PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	2/15/2022	**To:**	2/17/2022
AUDITOR INFORMATION			
Name of auditor:	William Peck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	901-378-
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	772-201-
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	New Orleans Field Office
Field Office Director:	John Hartnett
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1010 East Whatley Rd. Oakdale, LA 71463
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:	Allen Parish Public Safety Complex		
Physical address:	7340 Highway 26 W Oberlin, LA 70655		
Mailing address: (if different from above)	PO Box 278 Oberlin, LA 70655		
Telephone number:	337-639-4353		
Facility type:	IGSA		
PREA Incorporation Date:	1/18/2017		
Facility Leadership			
Name of Officer in Charge:	Michael Manuel	**Title:**	Warden
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	337-639-
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	337-389-

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Allen Parish Public Safety Complex (APPSC) was conducted from February 15, 2022, through February 17, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor William Peck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. This was the second PREA audit for APPSC and included a review of the audit period from April 26, 2019, through February 17, 2022. As there were zero allegations of sexual abuse reported at APPSC for the prior 12-months period, the audit period was extended to capture closed investigations that occurred since the facility's last audit. APPSC is operated by the Allen Parish Sheriff's Office and contracted by U.S. Immigration and Customs Enforcement (ICE) for housing of adult male detainee. The purpose of the audit was to determine compliance with the DHS PREA Standards. On the first day of the audit, the facility held a total of 62 ICE detainees. The APPSC is a minimum-security facility located in Oberlin, Louisiana (LA). The facility was opened in 2015.

The Team Lead, (b) (6), (b) (7)(C) opened the entry briefing at 8:15 A.M. on the first day of the on-site visit. In attendance were:

- William Peck, Certified DOJ/DHS Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) Inspection and Compliance Specialist, ICE/Office of Professional Responsibility (OPR)/ERAU
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager/Training Supervisor
- Michael Manuel, Warden
- (b) (6), (b) (7)(C) Health Services Administrator (HSA)
- (b) (6), (b) (7)(C) Assistant Warden
- (b) (6), (b) (7)(C) Investigator APPSC
- (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD) ICE/ERO

The Auditor provided an overview of the audit process and methodology used to demonstrate PREA compliance. The Auditor explained that 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 and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, additional onsite documentation review, and conducting both staff and detainee interviews.

Prior to the audit, ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, and other pertinent documents. The PAQ, and supporting documentation, was well organized and allowed for ease of auditing. A new facility overall policy, APPSC Policy 501: Prison Rape Elimination Act (PREA) was issued by the Warden during the site visit that updated titles, references, and terminology. Facility staff provided additional documentation for review during the onsite portion of the audit, and the Auditor also received additional audit information post audit inspection. According to the submitted APPSC PAQ, there were no reported allegations of sexual abuse for the audit period.

The audit began with a tour of the APPSC, including the control center, detainees housing unit, and recreation yard. Other than the housing unit, the detainees only have access to medical, visitation, and the recreation yard, all of which were visited by the Auditor during the tour. This facility is an addition to the earlier existing facility and is designed specifically for ICE detainee populations. The facility has a medical room that is located off the housing unit hallway and near the detainee housing unit that is utilized for detainees. The recreation yard is a fenced yard located outside the detainee housing unit for detainee use only and accessible directly from the housing unit. There are five open bay dorms (three in use) which can be observed from the central control center via staff personal observation and through video monitoring. (b) (7)(E) Detainees and Parish general population inmates are always separated from each other and live in separate physical units. The detainee units have a dedicated segregation range with 12 cells capable of holding 2 detainees per cell. During the tour, the Auditor made visual observations of the program/service areas and housing units including bathrooms, officer's post sight lines, and camera locations. Sight lines were closely examined, as was the potential for blind spots, throughout the areas where the detainees are housed or have accessibility. As the tour progressed, the Auditor conducted several informal interviews both with staff and detainees, questioning them on their knowledge of PREA, treatment, and privacy. The Auditor observed opposite gender staff announcing their presence when entering the detainee dorm and general population dorms. PREA audit notices were observed in multiple locations throughout the tour to include all detainee dorms. The Auditor also observed the Agency zero tolerance posters, and victim advocacy contact information. The Auditor placed a successful pretext ICE OIG hotline and a victim advocate agency call while in the detainee dorm. A pin was required; however, the facility rectified this issue by the morning of the second onsite audit day. The facility tour concluded in the intake/booking area. The Auditor was provided with an overview of the intake procedures which included the initial classification of the detainee. APPSC only

houses low-level minimum-security male detainees for ICE. All dorms within the facility are constructed in the same layout. Each unit has a shower area, toilets, and common area with televisions and multiple telephones. The average daily detainee population the preceding year was 407 detainees. According to the PAQ, the top three nationalities are Nicaragua, Haiti, and Columbia. APPSC does not house juveniles or female detainees.

According to facility PAQ the total number of staff (ICE employees, other government employees, contractors, etc.) at the APPSC who may have recurring contact with detainees totals 64. Facility security staff total 51 (31 male and 20 female). There are eight medical staff and one mental health staff. The facility does not employee any contractors and list only one volunteer (Clergy) who may have contact with detainees.

At the conclusion of the tour, the Auditor was provided with an APPSC staff and detainee roster. The Auditor randomly selected both staff and detainees for formal interviews. The Auditor interviewed 21 staff that included: Warden, PSA Compliance Manager, Human Resources, Training Supervisor, Intake staff, Investigator, Grievance Coordinator, Classification Supervisor, Health Services Administrator (HSA) and 10 random staff that included Line-Staff and First-Line Supervisors. The Auditor interviewed a total of 23 detainees; 20 Limited English Proficient (LEP), and 3 detainees who reported sexual victimization during risk screening. Of the 20 LEP detainees interviewed; the Auditor utilized the random detainee interview guide to complete 8 interviews. All 20 LEP detainees interviewed required the use of Language Services Associates (LSA) provided by Creative Corrections. There were no other targeted interview categories reported. The countries of origin for detainees interviewed were Nicaragua, El Salvador, Colombia, India, Russia, Ghana, and Uzbekistan.

On February 17, 2022, an exit briefing was held in the APPSC staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditor. In attendance were:

- William Peck Auditor, Certified DOJ/DHS Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) PSA Compliance Manager/Training Supervisor
- Michael Manuel, Warden
- (b) (6), (b) (7)(C) HSA
- (b) (6), (b) (7)(C) Assistant Warden
- (b) (6), (b) (7)(C) Investigator APPSC
- (b) (6), (b) (7)(C) AFOD ICE/ERO

The Auditor discussed observations made during the onsite portion of the audit and was able to give some preliminary findings. The Auditor informed those in attendance he was appreciative of the hospitality received, and for the professionalism provided by all staff during the visit. Tension was nonexistent between staff and detainees and the Auditor observed numerous positive interactions throughout the onsite visit. All detainees and staff interviewed demonstrated a respectful attitude towards each other and a shared sense of security. Both staff and detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. The leadership and staff of APPSC take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

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: 2

§115.31 Staff Training
§115.32 Other training

Number of Standards Not Applicable: 2

§115.14 Juvenile and family detainees
§115.18 Upgrades to facilities and technologies

Number of Standards Met: 29

§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
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health Care
§115.43 Protective custody
§115.51 Detainee reporting
§115.53 Detainee access to outside confidential support services
§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
§115.67 Agency protection against retaliation
§115.68 post-allegation protective custody
§115.71 Criminal and Administrative Investigations
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.87 Data Collection
§115.201 Scope of Audits

Number of Standards Not Met: 8

§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.52 Grievances
§115.61 Staff Reporting Duties
§115.65 Coordinated response
§115.76 Disciplinary sanctions for staff
§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: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(c): APPSC policy 501, Prison Rape Elimination Act (PREA) mandates a zero tolerance toward all forms of sexual abuse and outlines the APPSC's approach to preventing, detecting, and responding to such conduct. Documentation review confirms the previous policy has been approved by ICE; however, policy 501 was updated during the on-site audit to reflect position title changes. A further review of the updated policy confirmed no physical or procedural changes were included in the update policy; and therefore, it did not need to be resubmitted to the Agency for review and approval. It was evident to the Auditor through multiple interviews with staff that the facility has fostered a culture for zero tolerance of sexual misconduct.

(d) APPSC policy 501 states, "The Warden has assigned the Training Administrator as the PREA Compliance Manager, who has overall responsibility for overseeing all aspects of the facility's efforts to comply with this zero-tolerance policy." The Auditor reviewed the facility organizational chart indicating the PSA Compliance Manager's position. Interview with the PSA Compliance Manager, who also serves as the facility's Training Supervisor, confirmed she has sufficient time and authority to oversee facility efforts to comply with sexual abuse prevention and intervention policies and procedures.

§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): A review of the APPSC PAQ staffing levels indicate there are a total of 64 staff. The facility's security staff is comprised of employees of APPSC. Security staff work 12-hour shifts, rotating at 0300 and 1500 hours. The Auditor was able to confirm the facility maintains sufficient supervision of detainees through onsite observations of security staff, to include administrative staff, interacting with detainees on a routine basis; and review of PAQ, rosters of officer assignments, and staffing patterns for security personnel, medical, mental health, and the single religious volunteer. The Auditor reviewed daily security shift rosters/assignments for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. Review of APPSC Policy 501, and interviews with Shift Sergeants, indicate they are responsible for providing supervision of correctional personnel who are assigned to detainee housing locations. Part of the Shift Sergeant's duties is to ensure adequate staffing is available to maintain safety and security of detainees, requesting additional staffing and authorizing overtime if necessary. (b) (7)(E) [redacted] Video cameras operate 24 hours a day, 7 days a week. Most cameras have the capability to zoom but not pan or tilt. (b) (7)(E) [redacted] It is noted that the officer assigned to immediately be posted at a suicide cell in use is always the same gender as the detainee in crisis. Cameras are monitored via the control center and recorded video footage is available for review for approximately two weeks although efforts are proceeding to raise the availability to review footage to about 60 days according to the system contractor information to the Warden. The Warden advised that video footage utilized during a PREA sexual abuse investigation would be archived. The Warden and Investigator both have capabilities to monitor cameras from their PC desktops.

(b): A review of APPSC Policy 206, Correctional Officers Post Orders, outlines the comprehensive detainee supervision guidelines to meet detainee supervision needs. Each post order designates a responsible security supervisor who is to ensure proper detainee supervision guidelines are met daily. The Auditor's interview with the Warden indicated all facility post orders are reviewed by the Warden and Sheriff annually and updated accordingly. The Auditor reviewed facility post orders and confirmed compliance with subsection (b) of the standard.

(c): The interviews with the Warden and PSA Compliance Manager, indicate all elements outlined in section (c) of the standard are considered when developing and or updating the supervision guidelines. The senior staff meets annually, reviews incidents and population trends, expected correctional procedures, camera placements and investigations and projects future needs and priorities for the coming year. The Warden reports he receives strong support from the Sheriff for identified PREA needs.

(d) APPSC policy 501, states "Intermediate and higher-level supervisors will conduct and document random, unannounced rounds to identify and deter sexual abuse and sexual harassment." Existing policy 501 requires Shift Supervisor and Assistant Shift Supervisor rounds each shift; however, it was determined that there is no existing Assistant Shift Supervisor post, and therefore, policy 501 was updated during the site visit to state, "PREA rounds shall be conducted at least once per shift, by the Shift Supervisor. Daily rounds through each housing unit will be conducted by the Assistant Warden and other supervisory staff, and documented in the housing unit logbook, as PREA round, in red ink. Other members of the executive team shall make less unannounced visits, as schedules allow." Policy 501 further states, "Staff is prohibited from alerting other staff members that the supervisory rounds are occurring." The Auditor was able to verify supervisors are conducting security inspections/rounds both on day and night shifts through the review of log sheets and staff interviews. While in the control center, the Auditor further confirmed compliance through review of a logbook kept specifically for acknowledging when unannounced security inspections are taking place.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Review of the PAQ, and interviews with the Warden and PSA Compliance Manager, confirm APPSC does not house juveniles, or family detainee units. Therefore, this provision is not applicable.

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

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

Notes:

(b)(d): APPSC policy 501 requires "Staff conducting a body search (pat-search) will be the same gender of the inmate/detainee. Such searches shall only be permitted during exigent circumstances." Interviews with security staff corroborated same gender staff are required to pat-search same gender detainees. If any cross-gender search was conducted, the facility requires it be documented in the control center logbook and include the circumstances which necessitated the cross-gender search. Interviews with the Warden, Assistant Warden, and PSA Compliance Manager indicate that there have been no reports of opposite gender staff performing cross-gender pat-searches of male detainees during the audit period.

(c)(h): APPSC does not house female detainees or family detainee units; therefore, provisions (c) and (h) are not applicable.

(e)(f)(i): APPSC policy 501 outlines cross-gender strip searches or cross-gender body cavity searches. The policy states, "Strip searches or cross-gender body cavity searches shall not be conducted except in exigent circumstances." Policy 501 further states, "Detainees will not be searched for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination, conducted in private, by a Medical Practitioner." In addition, policy 501 indicates "Body cavity searches will only be conducted by medical practitioners." Interviews with the Warden, medical, and security staff confirmed that staff are aware of facility protocols and restrictions for conducting strip or body cavity searches, including the requirement to not search detainees to determine their genital status, and, if performed, they would be documented. Interviews with the Warden, Assistant Warden, and PSA Compliance Manager indicated that there have been no reports of opposite gender staff performing cross-gender strip or body cavity searches during the audit period.

(g): APPSC policy 501 requires, "Employees of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothes." While onsite, the Auditor observed opposite gender staff verbally announcing their presence or a verbal announcement was made by the officer assigned to the post. The Warden indicated during his interview that same gender staff work inside housing units of the same gender detainees. He further indicated that the Control Center officer may be female, but sight lines do not include toilet and shower areas from that post. Interviews with detainees corroborated same gender security staff always work on their dorm. During the tour, the Auditor confirmed a concrete wall and stainless-steel partition were situated in such a way that allowed detainees to use the lavatories and showers without cross-gender viewing by any females working in the control center. The Auditor further confirmed by viewing video camera footage in the Control Center, that opposite gender staff could not see into the bathroom area where detainees would be in a state of undress. Interviews with the detainees further confirmed that they have privacy to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender.

(j): Reviewing the facility training curriculum for the proper procedures in conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees, the Auditor found the training was compliant with the standard in all material ways. Interviews with the training supervisor, and security line staff, indicated staff have received proper training on how to perform pat searches in a professional and respectful manner, and in the least intrusive manner. Security staff were able to articulate to the Auditor proper pat search procedures. While onsite, the Auditor reviewed 11 different staff training records acknowledging such training has been received. There were no transgender or intersex detainees housed at APPSC during the on-site portion of the audit.

§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): APPSC policy 501 indicates "Staff are to take the appropriate steps to ensure detainees with disabilities and who are limited English proficient (LEP) have an equal opportunity to participate or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse." DHS/ICE Zero Tolerance posters, containing the name of the facility PSA Compliance Manager, are posted throughout the facility in English and Spanish. Also, posted are the ICE ERO Language Line posters, contact information for the local rape crisis center, Oasis: A Safe Haven, the "I Speak" language identification posters, the DHS Office of Inspector General (OIG) posters, and the Helpline and Regional ICE office phone numbers. Supported through interviews of detainees, the intake staff, and the PSA Compliance Manager, upon intake, detainees are provided with the facility's local detainee orientation handbook in conjunction with the ICE National Detainee Handbook. Local orientation handbooks are available in English and Spanish and provide detainees with information on the facility's zero tolerance policy for sexual abuse and how to report incidents of sexual abuse. During the tour of intake, the Auditor reviewed both the facility local orientation handbook and the ICE National Detainee Handbook. The ICE National Detainee Handbook was available in multiple languages including English, Arabic, Bengali, Chinese, French, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Haitian Creole, and Vietnamese. The facility also has available the DHS-prescribed Sexual Assault

Awareness pamphlet that provides information for detainees on the prevention, detection, and reporting of sexual abuse and assault in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. The Assistant Warden, who determines classification, advised if a detainee coming through intake spoke a language that was not available in the facility handbook, the DHS-prescribed Sexual Assault Awareness pamphlet, or the ICE National Detainee Handbook, they utilize the ERO Language Access Resource Center Interpretive Service to provide the information to the detainee orally through reading and answering questions. The ICE National Detainee Handbook includes a language identification guide in the front of the handbook which outlines multiple languages to assist detainees who do not speak English or Spanish. The PREA comprehensive educational video is played for all detainees upon intake. The video is also running in English and Spanish on a continuous loop throughout intake until the detainees are moved to their dormitories. The PSA Compliance Manager interview indicated that the staff would use an interpreter capability to voice over the video as it played for any detainee who does not speak English or Spanish. Detainees who are hearing impaired or deaf will receive services through the facility text telephone (TTY) machine and the intake officer interview noted that online sign language services are also available for the detainee who is deaf or hard of hearing. Detainees who have a low intellect or limited reading skills will receive services from mental health staff. There are interpretive services that can be used over the phone by the blind but there have not been any received at any point. As the Auditor observed staff and detainee communication, it was evident staff are very familiar with the facility's protocols for utilizing interpretive services, and staff interviews reported they are used routinely at APPSC. The PSA Compliance Manager, Assistant Warden, and intake officer interviews confirmed they are aware of the interpretation over the phone services for the blind and limited sight detainee as well as the video services geared towards the deaf and hard of hearing although due to the facility not receiving any detainees who reported to be blind, have limited sight, are deaf or hard of hearing they have not had to use them during the audit period. The medical HSA interview reported extensive use of the ERO Language Access Resource Center Interpretive Service line by medical staff, and this was also supported by the interview with the mental health provider, who reported extensive use in his treatment and counseling. The Auditor interviewed multiple detainees who were LEP using the ICE ERO Language Access Resource Center Interpretive Service line in several languages including Spanish, Russian and Punjabi. The Auditor was able to verify the routine use of interpretive services through a review of 11 detainee classification/intake packets. The documentation noted the language the detainee spoke and if interpretive services was utilized and the interpretive services reference number. Most detainees interviewed recalled receiving information during the intake/orientation process on the Agency's, and facility's, zero tolerance policy.

(c): Policy 501 states, "Oral interpretation or assistance will be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate." Interview with the PSA Compliance Manager indicated that if an allegation of sexual abuse was reported, the facility would provide interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee.

Recommendation (c): The Auditor recommends that policy 501 be amended to prohibit the use of detainee translators 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 to mirror their current practice of not utilizing detainee translators when investigating an allegation of sexual abuse.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f): The Federal Statue 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 Directive 6-7.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. APPSC Policy 501 states, "All new staff, contractors, and volunteers have a criminal background check conducted, to ensure he/she has not every been charged or convicted of sexual assault" and "APPSC is prohibited from allowing any volunteer (who may have contacted with offenders/detainees) that has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse, in confinement settings or in the community." Policy 501 further states, "APPSC is prohibited from contracting with anyone (who may have contacted with offenders/detainees) that has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse, in confinement settings or in the community." In addition, policy 501 states, "Any staff being hired or promoted, who will have contact with offenders/detainees will have a background check conducted to ensure he/she has not been accused, charged, engaged in, or been convicted of sexual abuse/assault" and "the facility will not promote any person(s) who has been accused, charged, engaged in, or been convicted of sexual abuse/assault." Interview with the Warden, who also serves as the facility Human Resource Director, acknowledged potential employment applicants who may have contact with detainees are directly asked about previous misconduct, i.e., if they have ever engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution. Application forms reviewed in employee files showed the forms contain warning of penalties for misstatements and this is signed by employees. Evasion, making false statements of material fact, fraud, or

deception in obtaining or attempting to obtain employment is an automatic disqualification for any potential employee. The Warden further stated that the facility imposes upon staff a continuing affirmative duty to report any sexual misconduct and reported that this is covered during the interview and the basic training acknowledgement. A review of the facility "Prison Rape Elimination Act (PREA) Basic Training Acknowledgement" signed by all employees; confirms that the APPSO imposes upon its employees "a continuing affirmative duty to disclose all forms of sexual abuse and harassment whether in an APPSO facility or not." In addition, a review of the "Prison Rape Elimination Act (PREA) Basic Training Acknowledgement" confirmed that the employee signs the form as an acknowledgement of the requirement. The Warden, and PSA Compliance Manager, reported that the facility makes its best efforts to contact all prior institutional employers of an applicant for employment to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse; however, a review of 11 random staff personnel files could not confirm the practice. The Warden further advised if another confinement facility was to contact APPSC and request a copy of reference check about a former employee's work history to include sexual abuse, they would do so in accordance with state law.

Recommendation (b): The Auditor recommends that the facility update policy 501 to contain the verbiage, "The facility shall impose upon employees a continuing affirmative duty to disclose any sexual misconduct."

(c): During a training session in November 2021, and through the training documentation available on SharePoint, the Unit Chief of OPR PSO explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. In an interview with the Warden, it was indicated that no ICE staff are stationed at APPSC. Policy 501 states, "All new staff, contractors, and volunteers have a criminal background check conducted, to ensure he/she has not every been charged or convicted of sexual assault. A criminal background check is conducted every year on staff..." In an interview with the Warden, the Auditor was advised that part of the pre-employment process for potential candidates is that they receive a complete background check through the National Crime Information Center (NCIC) — Federal Bureau of Investigation (FBI) and will receive a five-year follow-up background if not sooner. The Auditor randomly selected 11 APPSC employees and reviewed their personnel records/background check information and determined that the personnel files could not provide adequate evidence of pre-employment background checks. Interviews with the Warden, and PSA Compliance Manager, indicated that background information is not kept on-site and that this process would be revised to retain documents. The Auditor was provided background checks from the Parish Sheriff's Office on all 11 randomly selected employees on day two of the on-site audit, however, the files could not confirm that background checks are completed annually as noted in policy 501.

Recommendation (c): The Auditor recommends that the facility conduct background checks on all employees annually as required by facility policy 501.

d): According to an interview with the Warden, APPSC does not employ contractors and external service personnel are always escorted by staff with no access to detainees; therefore, subsection (d) of the standard is not applicable.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): Documentation submitted with the PAQ, and an interview with the Warden, determined that the detainee housing unit was established 2015. Since then, APPSC has not designed or acquired any new facility, undergone any substantial expansion or modification, installed any new technology systems, or updated its current monitoring system. Therefore, standard 115.18 is not applicable.

§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): APPSC Policy 501, outlines the facility's procedures for following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and is developed in coordination with DHS. Policy 501 states, "(1). APPSC is responsible for investigating allegations of sexual abuse and required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence, for both administrative proceedings and criminal prosecutions. (2). The facility shall offer all offenders/detainees, who experience sexual abuse, access to forensic medical examinations, (whether on-site or at an outside facility), with the victim's consent and without cost to the individual. (3). Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensics Examiner (SAFE). A qualified Medical Practitioner may perform the examination, if a SAFE or SANE is not available. Facilities will document its efforts to provide a SAFE or SANE and has verified the availability of required services at Lake Charles Memorial Hospital. (4) A victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. Facilities will attempt to secure services from a rape crisis center, that is not part of the criminal justice system." The Auditor reviewed the protocol, and it is well-written and clear. The Auditor was able to confirm that the evidence protocol was developed in coordination with DHS. Interviews with staff confirmed they are aware of the facility's evidence protocols and know what necessary steps to take following an allegation of sexual abuse. The Agency's policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, outlines the agency's evidence and investigation protocols. Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR

policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations, 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 the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted."

(b)(c)(d): The facility utilizes the services of Oasis: A Safe Haven, which is a state funded organization that provides victim advocacy services to victims of sexual abuse/assault for surrounding Parishes, to include APPSC. These services are state funded, so no agreement or MOU is required. The Auditor placed a call to the Oasis hotline number from a detainee's housing unit during the facility tour and spoke with an administrator who verified their capability and readiness to provide emotional support, crisis intervention, information, and referrals if needed. She further indicated they would accompany the victim to Lake Charles Memorial Hospital for any forensics exams and through the investigative process. In addition, she stated if a forensics exam is needed, they would provide the detainee victim with a SAFE/SANE nurse. Interviews with facility medical and mental health staff acknowledge that victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee.

(e): APPSC is a fully functioning law enforcement agency and is required to conduct all criminal and administrative investigations regarding incidents of sexual abuse. Interviews with the Assistant Warden and PSA Compliance Manger relayed that the facility observes all PREA requirements, and the Warden will coordinate immediately and frequently with the AFOD or FOD about any such cases.

There have been no allegations or investigations during the audit period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Agency has provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, page 11, 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 (b) (6), (b) (7)(C) 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)." APPSC Policy 501 states "An administrative and criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports. Investigations into alleged sexual assaults will be prompt, thorough, objective, fair, and conducted by qualified investigators." Policy 501, further indicates, "All sexual abuse data is maintained for as long as the detainee is at APPSC, or as long as the staff person is employed with APPSC, plus (5) five years." There is a well-written facility Investigations Protocol with good levels of detail and sequence of the process. Because APPSC is a fully functioning law enforcement agency, all sexual assault allegations are investigated internally by the Sheriff's Office.

(c): A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. The Auditor further reviewed the APPSC website (www.allenparishso.org) and noted it contained information on zero tolerance, how to report allegations of sexual abuse/sexual harassment, including critical details to help with the investigation, and the statements that "all cases of alleged sexual conduct shall be promptly, thoroughly, and objectively investigated" and "Upon substantiation of any allegation of sexual conduct, appropriate actions will be taken against the employee, contractor, volunteer, or individual detained in our facility." The website review, however, confirmed that the facility has not posted its protocols as required by subsection (c) of the standard.

Does Not Meet (c): The Auditor viewed the facility website (www.allenparishso.org) and could not confirm that the facility posts its Investigations Protocol, APPSC Policy 501, as provided for compliance in 115.22(a) on the facility website. To become compliant, the facility most post their Investigation Protocol on the facility website.

(d)(e)(f): Policy 501 requires that "the Warden, PREA Compliance Manager, Facility Investigator, Corporate PREA Coordinator, and other designated individuals are notified, within 2 hours of the occurrence. The Warden or his/her designee will attempt to immediately notify the I.C.E. AFOD, or designee, if the alleged victim is a detainee. I.C.E. will be notified within 2 hours of the alleged incident." APPSC is a fully functioning law enforcement agency and all sexual assault allegations, both criminal and administrative, are investigated internally. The facility PAQ indicated there were no reports of sexual abuse during the audit period. Interviews with the Warden, PSA Compliance Manager and Investigator indicated all allegations would be promptly reported to the Joint Intake Center (JIC), the ICE OPR, or the DHS OIG, as well as the appropriate ICE FOD.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): APPSC policy 501 outlines how the Sheriff's Office shall train all facility staff to be able to fulfill their responsibilities and includes each element of the standard. The APPSC provides a 4-hour PREA training curriculum developed by the National PREA Resource Center on the dynamics of PREA. Submitted with the facility PAQ were completed staff training sign-in sheets identifying staff who have completed the required PREA training. While onsite, the Auditor reviewed the PREA training curriculum and determined it to be compliant with the standard in all material ways. The Auditor confirmed through the review of training documentation, and interview with the PSA Compliance Manager/Training Supervisor, that the staff receive initial training at orientation and receive annual refresher training. The Auditor randomly selected 10 employees and reviewed their training documentation for proof of completion and documentation of training. Interviews with the PSA Compliance Manager/Training Supervisor, and random security staff, revealed staff have received the required PREA training. Staff understand their responsibilities in preventing, detecting, and responding to sexual abuse. APPSC also provide staff with laminated cards, indicating responder duties for both security and non-security staff. The facility exceeds standard 115.31, as all staff is required to complete annual refresher training as opposed to every two years as required by the standard. In addition, staff have been issued laminated cards, indicating the responder duties for both security and non-security staff.

§115.32 - Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): APPSC policy 501 states, "Volunteers, who have contact with offenders/detainees will receive annual PREA refresher training." Submitted with the facility PAQ was the comprehensive ICE PREA training curriculum utilized for training APPSC volunteers and contractors who are required to receive training prior to rendering services to the facility. At the current time, there is one religious volunteer at the facility and APPSC does not utilize contractors who may have contact with detainees. The Auditor attempted to interview the one volunteer; however, he did not enter the facility during the onsite audit and was therefore unavailable. A review of the training curriculum showed all the required elements of the standard are covered, and the curriculum meets the level and type of training required for volunteers and contractors who may have contact with detainees. The Auditor interviewed the APPSC Training Supervisor, who is responsible for conducting volunteer and contractor training. The training supervisor provided the Auditor with signed documentation, to include the completion of a PREA training certificate for the volunteer acknowledging his understanding of the training received. The facility Training Officer also requires annual refresher training for volunteers or contractors. As the standard requires that the facility train all volunteers and contractors who have contact with detainees in their responsibilities under the Agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures, and the facility mandates that all volunteers and contractors receive PREA training annually, the facility exceeds the standard.

§115.33 - Detainee education.

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

Notes:

(a)(e)(f): APPSC policy 501 indicates "During the intake process, the facility shall ensure detainees are informed about the facility's zero-tolerance policy for all forms of sexual abuse." The Auditor was provided a step-by-step tour of the detainee intake orientation process and observed that all six elements of the standard are not only covered in policy, but detainees are also provided with the information at intake. During the intake process, detainees who may have a disability, i.e., hearing impaired and or deaf will receive services through the facility text telephone (TTY) machine and, the intake officer interview noted that, online sign language services are also available. The detainees who have a low intellectual ability or limited reading skills will receive services from mental health staff and LEP detainees would receive services either through staff interpretation or use of the ICE ERO Language Access Resource Center telephonic interpretive service. There are interpretive services that can be used over the phone by the blind but there have not been any blind detainees housed at any point. At the conclusion of the intake tour, the Auditor formally interviewed an intake correctional officer and the classification supervisor who corroborated the aforementioned. Policy 501 further indicates "PREA information will also be provided to inmates/detainees via the inmate/detainee orientation video, posted signage, to include the sexual assault awareness pamphlets, available in English, Arabic, French, Hindi, Portuguese, Spanish, Simplified Chinese, Punjabi, and Haitian Creole. and the ICE National Detainee and facility handbook." The Auditor randomly selected eight detainees and reviewed signed documentation indicating the distribution of both the ICE National Detainee Handbook, the local facility handbook, and the DHS-prescribed "Sexual Assault Awareness Information" pamphlet. If a detainee required the use of the ERO Language Access Resource Center line interpretive services, the need was clearly noted in orientation documentation, by language used and the interpretive services reference number.

(b)(c): APPSC policy 501 indicates "Educational information will be provided in all languages required." ICE National Detainee Handbooks are available in 14 languages: English, Arabic, Bengali, Chinese, French, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Haitian Creole, and Vietnamese. The Auditor interviewed 23 detainees, 20 of whom were LEP, and the majority stated they received intake information in their preferred language during the intake process through the staff use of telephonic interpretive services. The Auditor observed the PREA educational video playing in the intake area on a large flatscreen TV. The video is formatted in English and Spanish only and closed captioned for the hearing impaired. The PSA Compliance Manager interview indicated that the staff would use an interpreter capability to voice over the video as it played for any detainee not speaking any English. The PSA Compliance Manager further indicated that the facility would play the video individually to each detainee who needed the service.

(d): The Auditor observed posted throughout the facility, the DHS-prescribed sexual assault awareness notice (posted in English, Arabic, French, Hindi, Portuguese, Spanish, Simplified Chinese, Punjabi, and Haitian Creole); the name of the PSA Compliance

Manager; and contact information for the local rape crisis center, Oasis: A Safe Haven that can assist detainees who have been victims of sexual abuse.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): The Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provided rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. APPSC policy 501 states, "Staff responsible for conducting sexual abuse investigations shall receive specialized training in techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral." APPSC Sheriff's investigators work closely with the Warden and senior staff in detention. The Warden is responsible to coordinate cross-agency communications. Interviews with the Warden, APPSC Investigator, and PSA Compliance Manager/Training Supervisor, indicated required staff have received specialized training for conducting sexual abuse investigations in accordance with the standard. Staff interviews, along with training certificates from the National Institute of Corrections Investigations training, verify the completion of training. It should be noted although the facility only uses one investigator, the entire APPSC "PREA Team", consisting of the facility Investigator, HSA, PSA Compliance Manager, Classification Supervisor, Grievance Coordinator, Assistant Warden, and the Warden, have all completed the specialized training.

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

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

Notes:

(a)(b): APPSC does not have any ICE Health Service Corps. (IHSC/USPHS) staff onsite; and therefore subsections (a) and (b) are not applicable.

(c): APPSC policy 501 states, "The facility will provide specialized training to facility employees who serve as full and part-time Medical Practitioners and for full and part-time Mental Health Practitioners. The Specialized Medical Training will cover, at a minimum the following: how to detect and assess signs of sexual abuse/assault, how to respond effectively and professionally to victims of sexual abuse/assault, how, and to whom to report allegations, or suspicions of sexual abuse/assault, and how to preserve physical evidence of sexual abuse/assault." Policy 501 further states, "The Warden, or his/her designee will review and approve the facility's policy and procedures, to ensure Medical Personnel are receiving the appropriate training for examining and treating victims of sexual abuse/assault." Interviews with medical and mental health staff indicated that they have received the required training. While onsite, the Auditor reviewed the HSA's training documentation indicating completion of specialized PREA training. In review of the training curriculum, (MOSS Group – First Responder and Evidence Collection; Trauma and Victims Responses; Role of Medical and Mental Health Practitioners in Investigations) the Auditor found it contained all the elements of the standard. In addition, through a review of the policy and interviews with the Warden and PSA Compliance Manager, the Auditor confirmed the policy was reviewed and approved by ICE as required in subsection (c) of the standard.

Recommendation (c): Subsection (c) of the standard requires the Agency to shall review and approve the facility's policy and procedures to ensure that the facility medical staff is train in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities. Policy 501 states it is the Warden, or his designee's responsibility for the review. The Auditor recommends that facility 501 be updated to include the Agency review of the policy as required by the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): APPSC policy 501 states, "The intake screening shall consider, at a minimum, the following criteria to assess individual's risk for sexual victimization or aggressors: mental, physical, or developmental disability, age, physical build, previous incarceration, if criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child, if the offenders/detainees self-identity as being Lesbian, Gay. Bi-Sexual, Transgender, Intersex, or gender non-conforming, if previously experienced sexual victimization, and his/her own perception of vulnerability." The intake and classification process for detainees is a two-pronged approach, with both security and medical staff involved during the intake process. Medical staff provide an initial medical review and ask some of the questions on the ICE Custody Classification Worksheet regarding sexual identity and orientation. The classification supervisor and/or intake officer will review the ICE Custody Classification Worksheet that is completed prior to the detainee arriving at intake. During the intake process, the intake officer will complete "The Allen Parish Public Safety Complex Detainee Screening Form." Information included on the ICE Custody Classification Worksheet includes the detainee's history of prior incarcerations, the age of the detainee, whether the detainee has a mental, physical, or developmental disability, and whether the detainee has a history of sexual abuse. The Classification Worksheet also considers the detainees criminal abuse history, i.e.: number of felonies, assaults, misdemeanors that have occurred during established timelines, however, it does not specifically consider whether the detainee has

ever been convicted of a sex offense against an adult or child. The "Allen Parish Public Safety Complex Detainee Screening Form" includes the detainee's own concerns for his safety, and whether the detainee wishes to disclose his sexual preference; however, it does not specifically ask the detainee if they identify as Gay, Bisexual, Transgender, Intersex (LGBTI) or gender non-conforming. The Allen Parish Public Safety Complex Detainee Screening Form, in conjunction with information received from ICE, does not address each element of the standard, specifically leaving out the physical build and appearance of the detainee, whether the detainee self identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, and if the detainee has ever been convicted of a sexual assault against an adult or child. The Auditor randomly selected 11 detainees' files could not confirm that the facility is collecting data, such as the detainee's physical characteristics (build and appearance), whether the detainee self identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, or if the detainee has ever been convicted of a sex offense against an adult of child. Policy 501 states, "All detainees will be screened within 12 hours upon arrival." A review of 11 random detainee file reviews and interviews with intake staff and detainees, indicate detainees are processed normally within an hour or two of arrival. During the onsite visit, the Warden issued a new requirement that intake staff directly ask sexual identity questions, and this should resolve the issue of information accuracy in that issue. However, the other areas mentioned in 115.41(c) need to be included in the process, including the detainee's physical characteristics (build and appearance), and whether the detainee has any convictions for a sex offense against an adult or child as required by subsection (c) of the standard.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor randomly selected 11 detainee files and could not confirm that the facility is considering whether the detainee has any convictions for sex offenses against an adult or child, or the physical build and appearance of the detainee during the initial intake screening. During the onsite visit, the Warden issued a new requirement that intake staff directly ask sexual identity questions, specifically if the detainee identified as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; however, the detainee's physical characteristics (build and appearance), and whether the detainee has a conviction for a sex offense against an adult or child need to be included in the process. To become compliant the facility must develop a procedure that allows facility staff to request the detainee respond to all elements of subsection (c) of the standard. The facility must provide documented training of the new procedure to applicable staff. In addition, the facility must provide 10 detainee files confirming that the risk screening is capturing all nine elements of subsection (c) of the standard.

e): APPSC policy 501 states, "Staff shall reassess the offender's/detainee's risk for victimization, or abusiveness within 30 calendar days from arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening." The classification supervisor completes the first scheduled review of each detainee within 60-90 days of the detainee's initial classification, and he reports that it is scheduled in his calendar at the 60-day level and is routinely accomplished at that date. Any subsequent reviews are scheduled at determining intervals after the first scheduled review. The classification coordinator meets with each detainee to complete the reassessment. The classification coordinator further indicated provisions exist to allow reclassification following any incident and that, upon receipt of additional relevant information, such as an incident of sexual abuse or victimization, a reassessment will be completed on the detainee. The Auditor was able to confirm each detainee's risk of victimization or abusiveness is reassessed during this process through the review of the detainee initial classification assessments in the 11 files reviewed, and through the review of reclassification assessment documentation. The process was also corroborated through interviews with the PSA Compliance Manager, intake staff, classification supervisor, random sample of detainees, and documentation review.

Recommendation (e): The Auditor recommends that policy 501 be updated to include a reassessment for victimization, or abusiveness between 60 and 90 days for detainees, and that detainees shall be reassessed after an incident of sexual abuse to correspond with facility practice.

(f): APPSC policy 501 states, "Disciplining offenders/detainees for refusing to answer, or not, providing complete information in response to certain screening questions, is prohibited." Interviews with the PSA Compliance Manager, intake staff, and classification supervisor indicate detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to the standard.

Recommendation (f): The Auditor recommends that the facility update policy 501 to state, "… for refusing to answer, or not, providing complete information in responses to question asked during the risk screening."

(g): APPSC policy 501 states, "Appropriate controls on dissemination of responses to questions asked, related to sexual victimization or abusiveness, shall be implemented, in order to ensure that sensitive information is not exploited by employees or other offenders/detainees." The facility maintains appropriate control on the dissemination of all classification documentation within the facility of responses to the risk assessment tool. Detainee records are maintained in a secure location in the classification supervisor's office, either under lock and key or maintained electronically. Only staff with a need-to-know have access to such documentation. This process was corroborated during interviews with the PSA Compliance Manager, intake staff, and classification supervisor.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): APPSC policy 501 states, "Screening information from standard 115.41 shall be used to determine housing, bed, work, education, and programming assignments, with the facility, in order to keep potential victims away for potential abusers." Detainee classification screenings, to include information related to risk of victimization and or abusiveness is forwarded to facility staff who make individualized determinations to ensure the safety of each detainee. Interviews with the PSA Compliance Manager, intake staff, and the

classification supervisor indicate that risk assessments are forwarded to facility staff who make individualized determinations regarding housing, bed, work, education, and programming; however, the risk screening information is incomplete.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The risk assessment tool does not contain all the elements required in subsection (c) of standard 115.41, and therefore, the facility is not considering all elements of standard 115.41 when determining initial housing assignments. In addition, the facility did not provide documentation, nor confirm through interviews that they are utilizing the information obtained during the risk screening process to determine work, education, and programming assignments. To become compliant the facility must ensure that all elements required in subsection (c) of standard 115.41 are considered during the risk screening. In addition, the facility must train all applicable staff regarding the additional information they must consider during the initial PREA screening. The facility must also provide the Auditor with 10 detainee files to confirm the risk screening process was utilized when determining initial housing and bed assignment. In addition, the facility must provide the Auditor with 10 detainee files that confirm the facility took into consideration information from the risk screening in determining work, education, and programming assignments. If any files submitted confirm compliance for both deficiencies, the one file will be accepted by the Auditor to confirm compliance in both areas.

(b)(c): APPSC policy 5010-PREA states, "In making assessments and housing decisions for transgender or intersex detainees, the facility would consider the detainee's gender and self-identification, and assessment of the effects of placement on the detainee's health and safety." "Interviews with intake, and medical staff, indicated that a medical and mental health professional will be consulted on a case-by-case basis, to determine whether the placement would present management or security concerns." Policy 501 further states, "These housing and program assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety, experienced by the individual. Serious consideration shall be given to the individuals own views, with response to his/her own safety" and "Transgender and Intersex Individuals shall be given an opportunity to shower separately from other individuals." According to the facility PAQ, APPSC did not house any transgender or intersex detainees during the audit period. Interviews with staff confirmed transgender and intersex individuals would be given an opportunity to shower separately from other individuals by providing single showers in the cell area.

§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): APPSC policy 501 states, "Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the offenders/detainees" and "care is taken to place a victimized offender/detainee in a supportive environment, that represents the least restrictive housing option possible." Policy 501 further states, "The Sexual Assault/Abuse Available Alternatives Assessment will be used to document the assessment." In addition, policy 501 states, "If segregated housing is used, the detainee will have all possible access to programs and services for which he is otherwise eligible. Any restrictions imposed will be documented and justified." Interviews with the Warden, and Assistant Warden, confirmed that segregated housing would only be used to house a detainee victim of sexual abuse after all efforts had been made to provide appropriate housing and there are no other viable options. Interviews with the Warden, and Assistant Warden also confirmed that detainee victims placed in segregated housing would have access to programs and services for which he is otherwise eligible, and victims are not held for longer than five (5) days, in any type of administrative segregation, except in highly unusual circumstances or at the request of the offender/detainee. According to documentation submitted with the PAQ, and interview with the Warden, APPSC has never had an instance where a detainee was placed in administrative segregation who was vulnerable to sexual abuse or assault. The Auditor's interview with the Warden indicated the APPSC procedures for placing a detainee into administrative segregation was developed in consultation with ICE ERO. The Warden, and PSA Compliance Manager, are very knowledgeable of the facility's policy and procedures and knew what actions to take if a vulnerable detainee needed to be placed into administrative segregation for protection.

(d)(e): In review of APPSC policy 501, facility written procedures delineate the regular review of all vulnerable detainees as follows: "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted;" and a supervisory staff member shall conduct, at a minimum, "an identical review after the detainee has spent 7 days in Protective Custody, and every week thereafter for the first 30 days, and every 10 days thereafter." Policy 501 further states, "The Warden or his/her designee will attempt to notify the ICE FOD, or designee, if the alleged victim is a detainee. ICE will be notified within 2 hours of the alleged incident and placement into protective Custody." In an interview with the Warden, it was confirmed that he would immediately call the ICE FOD if a detainee victim of sexual abuse was placed in segregated housing.

§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): APPSC policy 501 outlines the facility's approach to ensure detainees have multiple ways to privately report sexual abuse and retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to any incidents. Submitted with the APPSC PAQ were posters on how detainees can contact their consular official, the DHS OIG or, as appropriate, another designated office, to confidentially and, if desired, anonymously report incidents of sexual misconduct. Interviews with randomly selected detainees indicated to the Auditor most were aware of the processes in place to report incidents of sexual misconduct, e.g., report to a staff member, file a grievance, place a phone call, contact their consular official or the DHS OIG. During the tour of the facility, the Auditor saw signage for detainees to report incidents of sexual misconduct in all housing areas, posted on

secure bulletin boards, and/or next to detainee phones, including consular phone numbers. During intake/orientation, detainees receive a copy of the ICE National Detainee Handbook in 1 of 14 reported languages, or have it explained via an interpreter, and receive the facility local handbook in English or Spanish, both of which include information on all the mechanisms that are in place for detainees to report allegations of sexual misconduct. The Auditor placed a successful test call to the APPSC PREA hotline number. The PSA Compliance Manager, and Warden, reported that detainees can speed dial the PREA hotline reporting call with complete anonymity, but it was determined when the Auditor made the test call that a PIN was required. During the site visit, the facility contacted the phone provider and had this corrected. The Auditor was notified on February 16, 2022, via a memo from the PSA Compliance Manager, the pin requirement was corrected, and speed dial calls are now both direct and anonymous. He further indicated that following the direct dial prompts allows the detainee to now make a PREA report of sexual abuse to officials with two telephone clicks.

(c): APPSC policy 501 states, "Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." Interviews with the PSA Compliance Manager, Security Staff, including Line Staff and First-Line Supervisors, indicated if they were to receive a report of sexual misconduct, they would document it on a facility incident report and forward it on through the appropriate channels for investigation. It is noted the facility has not received any reports during the auditing period.

§115.52 - Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): APPSC policy 501 outlines the facility grievance procedures for the APPSC. Policy 501 states, "Offenders/Detainees may file a formal grievance, related to sexual abuse/assault, at any time before, during, after, or in lieu of lodging an informal grievance or complaint" and "no time limit on when an offender detainee may submit a grievance, regarding an allegation of sexual abuse." Policy 501 further states, "After receiving an emergency grievance of this nature, the Warden, or his/her designee shall ensure that immediate corrective action is taken, to protect the alleged victim" and "medical emergencies, related to sexual abuse/assault, with be immediately brought to the attention of the proper Medical Personnel, for further assessment and treatment." The detainee local facility handbook, further state, "Incidents of any type are considered to be an emergency and shall be handled expeditiously by staff." Policy 501 further allows detainees to file an emergency grievance at any time in lieu of filing an informal written grievance by immediately reporting the emergency to staff.

(e): APPSC policy 501 requires "An initial response to the detainee's grievance shall be initiated within 48 hours and a final decision shall be issued within 5 calendar days of the receipt." The Warden reports that a copy of all ICE detainee grievances alleging sexual abuse must be forwarded to the ICE/ERO. This protocol was verified by the Grievance Coordinator in his interview, who confirmed all grievances are submitted in line with, or earlier than, the required time limits; however, neither the interview nor written policy could confirm compliance with the 30-day requirement to respond to an appeal of a grievance decision. There have been no sexual abuse allegations submitted through the grievance process during the audit period.

Does Not Meet (e): The facility does not met subsection (e) of the standard. Although the Grievance Coordinator indicated that required time limits are met, neither the interview nor written policy could confirm compliance with the 30-day requirement to respond to an appeal of a grievance decision. To become compliant, the facility must put into practice the 30-day requirement to respond to a detainee grievance appeal. In addition, the facility must submit to the Auditor any grievance files, and the corresponding investigation files, to confirm that the facility has adapted the new practice.

Recommendation: The Auditor recommends that policy 501 be updated to include the verbiage, "The facility shall respond to an appeal of the grievance decision within 30 days."

(f) The facility handbook, states, "Detainees may obtain assistance from another detainee, or other facility staff, family members, or legal representatives." The filing information and handbook inclusion was corroborated by the Auditor through interviews with intake staff, the PSA Compliance Manager, and detainees. An interview with the Classification Supervisor, who is also the Grievance Coordinator, indicated APPSC has not received any grievances of any type from detainees during the past 12 months, to include allegations of sexual abuse. The PSA Compliance Manager acknowledged, regardless of whether an informal or emergency grievance would be received, the facility would act immediately to remedy all incidents of reported sexual misconduct.

§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): APPSC policy 501 states, "APPSC shall provide offenders/detainees who allege sexual abuse while in APPSC custody with access to outside victim advocates and provide post or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (Providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.)" APPSC utilizes a local community service provider, Oasis: A Safe Haven. Oasis: A Safe Haven is a state-funded organization; therefore, an MOU is not needed. The Auditor telephoned a staff representative from Oasis and was advised that crisis services would be provided if there was an incident requiring their assistance to a victim. Interview with the PSA Compliance Manager confirmed she had been in contact with Oasis and that both parties understand the services to be rendered in the case of a reported incident of sexual abuse. APPSC has not needed to utilize the services of Oasis during the audit period.

(c): Upon intake, detainees receive educational information on the agency's zero tolerance policy to include information on how to contact local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and hotline telephone numbers. The information is outlined in the APPSC local handbook. Interviews with detainees confirmed the majority recalled receiving the information at intake and were familiar with the information posted in the housing unit.

(d): Information outlined in the detainee handbook indicates the facility informs detainees, prior to giving them access to outside resources, 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. Detainees are advised general telephone calls may be recorded and monitored. Interview with the PSA Compliance Manager indicated to the Auditor, detainees have been advised to the extent in which such communications with APPSC policy govern monitoring of their communications, and when reports of abuse will be forwarded to authorities, in accordance with mandatory reporting laws (Louisiana Laws - RS 14:403.2 — Abuse and neglect of adults). Detainees can either place a hotline call to Oasis: A Safe Haven or send written communication. Interviews with detainees revealed most are familiar that calls can be monitored, and that allegation of sexual abuse will be forwarded and investigated in accordance with mandatory reporting laws.

§115.54 - Third-party reporting.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

APPSC policy 501 states, "The employees accept reports made verbally, in writing, anonymously, and from third parties…" A review of the facility detainee handbook does not include information regarding third party reporting; however, a review of both ICE's website (https://www.ice.gov) and APPSC website (https://www.allenparishso.org) confirm the public is notified how to report incidents of sexual abuse/harassment on behalf of detainees. Both agency websites list contact numbers for the public to report allegations of sexual misconduct. Interviews with all staff confirm they are aware of the requirement to accept sexual abuse notifications from third parties.

Recommendation: The Auditor recommends that the facility add information in the facility detainee handbook regarding third party reporting so that detainees have access to this information to provide it to a third-party if needed.

§115.61 - Staff reporting duties.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): APPSC policy 501 outlines the responsibilities of staff who are required to report, immediately and accordingly, any knowledge, suspicion, or information regarding incidents of sexual abuse, retaliation against detainees or staff who have reported incidents of sexual abuse, or staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Staff are required to report all incidents or allegations to their supervisors. Staff are aware they should not reveal any information related to a report of sexual abuse to anyone but the extent necessary, as specified, to make treatment, investigation, and any other security management decisions. Employees reporting sexual abuse or sexual harassment are "afforded the opportunity to report, outside the chain of command. Reports can be made directly to the Chief of Security or Facility Management, privately, if requested." Interviews with the PSA Compliance Manager, Warden, and random security staff, clearly expressed to the Auditor that protocols are in place as it relates to staff reporting duties, to include how staff can report allegations of sexual misconduct outside of their normal supervisory chain of command if needed. Interviews with line staff confirmed that they could report outside the chain of command by contacting the OIG; however, the staff's ability to contact the OIG, or JIC, is not included in written policy. As subsection (a) of the standard requires that the facility has written policies and procedures that specify appropriate reporting procedures, including a method by which staff can report outside of the chain of command, the facility is not in compliance with subsection (a) of the standard.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The standard requires a written policy that specifies appropriate reporting procedures, including a method by which staff can report outside of the chain of command. Policy 501 states that, "staff are afforded the opportunity to report, outside the chain of command. Reports can be made directly to the Chief of Security or Facility Management, privately, if requested." In addition, interviews with the Warden, PSA Compliance Manager confirm policy allowing staff to report allegations outside the chain of command by going directly to the Chief of Security or facility management. To become compliant, the facility must update policy 501 to include one avenue for staff to report outside the chain of command. The facility must also submit to the Auditor documentation that confirms staff was made aware of their ability to report an allegation of sexual abuse outside the chain of command, i.e., memo to all staff.

(d): APPSC policy 501 states, "Practitioners are required to report allegations of sexual abuse, in which the alleged victim is under the age of 18, or considered a vulnerable adult, to designated state or local services agencies, under applicable mandatory reporting laws." The Auditor received no evidence that APPSC is housing, or has housed, potentially vulnerable detainees during the audit period. Interviews with the Warden and PSA Compliance Manager indicated if APPSC was to receive a report of sexual abuse from a detainee identified as a vulnerable adult, it would be reported to the designated State or local services agency under applicable mandatory reporting laws.

§115.62 - Protection duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

APPSC policy 501 outlines the facility's approach when staff learns that an inmate or detainee is subject to a substantial risk of imminent sexual abuse. Policy 501 states, "Immediate action is taken to protect the detainee." Interviews with the Warden, PSA Compliance Manager, and random staff revealed if a detainee was determined to be at an imminent risk of sexual abuse the detainee would be immediately removed from the threat. APPSC has reported no incidents of sexual abuse during the audit period.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): APPSC policy 501 states, "Upon receiving an allegation that an inmate or detainee was sexually abused while confined at another facility it shall be documented. The Warden, where the allegation was made, will contact the Warden or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification." The policy also states, "The Warden shall notify the detainee/offender, in advance, of such reporting. Interviews with the PSA Compliance Manager, and Warden, indicate both are aware of the proper steps for making such notifications, and for maintaining documentation if a notification is made." The Warden, and PSA Compliance Manager, indicated documentation of such notifications would be maintained through electronic means, i.e., email correspondence, faxes, and/or facility incident reports. The interviews further indicated, if the facility was to receive notification from another agency or facility of an allegation of sexual abuse that occurred at the APPSC, an investigation would immediately be initiated, and staff will ensure that the allegation is referred for investigation in accordance with the standard and reported to the ICE Field Office Director. There were no instances where the detainee was sexually abused while confined at another facility and reported in to APPSC, or where the facility received notice that a detainee at another facility was sexually abused while at APPSC 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): APPSC policy 501 states, "Upon receipt of a report that an offender/detainee was sexually abused, or if the employee sees abuse, the first security staff member to respond to the incident shall: 1) Separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 3) Do not allow the alleged victim or alleged abuser not take any action that could destroy physical evidence; including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating" Policy 501 further states, "If the first staff responder is not a security staff member, that responder shall be required to: request that the alleged victim not take any actions that could destroy evidence and immediately notify security staff." According to security staff, line supervisors, and non-security staff interviewed by the Auditor, staff have received training in responder duties and are aware of the proper procedures to take if a detainee was to report an allegation of sexual abuse. Staff interviewed routinely had laminated cards defining responder duties for both security and non-security staff but could accurately identify necessary initial steps in an incident without referring to their card. APPSC reported no incidents of sexual abuse during the audit period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): APPSC policy 501 outlines the procedures for the facility coordinated response if an allegation of sexual abuse is reported and covers all elements of the standard. The written institutional plan to coordinate actions are outlined as follows: "The Warden and/or PSA Compliance Manager will coordinate the necessary actions required in response to incidents of sexual abuse, which include, at a minimum: 1.) Ensuring both the alleged victim and abuser (if the alleged abuser is a detainee), are referred to medical and mental health for further assessment and treatment, as deemed necessary by the health services administrator. 2). Ensuring the alleged victim is promptly referred to mental health for assessment of vulnerability and treatment needs. 3). Determine an appropriate method of safeguarding the alleged victim. 4.) Coordinate other services that must be provided, in accordance with policy that meets both security and therapeutic needs. 5). After the sexual assault exam has been competed, (or refused), the victim will be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services, etc., will be allowed, whenever possible. 6). A detainee will not be returned to the general population until he has been properly reclassified, taking into consideration any increased vulnerabilities." Interviews with the Warden, PSA Compliance Manager, security line staff, medical and mental health staff confirmed to the Auditor they are prepared for such an incident.

(c)(d): A review of the APPSC policy 501 indicated that the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart A (a) or B (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the policy. APPSC has not had a sexual abuse allegation made during the audit period. Interviews with the Warden, Investigator, and PSA Compliance Manager, confirm they are aware of the facility's coordinated response procedures for allegations of sexual abuse. Both the Warden, and PSA Compliance Manager, articulated to the Auditor, proper notifications in accordance with the standard would be made to the receiving facility, to include a DHS immigration detention facility if a detainee was to be transferred.

Does Not Meet (c)(d): APPSC policy 501 does not include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update APPSC policy 501 to include the language required by subsections (c) and (d) of the standard and to initiate the practice of informing the receiving facility covered by subpart (a) and (b) of the incident and the victim's

potential need for medical or social services, and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, informing the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise. The facility must also conduct documented training of all applicable staff on the change in policy 501 that includes notifying facilities as required by the standard. In addition, if applicable, the facility must provide the Auditor with any detainee files where the detainee victim of sexual abuse, or assault, was transferred as a result of a sexual abuse allegation to confirm the facility is following the updated policy 501.

§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:

APPSC policy 501 states, "Staff, contractors, and volunteers who are suspected of sexual abuse will be removed from all duties requiring inmate or detainee contact pending the outcome of an investigation." Interviews with the Warden, Investigator, and the PSA Compliance Manager corroborated that staff, contractors, or volunteers who are being investigated for sexual abuse allegations or any other serious misconduct involving a detainee are prohibited from having detainee contact pending the outcome of the investigation. APPSC has had no reports of sexual abuse involving staff, contractors, or volunteers during the audit period.

§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): APPSC policy 501 prohibits staff, volunteers, detainees, and contract staff from retaliating against anyone who reports sexual abuse. Interviews with APPSC staff confirm they are aware of the prohibition against retaliation. Policy 501 states, "The facility PSA Compliance Manager, or mental health personnel, will meet with the alleged victim on a weekly basis for a period of 90 days or as long as monitoring for retaliation is required." Policy 501 further states, "Items to me monitored for offenders/detainees include disciplinary reports and housing or program changes" and "Items to be monitored for employees include negative performance reviews and employee reassignments." Interviews with the Warden, and PSA Compliance Manager, confirm if detainees experience any form of retaliation, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, then housing changes and/or a facility transfer would be considered, alleged staff or detainee abusers would be removed from contact with the victim, and emotional support services would be utilized if needed. The Auditor's interview with the PSA Compliance Manager indicated if an incident of sexual abuse were to occur, she would be responsible for coordinating the monitoring of retaliation with the assistance of facility staff. Monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for possible indicators of retaliation. APPSC did not have an incident of sexual abuse during the audit period; and therefore, none that required monitoring for retaliation.

§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): APPSC policy 501 indicates "An administrative and/or criminal investigation will be conducted for all allegations of sexual abuse and sexual harassment. If necessary, during the investigation, APPSC will employ multiple protection measures, such as housing changes in the least restrictive environment, or a facility transfer. The Warden and or designee will determine the type of housing required for the detainee and make any of the following recommendations, administrative segregation, administrative segregation-protective custody, and or retention in the general population." Policy 501 further indicates "Care is taken to place the detainee in the least restrictive environment available." The Auditor's interview with the PSA Compliance Manager revealed there has not been a detainee victim of sexual abuse requiring placement in protective custody/administrative segregation during the audit period. The PSA Compliance Manager confirmed that, at the very least, the victim would be separated from the threat immediately and proper housing options would be taken into consideration to utilize the least restrictive housing environment available. In an interview, the Warden indicated that all assignments to administrative segregation will be reviewed and approved by him and in all cases of sexual abuse/assault victims being involuntarily placed in segregation housing, the detainee will be re-assessed, within five calendar days, and prior to release, taking into consideration any increased vulnerability of the detainee. Interviews with the Assistant Warden and the PSA Compliance Manager further indicated detainees being released from segregation will receive an additional classification review, taking into consideration any increased vulnerability of the detainee because of the reason for being placed in segregation, to include sexual misconduct incidents.

Recommendation (c): The Auditor recommends that policy 501 be updated to include the verbiage, "A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be return to the general population until completion of a proper reassessment" to correspond with facility practice.

(d): Policy 501 states, "Warden, or his/her designee, will attempt to notify the appropriate ICE AFOD, or designee, if the alleged victim is a detainee. ICE will be notified within 2 hours of the alleged incident and placement into Protective Custody." Both the Warden and PSA Compliance Manager interviews confirmed that should a detainee victim be placed in protective custody due to an incident of sexual abuse; ICE would be notified within two hours as noted in policy 501.

§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): APPSC policy 501 outlines the responsibility for investigating allegations of sexual abuse. Policy 501 indicates "All investigations regarding alleged sexual abuse will be conducted promptly, thoroughly, objectively, and conducted by a specially trained, qualified investigators." Policy 501 further states, "Upon conclusion of a criminal investigation where the allegation was substantiated, or in the instance where no criminal investigation was completed, an administrative investigation shall be conducted" and "Administrative investigations will be conducted after consultation with the appropriate investigative office, within DHS, and the assigned criminal investigation entity." In addition, policy 501 states, "Only investigators who have received specialized training shall be used to investigate these types of investigations." Interview with the APPSC Investigator indicated she would handle all investigations regarding reports of detainee sexual abuse, referring potentially criminal cases to the Sheriff's Office Investigator who specializes in sexual abuse and assault cases. Interviews with the Warden, Investigator, and PSA Compliance Manager confirmed, if a criminal investigation was determined to be unsubstantiated, the facility would still review the completed investigation and determine if there is a need to conduct an administrative investigation after coordination with the Sheriff's Office Investigator. If an administrative investigation is considered necessary, the facility would consult with the appropriate investigative office within DHS before doing so. APPSC is a full functioning law enforcement department and conducts all criminal and administrative investigations, to include sexual misconduct/abuse investigations. The Auditor's interview with the APPSC PSA Compliance Manager, who is also the facility's training supervisor, revealed the investigators responsible for conducting both administrative and criminal sexual abuse allegations have received specialized training to conduct such investigations. While onsite, the Auditor confirmed compliance by the review of facility investigative training documentation including curriculum, lesson guides, class rosters, and staff certificates of completion. There were no reported allegations of sexual abuse for the audit period.

(c)(e): APPSC policy 501 includes written procedures for administrative investigations, including provisions requiring: "Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness without regard to the individual's status as an offender/detainee, staff, or third-party, and without requiring any offender/detainee who alleges sexual abuse assault to submit to a polygraph; An effort to determine whether actions, or failures to act, contributed to the sexual abuse assault; Document each investigation by a written report. Documentation will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and retention of such reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." Interviews with the Warden, PSA Compliance Manager, and APPSC Investigator revealed an investigation would not terminate with the departure of the alleged abuser or victim from the employment, detention, or control of the facility or agency. There were no sexual abuse allegations reported during the audit period.

(f): APPSC is a full functioning law enforcement department and conducts all criminal and administrative investigations. Interviews with APPSC staff indicate they are very knowledgeable of the investigative process and are properly equipped to investigate allegations of sexual abuse, both criminally and administratively. Interviews further confirmed that the APPSC staff is one entity that covers both administrative and criminal investigations.

§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:

APPSC policy 501 states the "APPSC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated." APPSC had no sexual abuse allegations reported during the audit period. The Auditor's interviews with the APPSC Investigator, and PSA Compliance Manager verified APPSC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

§115.73 - Reporting to detainees.

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

Notes:

APPSC policy 501 states, "Victims are to be notified of the results of the investigation and any action taken. The notification is to be documented with the investigation." Interviews with the Warden, APPSC Investigator, and PSA Compliance Manager reveal at the conclusion of an investigation, and if the detainee is still in immigration detention, he will be notified of the investigation results in writing according to policy. As of the onsite visit, APPSC had no sexual abuse allegations reported during the audit period. The facility utilizes an investigative outcome notification form that is given to the detainee, notifying the detainee of the investigation results. The staff member delivering the notification form to the detainee is required to sign at the bottom, as is the detainee acknowledging notification of the investigative outcome.

§115.76 - Disciplinary sanctions for staff.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): APPSC policy 501 states, "Employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse." APPSC has not had an allegation involving staff sexual misconduct during the audit period; therefore, files demonstrating termination, resignation, or other disciplinary actions do not exist. Interview with the Warden confirmed staff are subject to discipline for violations of the department's sexual abuse policies and termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. The Auditor's interview with the Warden indicated removals or resignations for violations of agency or facility sexual abuse policies would be appropriately handled. According to the Warden and Assistant Warden, reports of removals or resignations for violations of

agency or facility sexual abuse policies would be forwarded by the facility, by the Warden or the Assistant Warden, to any relevant licensing bodies by APPSC to the extent known. The facility is not in compliance with subsections (a), (b), (c), and (d) of the standard. Documentation review confirms the previous policy. Policy 501 does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies," "removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards," "removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse," "Each facility shall report all removals or resignations in lieu of removal for violation of Agency or facility sexual abuse polices to appropriate law enforcement agencies unless the action was clearly not criminal," and "Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known."

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c), and (d) of the standard. Policy 501 does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies," "removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards," "removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse." In addition, policy 501 does not include the verbiage, "Each facility shall report all removals or resignations in lieu of removal for violation of Agency or facility sexual abuse polices to appropriate law enforcement agencies unless the action was clearly not criminal," and "Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known." To become compliant with subsections (a)(c)(d), the facility must update policy 501 to include the required verbiage of the standard and must submit documentation that the updated policy 501 was submitted to the Agency for review and approval. In addition, if applicable, the facility must provide investigation files that confirm a staff member was disciplined in accordance the standard 115.76 after an incident of substantiated sexual abuse.

§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): APPSC policy 501 indicates "Any volunteer who engages in sexual abuse or harassment shall be prohibited from contact with offender/detainees and shall be reported to law enforcement, unless the activity was clearly not criminal, and relevant licensing bodies" and "any contractor who engages in sexual abuse or harassment shall be prohibited from contact with offender/detainees and shall be reported to law enforcement, unless the activity was clearly not criminal, and relevant licensing bodies." APPSC has not had an allegation where a contractor or volunteer was involved in sexual misconduct. Therefore, files demonstrating termination, or removal from contact with detainees do not exist. The Auditor's interview with the Warden confirmed volunteers and contractors are subject to termination and/or prohibited contact from inmates or detainees for violations of the departments sexual abuse policies. The Warden further confirmed the facility will take appropriate measures when considering whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within the standard.

§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): APPSC policy 501 states, "Offenders/detainees who are found guilty of engaging in Sexual Abuse involving other offenders/detainees (either through administrative or criminal investigation) shall be subject to formal disciplinary sanctions with progressive levels of reviews, appeals, procedures, and documentation." The facility detainee handbook states, "Sentences must fit the offense and the detainee." Policy 50 further states, "The disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The facility detainee handbook further states, "…serious offenses call for serious sanctions." The Auditor's interview with the Warden confirmed the facility's formal disciplinary process meets the standard in all material ways. APPSC had no sexual abuse allegations reported during the audit period; therefore, there were no disciplinary records or investigations to review.

(e)(f): APPSC policy 501 states, "Disciplining an offender/detainee for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact." Policy 501 further states, "A report of sexual abuse made in good faith, by an offender/detainee, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying." APPSC had no sexual abuse allegations reported during the audit period; therefore, there were no disciplinary records or investigations to review. The Auditor's interviews with the Warden, and PSA Compliance Manager, confirmed a detainee would not be disciplined for sexual contact with staff unless there is a finding the staff member did not consent. The interviews with the Warden and PSA Compliance Manager further confirmed that a detainee would not be disciplined for a report of sexual abuse that was made in good faith based on a reasonable belief that the alleged allegation occurred.

§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): APPSC policy 501 indicates, "If during the intake assessment, staff tasked with screening, determine that a detainee is at risk for either sexual victimization or abusiveness; the individual shall be referred to Mental Health, for further evaluation. Detainees who have experienced prior sexual victimization or perpetrated sexual abuse, will immediately be referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as needed." The Auditor's interview with facility HSA corroborated this

approach. Upon intake, APPSC medical staff conduct the primary screen for detainees who have been victimized or who have a history of being sexually abusive. Policy 501 states, "Any detainee that discloses prior sexual victimization or abusiveness, in an institutional setting or in the community, will be referred to an APPSC mental health staff person within 72 hours for further evaluation and treatment." The PSA Compliance Manager and Mental Health staff interviews indicated that marking the related checkbox in the intake computer program results in a computer-generated immediate mental health referral. According to the PSA Compliance Manager, there were no detainees who reported a history of prior sexual victimization or abusiveness, in an institutional setting or in the community, during the audit period.

(b)(c): APPSC policy 501 states, "Any offender/detainee who is identified (pursuant to the screening conducted in Section C (I), who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community, shall be offered a follow-up meeting with a Medical or Mental Health Practitioner within two calendar days of the initial screening." The Auditor's interview with the HSA indicated that, if a referral for medical follow-up is initiated, the detainee will a receive a health care evaluation no later than two working days from the initial assessment. She further stated if a referral for mental health follow-up is initiated, the detainee will be offered a mental health evaluation no later than two days from the referral.

§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) APPSC policy 501 indicates "Detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services and shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation." APPSC did not have an incident of sexual abuse reported during the audit period. Interviews with the HSA indicated detainees will receive, at the facility timely emergency access to medical and mental treatment without financial cost to the detainee and will have unimpeded access to emergency medical and crisis intervention services, including sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Interviews with facility medical staff acknowledge that victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee. The Auditor interviewed staff from Oasis: A Safe Haven, who confirmed forensic exams are performed by SAFE/SANE examiners at Lake Charles Memorial Hospital where a SAFE or SANE will examine the victim and offer rape crisis services from Oasis: A Safe Haven at that time.

§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)(e)(f)(g): APPSC policy 501 states the "Health Services Administrator (HSA) will offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse. The evaluation and treatment will include follow-up services and treatment plans and when necessary, a referral for continued care, following a transfer or release. Services will be provided in a manner that is consistent with the level of care an individual would receive in the community. Victims will be offered tests for sexually transmitted infections, as medically appropriate. All services will be provided without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation." Policy 501 further states the "HSA shall attempt to conduct a mental health evaluation on all known offender/detainee abusers, within 60 calendar days of learning of such abuse history, and offer treatment deemed appropriate by Mental Health Practitioners." According to medical staff, there were no detainees identified as sexual abusers during the audit period. The HSA advised an attempt would be made to conduct a mental health evaluation of all know detainee abusers within 60 calendar days or sooner of learning of sexual abuse history and would be offered treatment deemed as appropriate by mental health services. Furthermore, all refusals for medical and mental health services will be documented. The above mentioned was corroborated through a formal interview with the HSA.

(d): APPSC does not house female detainees, therefore 115.83(d) is not applicable.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): APPSC policy 501 indicates "a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation where the allegation was not determined to be unfounded, and the incident was substantiated or unsubstantiated, a review shall occur within 30 calendar days of the conclusion of the investigation" and "the facility shall implement the recommendations for improvement or document its reasons for not doing so." Policy 501 further states, "A "PREA After Action Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator, no later than 10 calendar days after the review." The PREA Review Team, consisting of upper-level-management officials, with input from line supervisors and the investigator considers all elements described in the standard. When an allegation is not determined to be unfounded, the facility will also prepare a written report recommending whether the allegation or investigation indicates that a change in policy and procedures is needed to better prevent, detect, and respond to sexual abuse. The interviews with the Assistant Warden and PSA Compliance Manager indicated that the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. APPSC had no sexual abuse allegations reported during the audit period. The Auditor's interviews with the PSA Compliance Manager, and Warden, who facilitate after-incident reviews, clearly articulated the protocols that are in place and what steps to take during and after the investigation has concluded, to include notifying the Agency PSA Coordinator with the incident review results. The Auditor was also advised documentation containing results and findings of the required annual

review will be provided to the facility administrator, ICE FOD, and the facility PSA Coordinator; however, the facility was unable to provide documentation of their annual negative report during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Interviews with the PSA Compliance Manager could not confirm that an annual negative report is prepared and forwarded to the facility administrator, FOD or his/her designee, and the Agency PSA Coordinator. To become compliant, the facility must submit to the Auditor a copy of the Annual report for 2021 and documentation to confirm the report was forwarded to the facility administrator, FOD or his/her designee, and the Agency PSA Coordinator as required by the standard.

Recommendation (c): The Auditor recommends that policy 501 is updated to include the verbiage, A "PREA After Action Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator and Agency PSA Coordinator, no later than 10 calendar days after the review" to correspond with facility practice. In addition, the Auditor recommends that policy 501 is updated to include the verbiage, "The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not and any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annal review shall be provide to the facility administrator, FOD or his/her designee, and the Agency PSA Coordinator."

§115.87 - Data collection.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a): APPSC policy 501 indicates "data will be collected by the APPSC PSA Compliance Manager for every allegation of sexual abuse under the direct control of the APPSC and shall be aggregated at least annually." The APPSC PSA Compliance Manager ensures all data collected is securely maintained, under lock and key, with access to only staff requiring a need to review. The Auditor confirmed that the case records are securely locked during the on-site visit. Data is retained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

§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): During the PREA audit of APPSC, the Auditor was able to review all policies, memos, and other documents required to make assessments on PREA compliance. All areas of the facility were observed, to include several areas that were revisited by the Auditor. Interviews with staff and detainees were accommodated in private areas, and the Auditor was able to interview staff from all shifts. The Auditor observed notices of audit posted throughout the facility to include in all housing areas. The Auditor received no detainee correspondence prior to the on-site audit.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	29
Number of standards not met:	8
Number of standards N/A:	2
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.

William Peck 4/5/2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) 4/20/2022
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) 4/20/2022
Program Manager's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of Auditor:	William Peck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-[redacted]
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-[redacted]
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	New Orleans Field Office		
Field Office Director:	(A)Melissa Harper		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1010 East Whatley Rd, Oakdale, LA 71463		
Mailing address: *(if different from above)*			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Allen Parish Public Safety Complex		
Physical address:	7340 Highway 26 W Oberlin, LA 70655		
Mailing address: *(if different from above)*	PO Box 278 Oberlin, LA 70655		
Telephone number:	337-639-4353		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	Michael Manuel	**Title:**	Warden
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	337-639-[redacted]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	337-389-[redacted]

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.

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Allen Parrish Public Safety Complex (APPSC) was conducted on February 15–17, 2022, by U. S. Department of Justice (DOJ) and DHS, certified PREA auditor William Peck, employed by Creative Corrections, LLC. The Auditor was provided guidance during the report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), [redacted], and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both are DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The facility processes detainees who are pending immigration review or deportation. The PREA Incorporation date was January 18, 2017. This was the second PREA audit for APPSC and included a review of the audit period from April 26, 2019, through February 17, 2022. APPSC is in Oberlin, Louisiana.

Upon completion of the audit, PCCF was found to be non-compliant with 8 standards:

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

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.52 Grievances

§115.61 Staff Reporting Duties

§115.65 Coordinated response

§115.76 Disciplinary sanctions for staff

§115.86 Sexual abuse incident reviews

The facility's Corrective Action Period (CAP) began April 21, 2022 and ended October 17, 2022. The facility submitted documentation, through the Agency, for the CAP on May 7, 2022, through October 6, 2022. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on October 6, 2022. Following a review of the documentation submitted to demonstrate compliance with the deficient standards, the Auditor determined that all eight standards were compliant in all material ways.

PROVISIONS

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

§115.22 - 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:

(c): A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. The Auditor further reviewed the APPSC website (www.allenparishso.org) and noted it contained information on zero tolerance, how to report allegations of sexual abuse/sexual harassment, including critical details to help with the investigation, and the statements that "all cases of alleged sexual conduct shall be promptly, thoroughly, and objectively investigated" and "Upon substantiation of any allegation of sexual conduct, appropriate actions will be taken against the employee, contractor, volunteer, or individual detained in our facility." The website review, however, confirmed that the facility has not posted its protocols as required by subsection (c) of the standard.

Does Not Meet (c): The Auditor viewed the facility website (www.allenparishso.org) and could not confirm that the facility posts its Investigations Protocol, APPSC Policy 501, as provided for compliance in 115.22(a) on the facility website. To become compliant, the facility most post their Investigation Protocol on the facility website.

Corrective Action Taken (c): The facility provided the Auditor with a link (www.allenparishso.org) to the facility website. The Auditor reviewed the website and confirmed that the facility posted its investigative protocol as required by subsection (c) of the standard. Upon review of the submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the 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): APPSC policy 501 states, "The intake screening shall consider, at a minimum, the following criteria to assess individual's risk for sexual victimization or aggressors: mental, physical, or developmental disability, age, physical build, previous incarceration, if criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child, if the offenders/detainees self- identity as being Lesbian, Gay. Bi-Sexual, Transgender, Intersex, or gender non-conforming, if previously experienced sexual victimization, and his/her own perception of vulnerability." The intake and classification process for detainees is a two-pronged approach, with both security and medical staff involved during the intake process. Medical staff provide an initial medical review and ask some of the questions on the ICE Custody Classification Worksheet regarding sexual identity and orientation. The classification supervisor and/or intake officer will review the ICE Custody Classification Worksheet that is completed prior to the detainee arriving at intake. During the intake process, the intake officer will complete "The Allen Parish Public Safety Complex Detainee Screening Form." Information included on the ICE Custody Classification Worksheet includes the detainee's history of prior incarcerations, the age of the detainee, whether the detainee has a mental, physical, or developmental disability, and whether the detainee has a history of sexual abuse. The Classification Worksheet also considers the detainees criminal abuse history, i.e.: number of felonies, assaults, misdemeanors that have occurred during established timelines, however, it does not specifically consider whether the detainee has ever been convicted of a sex offense against an adult or child. The "Allen Parish Public Safety Complex Detainee Screening Form" includes the detainee's own concerns for his safety, and whether the detainee wishes to disclose his sexual preference; however, it does not specifically ask the detainee if they identify as Gay, Bisexual, Transgender, Intersex (LGBTI) or gender non-conforming. The Allen Parish Public Safety Complex Detainee Screening Form, in conjunction with information received from ICE, does not address each element of the standard, specifically leaving out the physical build and appearance of the detainee, whether the detainee self identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, and if the detainee has ever been convicted of a sexual assault against an adult or child. The Auditor randomly selected 11 detainees' files and could not confirm that the facility is collecting data, such as the detainee's physical characteristics (build and appearance), whether the detainee self identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, or if the detainee has ever been convicted of a sex offense against an adult or child. Policy 501 states, "All detainees will be screened within 12 hours upon arrival." A review of 11 random detainee file reviews and interviews with intake staff and detainees, indicate detainees are processed normally within an hour or two of arrival. During the onsite visit, the Warden issued a new requirement that intake staff directly ask sexual

identity questions, and this should resolve the issue of information accuracy in that issue. However, the other areas mentioned in 115.41(c) need to be included in the process, including the detainee's physical characteristics (build and appearance), and whether the detainee has any convictions for a sex offense against an adult or child as required by subsection (c) of the standard.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor randomly selected 11 detainee files and could not confirm that the facility is considering whether the detainee has any convictions for sex offenses against an adult or child, or the physical build and appearance of the detainee during the initial intake screening. During the onsite visit, the Warden issued a new requirement that intake staff directly ask sexual identity questions, specifically if the detainee identified as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; however, the detainee's physical characteristics (build and appearance), and whether the detainee has a conviction for a sex offense against an adult or child need to be included in the process. To become compliant, the facility must develop a procedure that allows facility staff to request the detainee respond to all elements of subsection (c) of the standard. The facility must provide documented training of the new procedure to applicable staff. In addition, the facility must provide 10 detainee files confirming that the risk screening is capturing all nine elements of subsection (c) of the standard.

Corrective Action Taken (c): The facility provided the Auditor with the current practice which confirms the existence of a process to capture all nine elements of the standard and three separate detainee documents which included the booking report, Record of Deportable/Inadmissible Alien form, and an untitled document that covers the missing elements of the standard. In addition, the facility provided 10 detainee files that contained the "Record of Deportable/Inadmissible Alien" form. A review of the form indicated 9 out of the 10 submitted files confirmed compliance by noting "None Known" under the record section marked "Criminal History." As the process was already in existence, the Auditor waives the requirement that all applicable staff be "trained in a new procedure." Upon review of the submitted documentation, the Auditor finds that the facility is now in compliance with subsection (c) 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): APPSC policy 501 states, "Screening information from standard 115.41 shall be used to determine housing, bed, work, education, and programming assignments, with the facility, in order to keep potential victims away for potential abusers." Detainee classification screenings, to include information related to risk of victimization and or abusiveness is forwarded to facility staff who make individualized determinations to ensure the safety of each detainee. Interviews with the PSA Compliance Manager, intake staff, and the classification supervisor indicate that risk assessments are forwarded to facility staff who make individualized determinations regarding housing, bed, work, education, and programming; however, the risk screening information is incomplete.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The risk assessment tool does not contain all the elements required in subsection (c) of standard 115.41, and therefore, the facility is not considering all elements of standard 115.41 when determining initial housing assignments. In addition, the facility did not provide documentation, nor confirm through interviews that they are utilizing the information obtained during the risk screening process to determine work, education, and programming assignments. To become compliant, the facility must ensure that all elements required in subsection (c) of standard 115.41 are considered during the risk screening. In addition, the facility must train all applicable staff regarding the additional information they must consider during the initial PREA screening. The facility must also provide the Auditor with 10 detainee files to confirm the risk screening process was utilized when determining initial housing and bed assignment. In addition, the facility must provide the Auditor with 10 detainee files that confirm the facility took into consideration information from the risk screening in determining work, education, and programming assignments. If any files submitted confirm compliance for both deficiencies, the one file will be accepted by the Auditor to confirm compliance in both areas.

Corrective Action Taken (a): The facility provided the Auditor with the current practice which confirms the existence of a process to capture all nine elements of the standard and the facility provided three separate detainee documents which included the booking report, Record of Deportable/Inadmissible Alien form, and an untitled document that covers the missing elements of the standard. In addition, the facility provided 10 detainee files that contained the "Record of Deportable/Inadmissible Alien" form. A review of the form indicated 9 out of the 10 submitted files confirmed compliance by noting "None Known" under the record section marked "Criminal History. The Auditor further accepts the facility's response that confirms that work details, education programming, and programming assignments are not available to detainees. Upon review of the submitted documentation, the Auditor finds that the facility is now in compliance with subsection (a) of the standard.

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

(e): APPSC policy 501 requires "An initial response to the detainee's grievance shall be initiated within 48 hours and a final decision shall be issued within 5 calendar days of the receipt." The Warden reports that a copy of all ICE detainee grievances alleging sexual abuse must be forwarded to the ICE/ERO. This protocol was verified by the Grievance Coordinator in his interview, who confirmed all grievances are submitted in line with, or earlier than, the required time limits; however, neither the interview nor written policy could confirm compliance with the 30-day requirement to respond to an appeal of a grievance decision. There have been no sexual abuse allegations submitted through the grievance process during the audit period.

Does Not Meet (e): The facility does not meet subsection (e) of the standard. Although the Grievance Coordinator indicated that required time limits are met, neither the interview nor written policy could confirm compliance with the 30-day requirement to respond to an appeal of a grievance decision. To become compliant, the facility must put into practice the 30-day requirement to respond to a detainee grievance appeal. In addition, the facility must submit to the Auditor any grievance files, and the corresponding investigation files, to confirm that the facility has adapted the new practice.

Corrective Action Taken (e): The facility submitted updated policy 501 that confirms the facility has implemented the updated practice that allows the detainee 30 days to submit an appeal to a grievance filed due to an allegation of sexual abuse. In addition, the facility submitted a memo, dated 10/5/2022, from the Warden stating, "Please be advised that there have been no grievances filed alleging sexual abuse during the CAP period." Upon review of the submitted documentation, the Auditor now finds the facility in substantial compliance with subsection (e) 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): APPSC policy 501 outlines the responsibilities of staff who are required to report, immediately and accordingly, any knowledge, suspicion, or information regarding incidents of sexual abuse, retaliation against detainees or staff who have reported incidents of sexual abuse, or staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Staff are required to report all incidents or allegations to their supervisors. Staff are aware they should not reveal any information related to a report of sexual abuse to anyone but the extent necessary, as specified, to make treatment, investigation, and any other security management decisions. Employees reporting sexual abuse or sexual harassment are "afforded the opportunity to report, outside the chain of command. Reports can be made directly to the Chief of Security or Facility Management, privately, if requested." Interviews with the PSA Compliance Manager, Warden, and random security staff, clearly expressed to the Auditor that protocols are in place as it relates to staff reporting duties, to include how staff can report allegations of sexual misconduct outside of their normal supervisory chain of command if needed. Interviews with line staff confirmed that they could report outside the chain of command by contacting the OIG; however, the staff's ability to contact the OIG, or JIC, is not included in written policy. As subsection (a) of the standard requires that the facility has written policies and procedures that specify appropriate reporting procedures, including a method by which staff can report outside of the chain of command, the facility is not in compliance with subsection (a) of the standard.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. The standard requires a written policy that specifies appropriate reporting procedures, including a method by which staff can report outside of the chain of command. Policy 501 states that, "staff are afforded the opportunity to report, outside the chain of command. Reports can be made directly to the Chief of Security or Facility Management, privately, if requested." In addition, interviews with the Warden, PSA Compliance Manager confirm policy allowing staff to report allegations outside the chain of command by going directly to the Chief of Security or facility management. To become compliant, the facility must update policy 501 to include one avenue for staff to report outside the chain of command. The facility must also submit to the Auditor documentation that confirms staff was made aware of their ability to report an allegation of sexual abuse outside the chain of command, i.e., memo to all staff**.**

Corrective Action Taken (a): The facility submitted updated policy 501 that states, "Employees can report outside the chain of command to Allen Parish Sheriff's Office Detectives, which is a separate entity." In addition, the facility submitted a memo to "All Supervisors" advising them of the updated policy and directed them to read the new policy 501 to all staff during their shift. Upon review of the submitted documentation, the Auditor now finds the facility in compliance with subsection (a) 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:

(c)(d): A review of the APPSC policy 501 indicated that the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart A (a) or B (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the policy. APPSC has not had a sexual abuse allegation made during the audit period. Interviews with the Warden, Investigator, and PSA Compliance Manager, confirm they are aware of the facility's coordinated response procedures for allegations of sexual abuse. Both the Warden, and PSA Compliance Manager, articulated to the Auditor, proper notifications in accordance with the standard would be made to the receiving facility, to include a DHS immigration detention facility if a detainee was to be transferred.

Does Not Meet (c)(d): APPSC policy 501 does not include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update APPSC policy 501 to include the language required by subsections (c) and (d) of the standard and to initiate the practice of informing the receiving facility covered by subpart (a) and (b) of the incident and the victim's potential need for medical or social services, and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, informing the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise. The facility must also conduct documented training of all applicable staff on the change in policy 501 that includes notifying facilities as required by the standard. In addition, if applicable, the facility must provide the Auditor with any detainee files where the detainee victim of sexual abuse, or assault, was transferred because of a sexual abuse allegation to confirm the facility is following the updated policy 501.

Corrective Action Taken (c)(d): The facility provided the Auditor with policy 501 that confirmed it was updated as required to gain compliance with subsections (c) and (d) of the standard. In addition, the facility submitted an email to "All Supervisors" advising them of the updated changes to policy 501. The facility also submitted a memo, dated 10/5/2022, from the Warden stating, "Please be advised that there have been no detainee victims of sexual abuse, or assault, transferred as a result of a sexual abuse allegation." Upon review of the submitted documentation the Auditor now finds the facility in substantial compliance with subsections (c) and (d) of the standard.

§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): APPSC policy 501 states, "Employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse." APPSC has not had an allegation involving staff sexual misconduct during the audit period; therefore, files demonstrating termination, resignation, or other disciplinary actions do not exist. Interview with the Warden confirmed staff are subject to discipline for violations of the department's sexual abuse policies and termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. The Auditor's interview with the Warden indicated removals or resignations for violations of agency or facility sexual abuse policies would be appropriately handled. According to the Warden and Assistant Warden, reports of removals or resignations for violations of agency or facility sexual abuse policies would be forwarded by the facility, by the Warden or the Assistant Warden, to any relevant licensing bodies by APPSC to the extent known. The facility is not in compliance with subsections (a), (c), and (d) of the standard. Documentation review confirms the previous policy. Policy 501 does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies," "removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards," "removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse," "each facility shall report all removals or resignations in lieu of removal for violation of Agency or facility sexual abuse polices to appropriate law enforcement agencies unless the action was clearly not criminal," and "each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known."

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (d) of the standard. Policy 501 does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for

violating Agency or facility sexual abuse policies," "removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards," "removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse." In addition, policy 501 does not include the verbiage, "Each facility shall report all removals or resignations in lieu of removal for violation of Agency or facility sexual abuse policies to appropriate law enforcement agencies unless the action was clearly not criminal," and "each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known." To become compliant with subsections (a)(b)(d), the facility must update policy 501 to include the required verbiage of the standard and must submit documentation that the updated policy 501 was submitted to the Agency for review and approval. In addition, if applicable, the facility must provide investigation files that confirm a staff member was disciplined in accordance the standard 115.76 after an incident of substantiated sexual abuse.

Corrective Action Taken (a)(b)(d): The facility is clear in their policy 501 that they would terminate any employee who violated their policy of sexual abuse/harassment; termination is more stringent than just removal from their position with the company or removal from a federal service contract. As the Auditor accepts policy 501 as written, the requirements to submit policy 501 to the Agency for review and approval and to submit any sexual abuse allegation investigation files that occurred during the CAP are waived. Upon review of the submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), and (d) 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): APPSC policy 501 indicates "a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation where the allegation was not determined to be unfounded, and the incident was substantiated or unsubstantiated, a review shall occur within 30 calendar days of the conclusion of the investigation" and "the facility shall implement the recommendations for improvement or document its reasons for not doing so." Policy 501 further states, "A "PREA After Action Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator, no later than 10 calendar days after the review." The PREA Review Team, consisting of upper-level-management officials, with input from line supervisors and the investigator considers all elements described in the standard. When an allegation is not determined to be unfounded, the facility will also prepare a written report recommending whether the allegation or investigation indicates that a change in policy and procedures is needed to better prevent, detect, and respond to sexual abuse. The interviews with the Assistant Warden and PSA Compliance Manager indicated that the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. APPSC had no sexual abuse allegations reported during the audit period. The Auditor's interviews with the PSA Compliance Manager, and Warden, who facilitate after-incident reviews, clearly articulated the protocols that are in place and what steps to take during and after the investigation has concluded, to include notifying the Agency PSA Coordinator with the incident review results. The Auditor was also advised documentation containing results and findings of the required annual review will be provided to the facility administrator, ICE FOD, and the facility PSA Coordinator; however, the facility was unable to provide documentation of their annual negative report during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Interviews with the PSA Compliance Manager could not confirm that an annual negative report is prepared and forwarded to the facility administrator, FOD or his/her designee, and the Agency PSA Coordinator. To become compliant, the facility must submit to the Auditor a copy of the Annual report for 2021 and documentation to confirm the report was forwarded to the facility administrator, FOD or his/her designee, and the Agency PSA Coordinator as required by the standard.

Corrective Action Taken (c): The facility prepared a negative report for the year 2021 and forwarded said report to the Agency PSA Coordinator on May 6, 2022. Upon review of the submitted documentation, the Auditor finds that the facility is now in compliance with subsection (c) of the standard.

Choose an item.

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.

William Peck October 31, 2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) October 31, 2022
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) November 3, 2022
Program Manager's Signature & Date