative investigations of sexual abuse or sexual harassment when the violations do not involve potentially criminal behavior. The Jail Administrator will assign an employee who is trained in conducting an administrative investigation to the investigation of the allegations. The assigned employee will interview all persons that were involved, or alleged to be involved, in the incident to verify the facts in the allegations. Upon completion of the administrative investigation, the investigating employee will write a detailed report of his/her findings and will present his findings to the Jail Administrator. The Mini-Cassia Criminal Justice Center shall ensure that the data collected pursuant to §115.87 are securely retained and maintained for at least 10 years after the date of the initial collection unless otherwise mandated by Federal, State, or local laws." A review MCCJC policy 03.126 PREA confirms it does not include the requirements when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR, the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. as required by subsections (b), (d), (e), and (f) of the standard. The Auditor reviewed MCCJC's website www.cassiacounty.org/mini-cassia-criminal-justice-center and confirmed the facility's protocol for investigation is made available to the public; however, the facility protocol is not compliant with the standard. Interviews with the OIC and PSA Compliance Manager confirmed all allegations of sexual abuse will be referred for investigation and that such records will be maintained in hard copy and electronic format for at least 10 years. Interviews further confirmed when a detainee, prisoner, inmate, or resident of the facility where the detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority. Interview with the SDDO also confirmed that notification to the JIC would be made immediately.

Does Not Meet (a)(b)(c)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (d), (e), and (f) of the standard. A review of the facility protocol confirms the Supervisor or PREA Coordinator will assign a person to complete a preliminary review into allegations of sexual abuse. After the assigned employee has finished the review of the incident, he/she will advise the PREA

Coordinator of his/her findings and whether or not further investigation is necessary. The assigned employee will write a detailed report on his/her findings and recommendations and if the assigned employee does not find that further investigation is necessary the facility will not continue to investigate the allegation. Therefore, an administrative or criminal investigation is not completed for all allegations of sexual abuse as required by subsection (a) of the standard. In addition, a review of the facility protocol confirms it does not include the requirements when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR, the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. as required by subsections (b), (d), and (f) of the standard. Interviews with the OIC and PSA Compliance Manager confirmed all allegations of sexual abuse investigation records will be maintained in hard copy and electronic format for at least 10 years. A review of the facility website (www.cassiacounty.org/mini-cassia-criminal-justice-center) confirms it includes the facility protocol; however, the posted protocol is not compliant with the standard. To become compliant the facility must update the facility protocol to ensure that an administrative or criminal investigation is conducted on all allegations of sexual abuse and to include the verbiage, "when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD)" as required by subsections (d) and (e) of the standard" and "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD." In addition, the facility must update the protocol to include the facility will document and maintain, for at least five years, all reports and referrals of allegations of sexual abuse. Once updated, the facility must submit documentation that all applicable staff, including facility Investigators, received training on the updated evidence protocol. If applicable, the facility must submit all closed sexual abuse allegation investigations with confirmation that the facility notified ICE OPR or DHS OIG, the JIC, and the appropriate FOD of the reported allegation.

§115.31 - Staff training.

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

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, "The facility shall train all employees who may have contact with inmates or detainees on: Its zero-tolerance policy for all forms of sexual abuse; The right of detainees, inmates, and staff to be free from sexual abuse and retaliation for reporting sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; Recognition of situations where sexual abuse may occur; Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with inmates or detainees; How to communicate effectively and professionally with inmates or detainees, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates or detainees; Procedures for reporting knowledge or suspicion of sexual abuse and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." MCCJC policy 03.126 PREA further states, "The Mini-Cassia Criminal Justice Center will provide the above training during orientation and then refresher training will be conducted annually" and "each year the employee will be required to sign that he/she understands the training that they have received, and a copy of that form and the training received will be kept in the employee's training file." The Auditor reviewed the staff training curriculum "Understanding the Prison Rape Elimination Act & Staff Sexual Misconduct" and confirmed it contained all elements required by subsection (a) of the standard. In addition, the Auditor reviewed seven staff training files and confirmed that a signed staff understanding of the PREA training was maintained in all the files and that PREA education was conducted at time of employment and the required refresher training was received every two years. The Auditor reviewed the ICE PREA Virtual University (VU) Training curriculum and training certificates for ICE staff and confirmed the curriculum met all elements of the standard and that ICE staff have completed the two-year refresher training required by the standard. In interviews with two detention deputies, a classification officer, and an intake officer it was confirmed they received PREA training and the required two-year refresher training. The SDDO confirmed in an interview that he has PREA training "yearly".

§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): MCCJC policy 03.126 PREA mandates, "All volunteers and contractors who have contact with inmates shall be trained on the following: The agency's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents; Their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures; and Volunteers and contractors who have contact with inmates shall also receive a modified version of the staff PREA training, relative to the type of service the volunteer provides to inmates. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received, and the specific subject taught." MCCJC did provide training curriculum titled, "Understand the Prison Rape Elimination Act & Staff Sexual Misconduct." The Auditor reviewed the curriculum and confirmed that it meets all elements of the standard. In addition, the Auditor reviewed four volunteer MCCJC PREA Training Verification forms and confirmed they included a signed acknowledgement of training.

§115.33 - Detainee education.

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): MCCJC policy 03.126 PREA mandates, "During the intake process, the booking deputy will provide verbal and written information about the department's Zero Tolerance policies regarding sexual abuse, retaliation, and how to report incidents or suspicions of sexual abuse or sexual harassment. This information will be provided in the following format: Explained verbally by the booking officer; Inmate handbook; Risk for sexual abuse form that inmate reads and signs; ICE PREA pamphlets in English, Spanish and other foreign Languages. Each inmate or detainee shall receive education on: Prevention and Intervention Strategies; Definitions and examples of inmate on inmate (Detainee on Detainee) sexual abuse, staff on Inmate/Detainee sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer. ICE detainees will be instructed that they can report to DHS Office of Inspector General and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right to receive treatment and counselling for anyone who has been subjected to sexual abuse." MCCJC policy 03.126 PREA further states, "The facility shall provide all inmates/detainees notification, orientation, and instruction in formats accessible to all inmates/detainees including those who are limited English proficient, deaf, visually impaired, or otherwise disabled or who may have limited reading skills. Written materials shall include a Spanish interpretation. For languages other than Spanish, staff shall use an interpreter to communicate the agency's zero tolerance policy from: Language line. Staff shall personally explain the Zero Tolerance policy to inmate's who cannot read, have low reading skills, or who have cognitive or developmental disabilities. The Mini-Cassia Criminal Justice Center shall also assist and ensure that the Zero Tolerance policy and reporting methods of sexual abuse are communicated to those inmates who are hearing impaired, have physical or other mental disabilities, to include intellectual, psychiatric, or speech disabilities. The Mini-Cassia Criminal Justice Center shall maintain documentation of inmate attendance and the content of the education given the inmate/detainee during the intake orientation and 14-day education session." In addition, MCCJC policy 03.126 PREA states, "In housing units occupied by ICE Detainees the following informational material shall be posted; DHS-prescribed sexual assault awareness notice, Name of the PREA Compliance Manager, Name of local organization that can provide assistance to victims of sexual abuse. The facility shall make available and distribute the DHS-prescribed Sexual Assault Awareness Information pamphlet it is available in English and 13 other foreign languages. The ICE Detainee Handbook shall be made available to all ICE Detainees in the language that the detainee requires. This handbook contains information about reporting sexual abuse." During the on-site review the Auditor observed, in English and Spanish, the DHS-prescribed sexual assault awareness notice, the name of the PSA Compliance Manager, and VAV posters in all housing areas. The Auditor observed the intake processing of two detainees and confirmed they were provided with "PREA Intake Orientation" information in their preferred language, Spanish. The Auditor reviewed the PREA information included in the facility intake orientation, the PREA Intake Orientation form, DHS-prescribed Sexual Abuse and Assault (SAA) Information pamphlet, and the ICE National Detainee Handbook, and confirmed the distributed information in tandem provides the detainee the PREA information required in subsection (a) of this standard. The Auditor was also able to observe handheld devices utilized by floor staff that interface with the Guardian System utilized by MCCJC and provides staff with a means to utilize Google translate to communicate with a detainee whose preferred language is not English. The Auditor was able to view a video of Intake staff utilizing the language line for a detainee who arrived earlier; however, did not have booking completed prior to the Auditor exiting the facility for the day. The detainee was brought into the fingerprinting room, the door was closed, and PREA intake information was interpreted via the telephone. Interviews with two detention deputies confirmed that should a detainee require the use of sign language for communication a Patrol deputy would be utilized; however, should the Patrol deputy be unavailable, staff would utilize written material for the detainee. The Auditor observed a binder that included PREA information translated into braille in the intake area which confirmed the detainee who was blind or had low vision has the option of being given the PREA information in a manner they could understand. Interviews with Intake staff indicated detainees with intellectual, psychiatric or speech disabilities would be provided required PREA information via medical or mental health and that communication would be at a level consistent with the detainee's mental acuity. Interviews with detention deputies also confirmed that the ICE National Detainee Handbook and DHS-prescribed SAA Information pamphlet, in English and Spanish, is available on-site and should a detainee require the ICE National Detainee Handbook, in one of the other most prevalent languages encountered by ICE: French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; or the DHS-prescribed SAA Information pamphlet, available in addition to English and Spanish, in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese the additional languages would be printed off the computer in the intake area. Interviews with two detention deputies further confirmed that should the detainee speak a language that is not one on the most prevalent languages encountered by ICE staff would use Google translate to interpret the information in the detainee's preferred language. During the on-site audit the Auditor observed, in English and Spanish, the DHS-prescribed sexual assault awareness notice, the name of the PSA Compliance Manager and VAV posters in all housing areas. The Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information on how to report an allegation of sexual abuse. In interviews with two LEP detainees it was confirmed that they received the PREA Intake Orientation form, DHS-prescribed Sexual Abuse and Assault (SAA) Information pamphlet, and the ICE National Detainee Handbook in their preferred language, Spanish. The Auditor observed a detainee intake process and did confirm the detainee was provided with the PREA Intake Orientation form, ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet in their preferred language, Spanish. The Auditor reviewed the interviewed detainee files and observed that both detainees signed for the PREA education received at intake. A review of documentation submitted during the pre-audit phase could not confirm the detainee received orientation at intake as the section confirming his participation was blank; however, based on the files reviewed during the on-site audit, the Auditor has determined the facility to be substantially compliant with standard 115.33.

§115.34 - Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): MCCJC policy 03.126 PREA mandates, "The PREA Coordinator shall ensure that facility investigative officers, in addition to the training provided to all staff, receive training in conducting investigations of sexual abuse in a facility setting and effective cross-agency coordination. This training shall include techniques for interviewing victims of sexual misconduct, including techniques specific to juvenile victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized Investigator training shall be documented in the officer's training file." The Auditor was provided with certificates of completion for all seven reported facility Investigators. This training was entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting", completed online and through the National Institute of Corrections (NIC); however, the Auditor was not provided a copy of the curriculum; and therefore, could not confirm the curriculum included all required elements of the standard. There were no allegations of sexual abuse reported during the audit period.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Although the Auditor was provided with training certificates to confirm that all seven facility investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm it included all elements required by subsection (a) of the standard. To become compliant, the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (a) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility Investigators were trained on the new curriculum.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, this standard is not applicable.

(c): MCCJC policy 03.126 PREA mandates, "All full and part-time medical and mental health care practitioners who work regularly in the Mini-Cassia Criminal Justice Center shall receive specialized training on the following: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and mental health care practitioners in the facility shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. Medical and mental health care practitioners completing the above training shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in the training file." A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that the facility submitted MCCJC policy 03.126 PREA to the Agency for review and approval. The facility provided copies of the National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners certificates of completion for all four contracted medical and mental health staff; however, the facility did not provide a copy of the curriculum; and therefore, the Auditor could not confirm that the curriculum contained all elements required by subsection (b) of the standard.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. The facility provided copies of the National Institute of Corrections PREA 201 for Medical and Mental Health Practitioners certificates of completion for all four contracted medical and mental health staff; however, the facility did not provide a copy of the curriculum; and therefore, the Auditor could not confirm that the curriculum contained all elements required by subsection (c) of the standard. A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that the facility submitted MCCJC policy 03.126 PREA to the Agency for review and approval. To become compliant the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (c) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility medical and mental health staff were trained on the new curriculum. In addition, the facility must submit documentation that MCCJC policy 03.126 PREA was submitted to the Agency for review and approval.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f)(g): MCCJC policy 03.126 PREA mandates, "The facility shall assess all inmates/detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house inmates/detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within 12 hours of admission into the facility. The screening for potential victims shall include: Whether the inmate has a mental, physical, or developmental disability; The age of the inmate; The physical build of the inmate; Whether the inmate has previously been incarcerated; Whether the inmate's criminal history is exclusively nonviolent; Whether the inmate has prior convictions for sex offenses against an adult or child; Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the inmate has previously experienced sexual victimization; The inmate's own perception of vulnerability; and Whether the inmate is detained solely for civil immigration purposes. The initial screening for potential perpetrators will include Prior convictions for violent felonies; Prior convictions for sex offenses; Prior violent acts in custody; and Prior incidents of sexual abuse in custody. A re-assessment screening will be conducted by the PREA Coordinator or Classification Deputy within 45 days after booking

and as necessary in response to alleged incident(s) of sexual abuse or whenever needed as a response to additional, relevant information. Inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening for risk of sexual victimization or abusiveness. The Mini-Cassia Criminal Justice Center shall ensure the sensitive assessment information is not exploited to the inmate's detriment by staff or other inmates and that any documents obtained from the assessment are secured in a manner recommended by the PREA Coordinator. Any staff or inmate who uses the information to the inmate's detriment will face disciplinary action. When an outside agency or non-jail staff member requests to view an inmate's file, a detention sergeant or above is required to approve the request and must assure that any confidential information is removed before giving access to the file." Through observation during the on-site audit, and in interviews with intake staff, it was confirmed detainees are assessed for likelihood of sexual aggressors or victims upon intake and all detainees are held in the intake area until booking is completed. In interviews with Intake staff, it was indicated the detainee completes the Sexual Abuse/Victim Risk Screening Questions (PREA) form. The Auditor reviewed the Sexual Abuse/Victim Risk Screening Questions (PREA) form and confirmed it contains all elements required by subsections (c) and (d) of the standard. During the on-site audit the Auditor observed the form is provided in English and Spanish with other languages available in the detainees preferred language. In an interview with the booking officer, it was indicated that once the detainee completes the form the facility will use the NorthPointe mapping process to verify the detainee's criminal history and detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during the screening. Although the facility has not had a detainee housed at the facility long enough to complete the required between 60 and 90 days reassessment, had any relevant information received for a detainee, or had a detainee involved in an incident of abuse or victimization; an interview with the Classification officer, although it was indicated a reassessment would be conducted, could not confirm the reassessment would be conducted during the timeframe required by subsection (e) of the standard. In interviews with the Classification officer and PSA Compliance Manager it was confirmed responses to questions asked pursuant to standard 115.41 are provided only on a need-to-know basis. During the on-site audit the Auditor observed the PREA risk screening forms in the Classification officer's office locked in a file cabinet. In addition, the Auditor observed only one detainee at a time at the intake desk and confirmed the intake PREA screening is conducted confidentially in privacy. The Auditor reviewed two detainee files and confirmed the detainees filled out the Sexual Abuse/Victim Risk Screening Questions (PREA) form and that initial classification and housing assignment was completed within 12 hours of admission.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. A review of MCCJC policy 03.126 PREA confirms that it requires a re-assessment screening be conducted by the PREA Coordinator or Classification Deputy within 45 days after booking. In an interview with the Classification officer it was confirmed that he would conduct a reassessment of the detainee; however, the interview did not confirm that the reassessment would be conducted during the required timeframe of between 60 and 90 days from the date of the initial assessment. To become compliant the facility must implement a practice that ensures all detainees are reassessed for risk of abusiveness or victimization between 60-90 days of the initial assessment. In addition, the facility must provide documentation that all classification staff are trained on the new procedure. If applicable, the facility must provide the Auditor with 10 detainee files that include reassessments of detainee's risk of victimization and abusiveness, between 60-and-90 days of the initial assessment that occurred during the CAP period to confirm the detainee victim was reassessed as required by subsection (e) of the standard.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, "The information from the assessment shall be used to inform housing, bed, work, and programming assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. When an inmate is identified as possibly being at risk, the shift supervisor on duty must be notified. Additionally, Classification, detention deputies, and other appropriate facility personnel are notified to determine an appropriate housing assignment and to take any other necessary safety and security measures. In determining housing and programming assignments for Transgender or Intersex inmates to male or female accommodations, the Classification Officer shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present operational management, security, and/or mental health services problems. A Transgender or Intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Placement and programming assignments for each Transgender or Intersex inmate shall be reassessed at least monthly to review any threats to the inmate's safety. The Mini-Cassia Criminal Justice Center shall not place lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates in dedicated facilities, housing units, or cells solely on the basis of such identification or status, unless such placement is in a dedicated facility, housing unit, or cell established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. When an inmate is placed in a dedicated facility, housing unit, or cell, the agency will document the valid reasons why that placement is necessary. Transgender and Intersex inmates shall be given the opportunity to shower separately from other inmates when operationally feasible." MCCJC provided the Auditor with a Classification Assessment Form, Sexual Abuse/Victim Risk Screening Questions (PREA), Primary Security Level Assignment, Inmate Classification Review (also used for detainees), Inmate Classification Interview Questions (also used for detainees) and Periodic Classification Review Questions. The Sexual Abuse/Victim Risk Screening Questions (PREA) utilized at intake also has an area for the interviewing officer to formulate an opinion of a detainee being victimized or at risk of being sexually abusive based on detainee answers. The Primary Security Level Assignment has an area for staff to override the model for an increase (or decrease) of a detainee's custody level. The Auditor reviewed both the Inmate Classification form and the Primary Security Level Assignment form used to determine the detainee's initial classification and housing and confirmed that neither form considered any of the responses to the initial risk assessment. In addition, the facility did not provide documentation to confirm the process to utilize the information obtained during the initial risk assessment in determining recreation and other

activities or voluntary programs. Interviews with Intake, Classification, and the RN indicated they were knowledgeable when it came to housing transgender and intersex detainees and all areas of the assessment are reviewed to ensure detainee safety. In addition, during the Auditor's interview with the classification staff, the staff were aware of the reassessment requirements for transgender detainees. The Auditor had planned to interview transgender detainees during the on-site audit; however, there were no transgender detainees housed at the facility during the visit.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. MCCJC provided the Auditor with a Classification Assessment Form, Sexual Abuse/Victim Risk Screening Questions (PREA), Primary Security Level Assignment, Inmate Classification Review (also used for detainees), Inmate Classification Interview Questions (also used for detainees) and Periodic Classification Review Questions. The Auditor reviewed both the Inmate Classification form and the Primary Security Level Assignment form, used in determining the detainee's initial classification and housing, and confirmed that neither form considered any of the responses to the initial risk assessment. In addition, the facility did not provide documentation to confirm information obtained during the initial risk assessment is considered in determining recreation and other activities or voluntary programs. To become compliant, the facility must establish and implement a procedure to ensure that information gained from the initial risk screening is considered when determining detainee housing, recreation and other activities, and voluntary programming. The facility must train all applicable staff on the new procedure and submit documentation to the Auditor to confirm the training was received. In addition, the facility must submit 10 detainee files to confirm information gained from the initial risk assessment was considered in determining the detainee's housing, recreation and other activities, and voluntary work program.

§115.43 - Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall adopt procedures managing administrative segregation of inmates. These procedures shall be developed in consultation with ICE EROFOD and USMS for the restricted housing of detainees. The facility shall have detailed documentation for the reason an inmate/detainee is placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The facility shall not place inmates who have been classified as high risk for sexual victimization in an involuntary restrictive housing cell unless an assessment of all available alternatives has been made prior to doing so, and it is determined that there is no other available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in involuntary restrictive housing not to exceed a 24-hour period until such an assessment can be completed. Further, the Mini-Cassia Criminal Justice Center shall assign such inmates to involuntary restrictive housing only until an alternative means of separation from likely abusers can be arranged, and this shall not ordinarily exceed a 30-day period. Inmates who are placed in involuntary restrictive housing for protective custody under this section shall have access to programs, privileges, education, visitation, counsel, and work opportunities to the extent possible. The Mini-Cassia Criminal Justice Center shall adequately, clearly, and completely document the following facts if/when an inmate is assigned to an involuntary restrictive housing cell for the sole purpose of protective custody: The basis for the facility's concern for the inmate's safety; The reason why no alternative means of separation could be arranged; The reason why/if the 30-day involuntary restrictive housing period is required to be extended; Any restriction and/or limitations of access to programs, privileges, education, or work opportunities have been imposed; The duration of the restrictions/limitations to programs, privileges, education, or work opportunities; and The reason for any restrictions/limitations to programs, privileges, education, or work opportunities. In addition, a supervisory staff member shall conduct a review within 72 hours of an inmate's placement in administrative segregation to determine if segregation is still warranted. An identical review shall be conducted after 7 days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. For ICE/USMS Detainees, the facility shall notify the appropriate ICE/USMS Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of vulnerability to sexual abuse or assault." A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD. In an interview with the PSA Compliance Manager, it was indicated MCCJC has not had any detainees held in protective custody for risk of sexual abuse or assault; however, the Auditor was provided with blank copies of the Inmate Classification Review, Inmate Classification, Inmate Questionnaire, and Periodic Classification Questions forms for review. These forms include PREA related questions such as: PREA education, previous sexual victimization, detainee perception of risk and if the detainee or others consider them to be gay, lesbian, transgender, intersex or gender nonconforming.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD. To become compliant, the facility must provide documentation that confirms MCCJC policy 03.126 PREA was developed in consultation with the ICE ERO FOD.

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, "Inmates at the Mini-Cassia Criminal Justice Center may make reports of sexual abuse, sexual harassment, retaliation by other inmates or staff members, and/or staff neglect or violation of staff responsibilities that may have contributed to sexual abuse or harassment, either verbally or in writing; privately or anonymously, to any staff person. Verbal reports may be submitted to: Detention Deputy, Medical or mental health staff, other staff members, Detention or Agency Administration, Volunteers, Third party or Hot line." MCCJC policy 03.126 PREA further states, "The Mini-Cassia Criminal Justice Center

shall also allow inmates to report sexual abuse or sexual harassment to a public or private outside agency which is: Cassia County Prosecutors Office Victim Advocate, 1459 Overland Avenue, Burley, Idaho, Cassia County Sheriff's Office, 129 East 14th Street, Burley, Idaho, Minidoka County Sheriff's Office, 718 H Street, Rupert, Voices Against Violence, 212 Second Avenue West #101, Twin Falls, ID 83301 Tel. 208-733-0100" and "the inmate shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse." In addition, MCCJC policy 03.126 PREA states, "Verbal reports that are received are promptly documented." During the on-site audit the Auditor observed, in English and Spanish, the DHS-prescribed sexual assault awareness notice, the DHS-prescribed SAA Information pamphlet, and contact information for the DHS OIG, foreign consulate, and VAV. The Auditor was provided with an MOU with VAV and was able to confirm the VAV would accept reports of sexual abuse and immediately forward the report to MCCJC; however, the MOU does not confirm that the VAV would accept reports of sexual abuse allowing the detainee to remain anonymous upon the detainee's request. In interviews with the PSA Compliance Manager, a first-line supervisor, and two detention deputies it was confirmed that detainees could make a report verbally, in writing, anonymously and through third parties and all reports of sexual abuse would be documented. During the on-site review the Auditor attempted to contact the DHS OIG and VAV from a housing unit telephone to verify that they would accept a report of sexual abuse both confidentially and anonymously if the detainee desired; however, the Auditor was not able to complete the calls due to inadequate posted instructions of how to place a toll-free call. The Auditor interviewed two LEP detainees who indicated they were unaware of the VAV and the services they provide. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The Auditor was provided with an MOU with VAV and was able to confirm the VAV would accept reports of sexual abuse and immediately forward the report to MCCJC; however, the MOU does not confirm that the VAV would accept reports of sexual abuse allowing the detainee to remain anonymous upon the detainee's request. During the on-site audit, the Auditor attempted to place calls to the DHS OIG and the VAV from the housing unit telephones to verify that they would accept a report of sexual abuse both confidentially and anonymously if the detainee desired; however, due to a lack of instructions on how to make toll-free calls, the Auditor could not complete the calls. The Auditor interviewed two LEP detainees who indicated they were unaware of the VAV and the services they provide. To become compliant the facility must provide documentation that the phone system has been updated to allow anonymous reporting to the DHS OIG and that detainees are made aware of how to complete toll-free calls in a manner that they can understand.

§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): MCCJC policy 03.126 PREA mandates, "Any grievance submitted by an inmate/detainee alleging sexual abuse or imminent risk of sexual abuse shall immediately be withdrawn from the routine Mini-Cassia Criminal Justice Center inmate grievance process. Rather, these grievances will be considered a complaint of sexual abuse and not subject to any of the rules, procedures, or timelines regarding routine inmate grievances. There is no time limit for an inmate/detainee to submit a grievance regarding allegations of sexual abuse. All staff receiving such grievances alleging sexual abuse shall immediately direct them to a Supervisor. The Supervisor shall immediately initiate the appropriate sexual abuse response. Staff shall bring medical emergencies to the immediate attention of medical staff or transport to hospital for further assessment. Grievances of sexual abuse shall be answered within (5) days of receipt. Appeals of a grievance shall be answered within (14) days of receipt of appeal. All grievances filed by a detainee will be sent to the appropriate ICE/USMS Field Office Director at the end of the grievance process. To prepare a grievance concerning sexual abuse, an inmate/detainee may obtain assistance from another inmate/detainee, staff member, family member, or legal counsel. Staff shall take reasonable steps to expedite requests for assistance from these other parties." In an interview with the PSA Compliance Manager, it was confirmed that detainees will be allowed to file a grievance at any time and MCCJC does not impose a time limit for such grievances. Interviews with two detention deputies and the GO confirmed that medical grievances will be processed immediately and that should a detainee require the assistance of a third party to complete the grievance one will be accommodated. There were no allegations of sexual abuse reported at MCCJC through the grievance system for the audit period.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall make contact information for outside agencies and/or victim advocate services that provide emotional and/or psychological support for victims of sexual assault available to inmates. These may include local, State, or national victim advocacy or rape crisis organizations. This contact information will be available to inmates through: Wall of the housing unit, Securus tablet/kiosk, multi-purpose/classroom, Inmate Handbook. The Mini-Cassia Criminal Justice Center shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The Mini-Cassia Criminal Justice Center shall inform inmates, prior to giving them access, 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 Mini-Cassia Criminal Justice Center shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Copies of the agreements or documentation showing attempts to enter into such agreements will be maintained on file with the facility." The Auditor was provided with a MOU entered into with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention services or investigation and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. In addition, the facility

provided an interdepartmental memo indicating that the Cassia County District Attorney's Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. During the on-site audit the Auditor observed information pertaining to how telephone calls are monitored on the VAV contact signage and in the facility detainee handbook; however, a review of both the signage and the facility handbook confirmed neither advises the detainee the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor interviewed two LEP detainees who indicated they were not aware of VAV or the services they provided.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. The Auditor was provided with a MOU entered with VAV which is in effect as long as both parties agree to its existence. A review of the MOU confirmed that VAV would provide professional and confidential victim advocacy services including emotional and/or psychological support for victims of sexual misconduct, abuse, or harassment, at the request of the victim; however, the verbiage in the MOU does not confirm that VAV would provide crisis intervention services or investigation and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. In addition, the facility provided an interdepartmental memo indicating that the Cassia County District Attorney's Office would provide a victim advocacy; however, the memo is vague and does not confirm what services the advocacy would provide. Information pertaining to how telephone calls are monitored are clearly shown on the informational posters and in the facility detainee handbook; however, a review of both the poster and the facility handbook confirmed the facility does not advise the detainee the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor interviewed two LEP detainees who indicated they were not aware of VAV or the services they provided. To become compliant, the facility must provide the Auditor documentation that the facility notifies detainees the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner that all detainees can understand. In addition, the facility must provide documentation that VAV or another local community or service provides detainees with services that includes all elements of subsection (a) of the standard.

§115.54 - Third-party reporting.

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

Notes:

MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center will receive and respond to third party reports of sexual abuse and sexual harassment in an expedient and efficient way. Third party reports may be done verbally or in writing and may be submitted to: Mini-Cassia Criminal Justice Center, On duty staff 208-878-1000 Ext 145, Jail Lieutenant 208-878-1136, Jail Staff Sergeant 208-878-1137, 1415 Albion Avenue, Burley Id 83318, Cassia County Sheriff's Office Dispatch 208-878-2251 Ext 1, Sheriff 208-878-9323, Undersheriff 208-878-9301 129 East 14th Street, Burley, ID 83318, Minidoka County Sheriff's Office, Dispatch 208-434-2320, 718 H Street, Rupert ID 83350. The facility shall publicly distribute information on how to report sexual abuse and sexual harassment on behalf of an inmate on its website and posting a notice in the lobby." During the on-site audit the Auditor observed third party reporting posters in Spanish and English located on the housing units. In addition, the Auditor reviewed the ICE National Detainee Handbook and confirmed it contains information regarding third party reporting including "informing family, friends, etc. who would make the notification." The Auditor reviewed MCCJC's website, www.cassiacounty.org/mini-cassia-criminal-justice-center and confirmed it includes three different avenues for third party reporting.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): Policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." MCCJC policy 03.126 PREA mandates, "All employees, staff, volunteer(s), and/or contract services personnel shall report all allegations and/or incidents of sexual abuse, harassment, misconduct, discrimination and/or retaliation to the Mini-Cassia Criminal Justice Center immediately upon receiving such knowledge. Reports shall be made to the Supervisor, PREA Coordinator, or Administration regarding any neglect or violation of responsibilities on the part of any facility employee that may have contributed to a sexual abuse incident or retaliation against those who have reported such incidents." MCCJC policy 03.126 PREA further states, "Staff may also choose to report outside the Chain of Command. Staff may contact any Investigator, Sheriff, or Chief Deputy in Minidoka or Jerome Counties. Such reports will immediately be forwarded to the appropriate administration for investigation. The reporting staff member shall then write an incident report prior to leaving the facility and forward it to the PREA Coordinator or Supervisor" and "Staff is required to accept all such reports from inmates and/or the public when informed of such incidents through any of the following means: Written reports, Verbal reports, Anonymous reports, Telephone call/Voicemail message, Sheriff's Office Website, Third Party Reporting or E-mail. The reporting staff member or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings." In addition, MCCJC policy 03.126 states, "Incidents of sexual abuse and/or sexual harassment on inmates who are under the age of 18 or inmates classified as a vulnerable adult under Idaho Statute 18-1505 shall be reported to the Idaho Department of Health and Welfare Child Protective Services and/or Adult Protective Services under mandatory reporting laws by the PREA Coordinator." A review of MCCJC policy 03.126 PREA confirms it does not require the facility to report an allegation of sexual

abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In addition, a review of MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 was referred to the Agency for review and approval. In interviews with the PSA Compliance Manager, Classification officer, and two detention deputies it was confirmed any incidents of sexual abuse or assault would remain confidential and be reported immediately. In an interview with the PSA Compliance Manager it was indicated that the facility would report an allegation of sexual abuse against a vulnerable adult to the state agency having jurisdiction; however the PSA Compliance Manager was unaware of the facility's requirement to report the allegation to the Agency who is required to report the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section, if after consultation with the relevant OPLA Office of the Chief Counsel (OCC), the detainee is determined to be a vulnerable adult under the state or local vulnerable persons statute.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of MCCJC policy 03.126 PREA confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In an interview with the PSA Compliance Manager it was indicated that the facility would report an allegation of sexual abuse against a vulnerable adult to the state agency having jurisdiction; however the PSA Compliance Manager was unaware of the facility's requirement to report the allegation to the Agency who is required to report the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section, if after consultation with the relevant OPLA Office of the Chief Counsel (OCC), the detainee is determined to be a vulnerable adult under the state or local vulnerable persons statute. In addition, a review of MCCJC policy 03.126 PREA and interviews with the OIC and PSA Compliance Manager could not confirm MCCJC policy 03.126 was referred to the Agency for review and approval. To become compliant the facility must update MCCJC policy 03.126 PREA to include the requirement the facility report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility must train all applicable staff on the reporting requirement for vulnerable adult victims of an alleged sexual abuse. If applicable the facility must submit all sexual abuse investigation files that include a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to confirm the new practice has been implemented. In addition, the facility must submit documentation that MCCJC policy 03.126 PREA has been submitted to the Agency for review and approval.

§115.62 - Protection duties.

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

Notes:

MCCJC policy 03.126 PREA mandates, "When the Mini-Cassia Criminal Justice Center learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate." Interviews with the PSA Compliance Manager, Classification officer, two detention deputies, intake staff, and a food service worker confirmed that should they become aware of any substantial risk of imminent sexual abuse the detainee would be removed from the situation immediately. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): MCCJC 03.126 PREA mandates, "Upon receipt of an allegation of sexual abuse of an inmate while confined at another facility, the Jail Lieutenant or Staff Sergeant or Sergeant shall notify the head of the facility where the alleged abuse occurred. The notification shall be made as soon as possible but, in no case, later than 72 hours after receiving the allegation. The Jail Lieutenant or Staff notifying the agency shall document the notification on the Discovery of Sexual Abuse Taken Place at Transferring Facility form. If the allegations involved a detainee for ICE/USMS the PREA Coordinator or designee shall notify the appropriate Field Office Director for investigation. Upon receipt of an allegation from another facility of sexual abuse that took place at the Mini-Cassia Criminal Justice Center the PREA Coordinator and/or PREA Compliance Manager will be notified, and a complete investigation into the allegation will be conducted. The investigation will take place even if the victim and/or suspect(s) are no longer housed at the Mini-Cassia Criminal Justice Center." Interviews with the PSA Compliance Manager and Classification officer did confirm that should MCCJC receive information that a detainee was sexually abused at another facility notifications would be made to the PSA Compliance Manager who in turn would notify the facility where the abuse occurred and the ICE FOD within 72 hours and that the notification would be documented by email. In addition, interviews confirmed that should a detainee be transferred and MCCJC notified of an allegation that happened at MCCJC, appropriate notifications would be made, and an investigation initiated for the allegation. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§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): MCCJC policy 03.126 PREA mandates, "Upon learning of a report of sexual abuse or sexual assault, the first detention staff member to respond shall: Separate the victim and abuser, establish a "crime scene" to preserve and protect any evidence. Identify and secure any/all witness(es) until 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, request that the alleged victim not take any actions that could destroy physical evidence,

including, as appropriate, washing, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate, washing, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This will be accomplished by placing the alleged abuser in a dry cell. If the "First Responder" is not a detention staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a Supervisor." Interviews with two detention deputies, intake staff, and a food service worker confirmed that they were knowledgeable regarding their duties as a first responder. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): MCCJC policy 03.126 PREA mandates, "The "First Responder" will immediately contact the Supervisor to notify of the incident and the Supervisor will respond to the area. The Supervisor will ensure that the "First Responder" has completed his/her responsibilities and will do the following: Notify the Jail Administrator who will, in turn, notify the Chief Deputy, Sheriff and investigators, Notify the PREA Coordinator, Ensure the only persons permitted to enter the secured crime scene shall be the assigned investigator, medical staff as needed, and facility leadership, Ensure a log is maintained of anyone entering the crime scene and at what time he/she entered and exited, Ensure the area remains secured as a crime scene until verification the investigation is completed and released by the investigating authority, The Mini-Cassia Criminal Justice Center shall make available to inmate victims of sexual abuse, immediate on-site medical/mental health care to the capacity to which the facility is able to administer such care. Additionally, in the event that outside medical/mental health services are required, the Mini-Cassia Criminal Justice Center shall inform the receiving facility or service provider(s) of the incident unless otherwise requested by the inmate to restrict the release of information and their protection of privacy." A review of MCCJC policy 03.126 PREA confirms it does not contain first responder procedures for security or non-security staff. In addition, a review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In an interview with the RN it could not be confirmed if a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law the facility would inform the receiving facility of the incident and the victim's potential need for medical or social services or if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the 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. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c), and (d) of the standard. A review of MCCJC policy 03.126 PREA, the facility coordinated response plan, confirms it does not contain first responder procedures for security or non-security staff. In addition, a review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" or "if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In an interview with the RN it could not be confirmed if a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility shall, as permitted by law the facility would inform the receiving facility of the incident and the victim's potential need for medical or social services or if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. To become compliant, the facility must update the facility coordinated response plan to include the responsibilities of both security and non-security first responders and subsections (c) and (d) of the standard. In addition, the facility must document that all applicable staff, including medical staff, have received training regarding the content of the updated coordinated response plan. If applicable, the facility must provide the Auditor with any investigation, medical, and detainee files regarding any detainee victim of sexual abuse transferred during the CAP period.

§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:

MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall reassign or remove all duties of staff, contractors, and volunteers suspected of perpetrating sexual abuse from having contact with all inmates/detainee spending the outcome of an investigation." Interviews with the OIC and PSA Compliance Manager confirmed proper procedures for removal, including termination would be utilized to protect the victim from the abuser. Interviews with the OIC and PSA Compliance Manager further confirmed staff members, contractors or volunteers would be reassigned or placed on administrative leave depending on the severity of the alleged action. MCCJC does not utilize volunteers; however, procedures are in effect should volunteer services be utilized in the future. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§115.67 - Agency protection against retaliation.**Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(c): ICE policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center strictly prohibits retaliation by or against any party involved in a complaint of sexual abuse or sexual harassment. Retaliation in and of itself, shall be grounds for disciplinary action up to and including termination. Any inmate/detainee, volunteer, contractor, or staff member that reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fear retaliation, shall be protected from such unwarranted and prohibited behavior. The Mini-Cassia Criminal Justice Center shall implement various protective measures for inmates/detainees who face substantial risk of imminent sexual abuse that include, but are not limited or restricted to: Direct monitoring of the victim by Detention staff for unusual or abnormal behavior, Housing reassignment or transfers for the victim, Removal of alleged staff or inmate abusers from contact with the victim, Referral for emotional/psychological support to the victim and Immediately request an investigation of the allegation of sexual abuse." MCCJC policy 03.126 PREA further states, "The protective measures will remain in effect until all signs of danger or fear is removed for the inmate at risk" and "following a report of sexual abuse, the Mini-Cassia Criminal Justice Center shall act promptly to remedy any allegation of retaliation against any inmate or staff member who reports sexual abuse or harassment. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager will monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff and shall immediately take measures to remedy any such retaliation. The monitoring shall terminate if/when an investigation determines that the allegation is unfounded. The monitoring shall continue beyond 90 days if there is continued fear or danger of retaliation." A review of MCCJC policy 03.126 confirms it requires monitoring to continue for a period of 90 days unless the allegation is determined to be unfounded. Interviews with the OIC and PSA Compliance Manager confirmed all areas of the detainee confinement would be monitored for a period of 90 days to include housing and disciplinary reports; however, the interviews could not confirm that the monitoring would continue if the allegation was determined to be unfounded. As MCCJC has not had any allegations or incidents of sexual abuse during the audit period the facility submitted a blank "Sexual Abuse Retaliation Monitoring" form for the Auditor to review. A review of the "Sexual Abuse Retaliation Monitoring" form confirms it requires monitoring of staff and detainees as required by subsections (a) and (b) of the standard; however, it allows retaliation monitoring to be discontinued if an investigation determines there is no evidence, or the accusation is determined to be unfounded. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of MCCJC policy 03.126 PREA confirms it requires monitoring to continue for a period of 90 days unless the allegation is determined to be unfounded. In addition, a review of the "Sexual Abuse Retaliation Monitoring" form confirms it requires monitoring of staff and detainees as required by subsections (a) and (b) of the standard; however, it allows retaliation monitoring to be discontinued if an investigation determines there is no evidence, or the accusation is determined to be unfounded. Although in an interview with the PSA Manager Compliance Manager it was confirmed retaliation monitoring would continue for 90 days, to include housing and disciplinary reports, the interviews could not confirm that the monitoring would continue should the allegation be determined to be unfounded. To become compliant the facility must update their practice to monitor the detainee victim of sexual abuse for at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff regardless of the final determination. The facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse in the new practice and document such training. In addition, the facility must provide the Auditor with copies of all sexual abuse allegation investigation files that include detainees and the corresponding Sexual Abuse Retaliation Monitoring form to confirm monitoring was conducted in accordance with subsection (c) of the standard.

§115.68 - Post-allegation protective custody.**Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a)(b)(c)(d): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Inmate/Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the inmate/detainee. An Inmate/detainee who is in protective custody after having been subjected to sexual abuse shall not be returned to general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the inmate/detainee as a result of sexual abuse. The facility shall notify the ICE/USMS Field Office Director should a detainee victim be held in administrative segregation longer than 72 hours." In interviews with the PSA Compliance Manager and the Classification officer it was indicated that detainee victims of sexual abuse would never be held longer than five days in administrative segregation unless it was a special circumstance. In addition, in interviews with the PSA Compliance Manager and the Classification officer it was indicated prior to the detainee's return to general population a reassessment would be completed to review potential increased risk. The PSA Compliance Manager further confirmed that appropriate notification to the ICE Field Office Director would be completed should a detainee be held in administrative segregation over 72 hours. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§115.71 - Criminal and administrative investigations.**Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(c)(e)(f): MCCJC policy 03.126 PREA mandates, "When the Mini-Cassia Criminal Justice Center conducts investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Where sexual abuse is alleged, the investigator(s) from within the agency shall have received the specialized training required in the training and education standards. The Mini-Cassia Criminal Justice Center may enlist the services of an outside law enforcement agency to conduct investigations when it determines that there may be a conflict of interest that may compromise the investigation or when a staff member has been accused of sexual misconduct. The facility will ask the outside investigator if he/she has had the specialized training and, if not, request that he/she take it. If the investigator refuses to take the specialized training, the Mini-Cassia Criminal Justice Center will document its request to the investigator and the investigators response. The facility will also request that the outside agency follow PREA standards relating to investigations. At a minimum, the investigator(s) shall be responsible to: Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, Interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports (if any), of sexual abuse involving the suspected perpetrator, When the quality of evidence appears to support criminal prosecution, the investigator(s) shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution, The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis only, and shall not be determined by the person's status as inmate, or, as a staff member of the Mini-Cassia Criminal Justice Center, Shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation of such an allegation, Determine whether staff actions (including misconduct), or failures to act contributed to the abuse, Refer any/all substantiated allegations of sexual abuse, sexual harassment, or staff misconduct that appears to be criminal for prosecution, Continue and not terminate an investigation of alleged sexual abuse even when the alleged abuser or victim has been released from custody, or, terminated active employment with the Cassia County Sheriff's Office or Mini-Cassia Criminal Justice Center. All written reports, physical, testimonial, and/or documentary evidence, credibility assessments, electronic monitoring data, DNA, and investigative facts and findings shall be thoroughly documented during the investigative process to adequately support the final outcome of the investigation, whether or not a referral for criminal prosecution is recommended or filed. All completed administrative investigations shall be forwarded to the Cassia County and/or Burley City Prosecutor. The Prosecutor shall review the investigation and determine whether any allegation(s) of sexual abuse or sexual harassment are substantiated. The Mini-Cassia Criminal Justice Center shall retain all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or as otherwise required by applicable law or consent decrees of the agency. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." A review of MCCJC policy 03.126 PREA confirmed that completed administrative investigations would be forwarded to the Cassia County and/or Burley City Prosecutor; however, it does not require that administrative investigations will be conducted after consultation with the appropriate investigative office within DHS. According to the PAQ, MCCJC utilizes seven facility Investigators to conduct administrative investigations. Interviews with the OIC, who is also a facility Investigator, and PSA Compliance Manager confirmed the facility is aligned with the standard and policy requirements for conducting investigations of reported sexual abuse; however, although the Auditor was provided with training certificates to confirm that all seven facility Investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm that the curriculum included all elements required by subsection (a) of standard 115.34. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of MCCJC policy 03.126 PREA confirmed that completed administrative investigations would be forwarded to the Cassia County and/or Burley City Prosecutor; however, it does not require that administrative investigations will be conducted after consultation with the appropriate investigative office within DHS. In addition, although the Auditor was provided with training certificates to confirm that all seven facility Investigators completed specialized training on sexual abuse investigations the facility did not provide the Auditor with a copy of the curriculum to confirm that the curriculum included all elements required by subsection (a) standard 115.34. To become compliant the facility must provide documentation that MCCJC policy 03.126 PREA was updated to include the verbiage administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS. In addition, the facility must provide a copy of the training curriculum to confirm it is compliant with subsection (a) of the standard. If it is not, the facility must develop and implement a training curriculum that meets the standards requirements, provide the Auditor with the curriculum, and document that all facility Investigators were trained on the new curriculum. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files that occur during the audit period.

§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:

MCCJC policy 03.126 PREA mandates, "For administrative investigations, the Cassia County Sheriff's Office shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Interviews with the OIC, who also acts as a facility Investigator, and PSA Compliance Manager indicated when determining the outcome of an administrative investigation there is no other standard of evidence utilized except for preponderance of the evidence. There were no allegations of sexual abuse reported at MCCJC during the audit period.

§115.73 - Reporting to detainees.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

MCCJC 03.126 policy PREA mandates, "The Mini-Cassia Criminal Justice Center shall inform the inmate of the investigative findings as to whether the allegation of sexual abuse or sexual harassment has been determined to be substantiated, or unsubstantiated. If an ICE Detainee is to be notified it will be done by ICE staff. If an outside agency investigator conducted the investigation, the Mini-Cassia Criminal Justice Center shall request the relevant information from the investigative agency in order to inform the inmate. When an allegation of sexual abuse is made by an inmate involving a staff member, (unless the Cassia County or outside Sheriff's Office has determined that the allegation is unfounded) the inmate shall be notified whenever: The staff member is no longer posted within the inmate's unit, The staff member is no longer employed at the detention center, The Cassia County Sheriff's Office learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The Cassia County Sheriff's Office learns that the staff member has been convicted on a charge related to sexual abuse within the facility. When an allegation of sexual abuse is made by an inmate by another inmate, the Mini-Cassia Criminal Justice Center shall subsequently inform the inmate whenever: The Cassia County Sheriff's Office learns that the alleged abuser has been indicted on a charge related to sexual abuse within the detention center; or The Cassia County Sheriff's Office learns that the alleged abuser has been convicted on a charge related to sexual abuse within the detention center. All notifications or attempted notifications to inmates shall be documented. This notification requirement shall terminate if the inmate victim is released from the Mini-Cassia Criminal Justice Center's custody." A review of MCCJC policy 03.216 PREA confirms it does not require a detainee to be notified of a sexual abuse allegation outcome, if notification is feasible, if the detainee is not in immigration detention or the allegation outcome is determined to be unfounded. The Auditor reviewed a blank copy of the MCCJC "PREA Case Review Committee Findings, Victim's Review" and confirmed it did not include a requirement to notify the detainee the outcome of a sexual abuse allegation that was determined to be unfounded. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet: The facility is not in compliance with the standard. A review of MCCJC policy 03.216 PREA confirms it does not require a detainee to be notified of the outcome of an allegation of sexual abuse if the outcome is determined to be unfounded or, if notification is feasible, when a detainee is no longer in immigration detention. The Auditor reviewed a blank copy of the "PREA Case Review Committee Findings, Victim's Review" form and confirmed it did not include the requirement to notify the detainee of a sexual abuse allegation outcome that was determined to be unfounded. To become compliant the facility must implement a practice that requires a detainee to be notified of the outcome of an allegation of sexual abuse if the outcome is determined to be unfounded or, if notification is feasible, when a detainee is no longer in immigration detention. Once implemented the facility must provide the Auditor with documentation that confirms all applicable staff, including ICE staff, have been trained in the new practice. If applicable, the facility must provide the Auditor with all sexual abuse allegation investigation files and the corresponding detainee notice of sexual abuse allegation outcome that occur during the CAP period.

§115.76 - Disciplinary sanctions for staff.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): MCCJC policy 03.126 PREA mandates, "Staff of the Mini-Cassia Criminal Justice Center shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. All disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other members with similar histories. Termination shall be the presumptive disciplinary sanction for all Cassia County Sheriff's Office employees who have engaged in sexual abuse. All employees terminated for sexual abuse, or who resign from employment with the Cassia County Sheriff's Office, who would have been terminated if not for their resignation, shall be subject to criminal investigation unless the activity was clearly not criminal. In addition, reports will be made to Idaho (Peace Officers Standards and Training) P.O.S.T." A review of MCCJC policy 03.126 PREA confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" or "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, as termination is greater than removal from Federal Service, the Auditor finds MCCJC policy 03.126 PREA in substantial compliance with the wording required by subsection (b) of the standard. In addition, a review of MCCJ policy 03.216 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that MCCJC policy 03.216 PREA has been referred to the Agency for review and approval. In an interview with the OIC it was confirmed that staff would be subject to disciplinary or adverse action including termination for substantiated allegations of sexual abuse and that the appropriate notifications would be made to Idaho P.O.S.T. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. A review of MCCJ policy 03.216 PREA and interviews with the OIC and PSA Compliance Manager could not confirm that MCCJC policy 03.216 PREA has been referred to the Agency for review and approval. To become compliant the facility must submit documentation to the Auditor that confirms MCCJC policy 03.216 PREA has been submitted to the Agency for review and approval.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was clearly not criminal. In addition to

internal and criminal actions, reports will be made to any relevant licensing bodies. The Cassia County Sheriff's Office shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, termination of services and/or contracts, subsequent to a sustained finding after an allegation of sexual abuse." In an interview with the OIC it was confirmed that contractors or volunteers would have their security clearance revoked and not allowed to enter the facility; however, the interview could not confirm the facility would make a reasonable effort to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. The Auditor was provided with a sample notification letter that would be sent to the contractor or volunteer group. This notification indicates that the security clearance of the contractor or staff would be revoked with an effective date, and they would not be allowed into the facility. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In an interview with the OIC it was confirmed that contractors or volunteers would have their security clearance revoked and not allowed to enter the facility; however, the interview could not confirm the facility make reasonable efforts to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. To become compliant the facility must provide documentation that all applicable staff have received training on subsection (a) of the standard that required the facility make a reasonable effort to report to any relevant licensing body, to the extent known, an incident of substantiated abuse by a contractor or volunteer. If applicable, the facility must provide the Auditor with any sexual abuse investigation files that include contractors or volunteers that occurred during the CAP period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f): MCCJC policy 03.126 PREA mandates, "Inmates in the Mini-Cassia Criminal Justice Center shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Prior to imposing disciplinary sanctions, the hearing officers shall consider if mental illness or mental disabilities contributed to his/her behavior. MCCJC policy 03.126 PREA further states, "Inmates will not be disciplined for sexual contact with staff unless it is determined that the staff person did not consent. An inmate may be disciplined for knowingly making or soliciting a false report of sexual misconduct or sexual harassment or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct or sexual harassment. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement." The Auditor reviewed the facility handbook and confirmed rule 303 is a disciplinary infraction for "engaging in sexual activities; consensual or non-consensual sexual contact, making sexual proposals, threats, or abusive language to offenders, visitors, or staff. Displays of affection of any kind between two inmates is prohibited." Further review of the handbook does list progressive disciplinary steps with reviews, appeals afforded to the detainee. There were no allegations of sexual abuse reported at MCCJC during the audit period.

Recommendation (d): The Auditor recommends MCCJC update the facility handbook and the disciplinary forms to include the requirement to consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC 03.126 PREA mandates, "If the intake screening indicates, or staff otherwise receives information, that an inmate has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, staff of the Mini-Cassia Criminal Justice Center shall ensure that the inmate/detainee is immediately referred to Medical/Mental Health staff. When a medical/Mental health referral is initiated the inmate/detainee shall receive a health evaluation no later than two working days from the date of assessment. If a Mental Health assessment has been referred, it shall be completed within 72 hours. All referrals will be documented in the inmate medical file. A review of MCCJC policy 03.216 PREA confirms it does not require that if the assessment pursuant to 115.41 indicates that the detainee perpetrated sexual abuse staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up. An interview with the Classification officer did confirm that this form would be utilized should a detainee disclose prior sexual victimization or a prior conviction for sex offenses against an adult or child or have a history of institutional violence or sex abuse. The Auditor was provided a copy of the Sexual Abuse/Victim Risk Screening Questions (PREA) for review and confirmed the form asks the detainee who has experienced prior sexual abuse if he/she would like to be seen by medical and/or mental health and if the detainee responds "yes" a referral will be made; however, subsection (a) of the standard requires if the assessment pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of MCCJC policy 03.216 PREA confirms it does not require that if the assessment pursuant to 115.41 indicates that the detainee perpetrated sexual abuse staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or

mental health follow up. In addition, a review of the facility Sexual Abuse/Victim Risk Screening Questions (PREA) for review and confirmed the form asks the detainee who has experienced prior sexual abuse if he/she would like to be seen by medical and/or mental health. If the detainee responds "yes" a referral will be made; however, subsection (a) of the standard requires if the assessment pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow up. To become compliant the facility must implement a practice that requires all detainees who pursuant to 115.41 report prior sexual victimization or perpetrated sexual abuse be immediately referred to medical or mental health for a medical or mental health follow-up. Once implemented the facility must train all intake, medical, and mental health staff on the new procedure. If applicable, the facility must submit to the Auditor all detainee files, and corresponding medical and mental health files, of any detainees who pursuant to 115.41 report prior sexual victimization or have perpetrated sexual abuse.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): MCCJC policy 03.126 PREA mandates, "Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by your medical health professionals according to their professional judgment. In the event that there are no qualified medical or mental health professionals on duty at the time a report of sexual abuse is made, the detention staff "First Responders" shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the on-call nurse and follow their directions. Inmate victims of sexual abuse that occurred while incarcerated shall be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Mini-Cassia Criminal Justice Center medical/mental health professional staff shall provide urgent care to victims, as needed, prior to their transport to an outside medical facility. If medical/mental health staff is not on the premises, the detention staff will contact the EMT's to respond to the facility to provide urgent care to victims. Treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In an interview with the PSA Compliance Manager it was indicated that a detainee alleging sexual abuse and in need of emergency care would be taken to Cassia Regional Hospital; however, the facility did not provide documentation to confirm that the facility ensures that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In addition, the Auditor reviewed an MOU with VAV; however, the MOU did not confirm that VAV would provide crisis intervention services for victims of sexual abuse.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. In an interview with the PSA Compliance Manager it was indicated that a detainee alleging sexual abuse and in need of emergency care would be taken to Cassia Regional Hospital; however, the facility did not provide documentation to confirm that the facility ensures that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care or that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the Auditor reviewed an MOU with VAV; however, the MOU did not confirm that VAV would provide crisis intervention services for victims of sexual abuse." To become compliant, the facility must provide the Auditor with documentation that confirms Cassia Regional Hospital would provide detainee victims of sexual abuse or assault with timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In addition, the facility Must provide the Auditor with documentation that the VAV, or another local organization would provide the detainee with crisis intervention services during an incident of sexual abuse with no cost to the detainee victim. Once implemented the facility must train all applicable staff regarding their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor, if applicable, with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse during the CAP period to confirm compliance with subsections (a) and (b) of the standard.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f)(g): MCCJC policy 03.126 PREA mandates, "The Mini-Cassia Criminal Justice Center shall offer ongoing medical care and/or mental health professional services to inmates who it learns have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility shall attempt to conduct a mental health evaluation of known ICE/USMS Detainee on Detainee abusers within 60 days of learning of such abuse and offer treatment when deemed appropriate by mental health practitioners. The medical care and/or mental health professional services shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Mini-Cassia

Criminal Justice Center shall offer and provide such victims with medical care and mental health professional services consistent with the community level of care. This ongoing care terminates upon release from the Mini-Cassia Criminal Justice Center custody. The Mini-Cassia Criminal justice Center medical or mental health staff will make the referral when the inmate is released from custody but will not make the appointment for the inmate. Female inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests by the medical staff. If pregnancy results from the sexual abuse incident, such victims shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. All inmate victims of sexual abuse while incarcerated shall be offered the opportunity by the medical staff to be tested for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The Auditor reviewed an MOU between VAV and MCCJC and confirmed it does not include the requirement that treatment services would be provided to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital; however, the draft MOU does not include any of the requirements mandated by subsections (d), (e), and (f) of the standard. In an interview with a mental health specialist it was indicated that treatment services would be provided should a detainee need follow up services. In addition, an interview with VAV confirmed that continuing emotional support services would be provided if requested, resources would be offered, and they could assist a detainee with out of jail services should they be released.

Does Not Meet (d)(e)(f): The facility is not in compliance with subsections (d), (e), and (f) of the standard. The Auditor reviewed an MOU between VAV and MCCJC and confirmed it does not include the requirement that treatment services would be provided to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility provided a memorandum that indicated that they have authored a draft MOU with Cassia Regional Hospital; however, the draft MOU does not include any of the requirements mandated by subsections (d), (e), and (f) of the standard. To become compliant, the facility must identify a local hospital to provide detainee victims of sexual abuse or assault with timely, unimpeded access to emergency medical treatment to include emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and that the treatment services, both emergency and ongoing, will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In addition, the facility must provide documentation that VAV, or another community resource, will provide treatment services to the detainee victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility must document training of all applicable staff regarding their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor, if applicable, with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse to confirm compliance with subsections (d), (e), and (f) of the standard.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): MCCJC policy 03.126 PREA mandates, “A review team consisting of the Cassia County Prosecutor, Burley City Prosecutor, PREA Coordinator, a Cassia County Sheriff Detective, the Classification Sergeant, and any other persons relevant to the investigation shall conduct an PREA incident review no later than 30 days following the conclusion of an investigation, unless the allegation has been determined to be unfounded. The review will be to analyze applicable information contributing to the reported PREA incident. The focus of the review will be to determine if there are corrective actions required to prevent future incidents. The review will consider, at a minimum, the following: Classification and Housing, Imminent risk factors for the victim, Whether or not the incident was motivated by race, ethnicity, gang affiliation, or other group dynamics in the facility, “LGBTI” gender identity, Proper adherence to the PREA and jail operations policy, procedure, and processes by staff, Adequacy of staffing levels in the area during different shifts, Consideration of detention center/housing modules troublesome physical barrier areas, Review video monitoring technology capabilities and Upgrade, change, and/or discontinuance of any daily operation activity. The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement, and submit the findings to the Jail Lieutenant and the PREA Coordinator. The PREA Coordinator shall prepare an annual report that identifies problem areas and whether any immediate corrective action or changes have been implemented for the facility, as well as the agency as a whole. When a review concerns an ICE/USMS Detainee the findings will be sent to the ICE ERO, and PSA Coordinator. If the facility has not had any reports of sexual abuse, it shall prepare a negative report.” The facility submitted a negative annual report for the year 2021 that included January 2021 through December 2022 that confirmed the report was submitted annually as required by subsection (c) of the standard; however, a review of the submitted report could not confirm that it was forwarded to the facility OIC, ICE FOD, or the Agency PSA Coordinator. The Auditor reviewed a blank” PREA Case Review” form and confirmed it lists all the required elements to be reviewed in accordance with subsection (b) of the standard; however, the routing on the form does not include the Agency PSA Coordinator.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. The facility submitted a negative annual report for the year 2021 that included January 2021 through December 2022; however, a review of the submitted report could not confirm that it was forwarded to the facility OIC, ICE FOD, or the Agency PSA Coordinator. The Auditor reviewed a blank form,” PREA Case Review” form and confirmed it lists all the required elements to be reviewed in accordance with subsection (b) of the standard; however, the routing on the form does not include the Agency PSA Coordinator. To become compliant the facility must submit documentation that the facility 2021 annual negative report was forwarded to the facility OIC, ICE FOD, and the Agency PSA Coordinator. In addition, the facility must update their practice to include submitting the sexual abuse incident review report and

the response to the report if any, to the Agency PSA Coordinator. If applicable the facility must submit to the Auditor al sexual abuse allegation investigation files, the corresponding incident review, and documentation that the incident review report and response to the report was submitted to the Agency PSA Coordinator to confirm compliance with subsection (a) of the standard.

§115.87 - Data collection.

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

Notes:

(a): MCCJC policy 03.126 PREA mandates, "The facility maintains all case records associated with claims of sexual abuse in a secure area. The records include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post release treatment if applicable, or counseling in accordance with established schedules. The PREA Coordinator shall work with the PREA Compliance Manager and DHS ICE/USMS entities to share data regarding effective facility response methods to sexual abuse." In an interview with the PSA Manager, it was confirmed that case records are kept in hard copy and electronic format with access given only to leadership. In addition, the PSA Compliance Manager indicated hard files are kept in the OIC's office and electronic formats are only accessible to those that have system permission to access the folder. During the on-site audit the Auditor viewed where the records are stored and confirmed the records are in a secured area.

§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)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. Formal interviews with detainees were conducted in a private confidential setting. The Auditor did not receive correspondence from any detainee, staff or outside entity prior to the on-site review

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:	0
Number of standards met:	16
Number of standards not met:	24
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.

Jodi L Upshaw

4/3/2023

Auditor's Signature & Date

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

4/4/2023

Assistant Program Manager's Signature & Date

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

4/4/2023

Program Manager's Signature & Date