

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report**



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Mark Stegemoller	Organization:	Creative Corrections
Email address:	████████████████████	Telephone number:	409-866-██████

AGENCY INFORMATION

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

Name of Field Office:	New Orleans Immigration and Customs Enforcement
Field Office Director:	George H. Lund III
ERO PREA Field Coordinator:	██████████ (AFOD)
Field Office HQ physical address:	1010 East Whatley Road, Oakdale, Louisiana 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 (APPSC)		
Physical address:	7340 Highway 26 W, Oberlin, Louisiana 70655		
Mailing address: (if different from above)	P.O. Box 278 Oberlin, Louisiana 70655		
Telephone number:	337-639-4353		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	Michael Manuel	Title:	Warden
Email address:	████████████████████	Telephone number:	337-639-██████
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Ruby Trahan	Title:	Training Administrator / PREA
Email address:	████████████████████	Telephone number:	337-639-██████

AUDIT FINDINGS

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 Prison Rape Elimination Act (PREA) audit of the Allen Parish Public Safety Complex (APPSC) was conducted on April 23-25, 2019, by Mark Stegemoller, U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The purpose of the audit was to determine compliance with the DHS PREA Standards. The 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 detainees. On the first day of the audit, the facility held a total of 48 ICE detainees. This was the first PREA audit of the APPSC. The APPSC is a minimum-security facility and located in Oberlin, Louisiana (LA). The facility was opened in 2015.

The onsite inspection of the APPSC was conducted April 23-25, 2019. The Team Lead opened the entry briefing at 9:00 A.M. on the first day of the on-site visit. In attendance were:

- [REDACTED] Management and Program Analyst, OPR, ICE
- [REDACTED] Creative Corrections ICE-Project Manager
- Ruby Trahan Prevention of Sexual Assault (PSA) Compliance Manager/Training Supervisor
- Michael Manuel Warden
- [REDACTED] Health Care Administrator
- [REDACTED] Classification/Grievance Coordinator
- [REDACTED] Investigator APPSC
- [REDACTED] Assistant Field Office Director (AFOD) ICE

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, External Review and Analysis Unit (ERAU) Team Lead, [REDACTED] provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents. The PAQ and supporting documentation was very well organized and emphasized, allowing for ease of auditing. 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 previous 36 months. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently received notification from another facility where a detainee reported he was sexually abused by another detainee while at the APPSC in March of 2019. The Auditor reviewed the investigation in its entirety and found it to be compliant with the PREA standards in all material ways. The investigation was determined to be unsubstantiated.

The audit began with a tour of the APPSC control center and then was directed into the detainees housing unit and recreation yard. Other than the housing unit, the detainees only have access to medical, visitation, and the recreation yard. 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. It is accessible through a door from the housing unit. There are five open bay dorms which can be observed from the central control center via staff personal observation and using video monitoring. Each dorm has [REDACTED]. The [REDACTED] houses the adult male detainee population. Both detainees and general population inmates are separated from each other at all times. The facility has a dedicated segregation range with 12 cells capable of holding two detainees per cell. From the control center and walk through of [REDACTED], sight lines were closely examined as was the potential for blind-spots throughout the dorm. Cross-gender viewing was not a concern for the Auditor as the facility mandates same gender security staff to work these areas at all times. 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. The Auditor closely reviewed video camera footage and determined opposite gender staff could not see into the bathroom area where detainees would be in a state of undress. During the course of the tour the Auditor conducted several informal interviews both with staff and detainees, questioning them on their knowledge of PREA. 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 in the detainee dorm. [REDACTED] has two bulletin boards strategically located so that detainees are aware of the information available to them; PREA educational information, zero tolerance policy, methods for reporting sexual misconduct, victim advocacy contact information, all in multiple languages. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. Detainees can place PREA hotline reporting calls with complete anonymity by simple dialing the number "9" and then following the prompts. The Auditor placed a successful pretext PREA hotline call while in the detainee dorm. The call is routed to the facility's third party contact and in turn the call is routed to the Warden and facility Investigator for follow-up. The Auditor was provided with the email and audio of the test call placed.

The facility tour concluded in the intake/booking area for detainee and general population offenders. At all times detainees are kept completely separated from general population offenders. The Auditor was provided with an overview of the intake procedures which included the initial classification of the detainee; The detainee intake process is completed by both security and medical staff. Facility information is provided to the detainee, to include verbal, written PREA educational information; National Detainee Handbook; Local Detainee Handbook; and the viewing of the comprehensive educational PREA video, both in English and Spanish, which is displayed on a large mounted TV in the holding area. The facility maintains detainee handbooks in multiple languages and if a detainee was to come in through intake and a language is not available, the facility would utilize their interpretive services provider to relay the necessary information to the detainee.

APPSC has a designed capacity for 200 offenders. The detainee housing unit [REDACTED] is comprised of one open bay/dorm. Other than general population offenders, APPSC only houses low level minimum security male detainees. 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 for

the preceding year was 300 detainees. According to the PAQ, the top three nationalities are Honduras, Guatemala, and India. APPSC does not house juveniles, females or transgender/intersex 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 [REDACTED]. Facility security staff total [REDACTED]. There are [REDACTED] male and [REDACTED] female security staff. There are [REDACTED] medical staff and [REDACTED] mental health staff.

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 [REDACTED] staff that included: The Warden, PSA Compliance Manager, Human Resources, Training Supervisor, two Intake staff, Investigator, Grievance Coordinator, Classification Supervisor, Health Care Administrator (HCA) and ten Security Staff, including Line-Staff and First-Line Supervisors. The facility does not employ any contractors and list only one volunteer (Clergy) who may have contact with detainees. The Auditor interviewed a total of 21 random detainees. All detainees interviewed with the exception of one was limited English proficient and required the use of Language Services Associates (LSA) provided by Creative Corrections. One interview was conducted for a detainee who reported sexual victimization during risk screening. There were no other targeted interview categories reported, thus the high number of random detainee interviews.

The countries of origin for detainees interviewed were:

- China
- Cuba
- Ecuador
- El Salvador
- Guatemala
- Honduras
- India
- Mexico
- Nepal
- Romania
- Venezuela

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.

On April 25, 2019 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:

- [REDACTED] Management and Program Analyst, OPR, ICE
- [REDACTED] Creative Corrections ICE-Project Manager
- Ruby Trahan PSA Compliance Manager/Training Supervisor
- Michael Manuel Warden
- [REDACTED] Health Care Administrator
- [REDACTED] Classification/Grievance Coordinator
- [REDACTED] Investigator APPSC
- [REDACTED] Supervisory Detention and Deportation Officer, SDDO, ICE

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 constant interactions in a positive manner throughout the onsite visit. 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. It was clear to the Auditor, staff of APPSC take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	2
Number of standards met:	35
Number of standards not met:	2
Number of standards N/A:	2

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. If additional space for notes is needed, please utilize space provided on the last page.

§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 has a written zero tolerance policy toward all forms of sexual abuse. Policy 204 Prison Rape Elimination Act, mandates a zero tolerance toward all forms of sexual abuse and outlines the APPSC's approaches to preventing, detecting, and responding to such conduct. Documentation review confirms the policy has been approved by ICE. 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) The facility employs a designated PSA Compliance Manager at the supervisory level who oversees the facility's compliance efforts with PREA. The Auditor determined compliance through the review of facility policies and procedures; facility organizational chart indicating the agency PSA Coordinator and PSA Compliance Manager's position. Interview with the PSA Compliance Manager who is also 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 [REDACTED] staff. The facility's security staff is comprised of employees of APPSC. Security staff work 12-hour shifts – 1st shift [REDACTED] and 2nd shift [REDACTED]. 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 routine basis; and review of PAQ, submitted documentation of ICE and Enforcement Removal Operations (ERO) Oakdale, LA "Docket Officer Assignments" Facility weekly rosters and staffing patterns for security personnel, medical, mental health and volunteer person. 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 204-PREA, 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 duties is to ensure adequate staffing is available to maintain safety and security of detainees, requesting additional staffing and authorize overtime if necessary. The facility was built in 2015 and there are total of [REDACTED]

[REDACTED]. Video cameras operate 24 hours a day, 7 days a week. [REDACTED]. There are [REDACTED], to include [REDACTED] which houses detainees. Cameras are monitored via the [REDACTED] and recorded video footage is available for review for [REDACTED]. The Warden advised; video footage utilized during a PREA sexual abuse investigation would be archived. The [REDACTED] and [REDACTED] both have capabilities to monitor cameras from [REDACTED]

(b) A review of APPSC Policy 103 - Shift Sergeants and Policy 102 - 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 on a daily basis. Interview with the Warden and submitted PAQ documentation-exhibit #3 indicates all facility post orders are reviewed by the Warden and Sheriff annually and updated accordingly.

(c) Through the review of policies and procedures, APPSC post orders, 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 Auditor was provided with one sexual abuse allegation received from another confinement facility that occurred after completion of the facility PAQ. In review of the investigation the Auditor determined it was completed in accordance with the standards requirements.

(d) Policy 204-PREA Supervision and Monitoring, states intermediate and high-level supervisors will conduct and document random, unannounced rounds to identify and deter sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members that 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 [REDACTED] the Auditor reviewed a [REDACTED]. Unannounced rounds are designated as [REDACTED] in the [REDACTED]

§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, females 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) Policy 204-PREA Searches and Orientation – outlines 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. During the previous year there have been no reports of opposite gender staff performing cross-gender pat-searches of male detainees. If such a search was to be conducted, the facility policy requires it be documented in the control center logbook. Interviews with security staff corroborated same gender staff are required to pat-search same gender

inmates and detainees and, if an exigent circumstance was to occur it would be properly documented. The log will include the circumstances which necessitated the cross-gender search.

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

(e)(f)(i) Policy 204-PREA - outlines cross-gender strip searches or cross-gender body cavity searches shall not be conducted except in exigent circumstances. Detainees will not be searched for the sole purpose of determining the detainee's genital status. During the previous year there have been no reports of opposite gender staff performing cross-gender strip or body cavity searches. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a medical examination detainees undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. Policy also indicates body cavity searches will only be conducted by medical practitioners. Interviews with the Warden, medical and security staff confirmed, staff are aware of facility protocols for conducting strip or body cavity searches, and if performed shall be documented.

(g) Policy 204-PREA – outlines staff's responsibilities 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, and if not a verbal announcement was made by the officer assigned to the post. APPSC mandates the same gender staff to work housing units of the same gender as detainees. Interviews with detainees corroborated same gender security staff work on their dorm at all times and further stated they are never in full view of opposite gender staff while in a state of undress, showering, or using the lavatories.

(h) This substandard is not applicable. APPSC is not a Family Residential Facility.

(j) While onsite there was no transgender or intersex detainees. Review of 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 eight different staff training records acknowledging such training has been received.

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

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

Notes:

(a)(b)(c) Policy 204-PREA 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. Upon intake, detainees are provided with the facility's local detainee orientation handbook in conjunction with the ICE detainee handbook. Local orientation handbooks are available in English and Spanish and provide detainees with information on the agency'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, available both in English and Spanish and the ICE detainee handbooks in multiple languages. The Classification supervisor advised if a detainee coming through intake spoke a language that was not available in a written format, they utilize an interpretive service to provide the information to the detainee. If an allegation of sexual abuse was reported the facility will provide interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless a detainee prefers for another detainee to provide interpretation.

The ICE National Detainee Handbook includes a section (language identification guide) in the very front of the handbook which outlines multiple languages to assist detainees who do not speak English or Spanish. DHS/ICE PREA posters in English and foreign languages, containing the name of the facility PSA Compliance Manager are posted throughout the facility, to include the detainee housing unit. Also, posted is the ICE ERO Language Line posters and contact information for the local rape crisis center, Oasis A Safe Haven. The PREA comprehensive educational video is played for all detainees upon intake. The video is also running on a twenty-four-hour loop seven days a week throughout the facility both in English and Spanish. Interviews with the Warden, Classification Supervisor and security staff indicate there are multiple staff who speak several languages who are also able to assist detainees with interpretive services if needed. The Auditor observed this practice through staff and detainee communication. It was evident staff are very familiar with the facility's protocols for utilizing interpretive services, as they are used daily at APPSC. Detainees who have disabilities, including intellectual, limited reading skills, who may be deaf, blind or hearing impaired are afforded the same level of interpretive services if required. Detainees who are LEP are provided with interpretive services, either through available staff or an interpretive service. Detainees who are hearing impaired or deaf will receive services through the facility text telephone (TTY) machine, detainees who have a low intellectual or limited reading skills will receive services from mental health staff. The Auditor was able to determine this through interviews with the Warden, PSA Compliance Manager, intake and security staff. While onsite there were no detainees to interview who were identified as deaf, blind or hearing impaired. The Auditor interviewed multiple detainees who were LEP through the use of telephonic interpretive services. The Auditor was able to verify the use of interpretive services through a review of eight detainee classification/intake packets. The documentation noted the language the detainee spoke and if interpretive services was utilized, it also included the interpretive services reference number. Most detainees interviewed recalled receiving information during the intake/orientation process on the agency's zero tolerance policy and efforts to prevent, detect, and respond to 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)(d)(e)(f) APPSC Policy 204-PREA outlines APPSC prohibits the hiring or promotion of anyone who may have contact with inmates or detainees, who have engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution. APPSC is an equal opportunity employer. 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. 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. Staff are advised they have an affirmative duty to report any sexual misconduct. The Auditor randomly selected eight APPSC employees and requested to review their personnel records/background check information. While reviewing personnel file documentation, the Auditor interviewed the Warden who oversees pre-employment and promotional background checks. The Auditor was advised part of the pre-employment process for potential candidates are that they

will receive a complete background check through the National Crime Information Center (NCIC) — FBI and will receive a five-year follow-up background if not sooner. The Auditor confirmed this through the review of employee personnel files, meeting the requirements for background checks to be completed at least every five years. The Auditor also requested background investigation information from the Personnel Security Unit (PSU) for six ICE employees and reviewed ICE Directives 6-8.0 - ICE suitability screening requirements for Contactor Personnel and 6-7.0 - ICE Personnel Security and Suitability Program and determined their background checks were completed in accordance with the standard. APPSC currently does not employ any contractors. However, the Warden advised the same APPSC protocols would apply to potential contractors. 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 to state law.

§115.18 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Review of the PAQ and interview with the Warden indicated the agency has not acquired a new facility or made a substantial expansion to the existing facility. There have been [REDACTED] 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 204-PREA Evidence Protocols and Forensics Medical Examinations, 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. (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. (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. It should be noted APPSC does not detain juveniles. The Auditor was able to corroborate the aforementioned through the review of APPSC policy and procedures, interviews with the Warden, PSA Compliance Manager, who further indicated evidence protocols are developed in coordination with DHS. Staff are well aware of the facility's evidence protocols and know what necessary steps to take during a detainee report of sexual abuse.

(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 Allen Parish. These services are state funded; therefore, no agreement or MOU is required. The Auditor placed a call to the Oasis hotline number from the detainees housing unit [REDACTED] to the Oasis hotline number during the facility tour and spoke with an administrator who stated a qualified staff person from the organization will provide emotional support, crisis intervention, information and referrals if needed and would accompany the victim through any forensics exams and investigative process. The Auditor was provided with one sexual abuse allegation received from another confinement facility that occurred after completion of the facility PAQ. In review of the investigation the Auditor determined it was completed in accordance with the standards requirements. 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. Forensic exams are performed by SAFE/SANE examiners at the 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.

(e) Is not applicable as APPSC is a fully functioning law enforcement agency and is required to conduct all criminal and administrative investigations regarding incidents of sexual abuse.

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

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

Notes:

(a)(b) APPSC Policy 204-PREA 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. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified, to perform treatment, investigation, and other security and management decisions. Because APPSC is a fully functioning law enforcement agency, all sexual assault allegations are investigated internally. The facility administrator shall coordinate as necessary with the ICE Office of Professional Responsibility (OPR) and/or criminal investigative entities responsible for investigation of the incident. Policy 204 PREA 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. Interviews with the PSA Compliance Manager, Warden and APPSC Investigator corroborated the aforementioned.

(c) A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. A review of APPSC website (www.allenparishso.org) confirms the protocols are available to the public. Agency protocols are posted to ensure investigations into allegations of sexual misconduct are explained to the public.

(d)(e)(f) APPSC is a fully functioning law enforcement agency, all sexual assault allegations are investigated both criminally and administratively internally. The facility PAQ indicated there were no reports of sexual abuse for the previous 36 months. While onsite, the PSA Compliance Manager advised the Auditor they recently received an allegation from another confinement facility where a detainee alleged, he was sexual abused while at the APPSC in March, 2019. The Auditor reviewed the completed sexual abuse investigation which was determined to be unsubstantiated. In review of investigative documentation, and staff interviews, the Auditor determined the investigation was completed timely and the proper notifications were made in accordance with the standard. Interviews with the Warden, PSA Compliance Manager and Investigator indicated all allegations are promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General (OIG), as well as the appropriate ICE Field Office Director (FOD).

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) APPSC Policy 204-PREA outlines how the agency shall train or require the training of all full and part time employees who may have contact with detainees, and for 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 randomly selected [REDACTED] employees and reviewed their training documentation for proof of completion. Interviews with the PSA Compliance Manager/Training Supervisor and random security staff revealed staff have received the required PREA training. The facility staff also receive the same level of PREA comprehensive training during annual in-service training, exceeding the requirement of the standard, which calls for refresher training every two years. It was evident to the Auditor, 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.

§115.32 – Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) APPSC Policy 204-PREA outlines how the agency shall train, or require the training of, all volunteers and contractors who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities and includes each element of the standard. 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. In review of the training curriculum, the Auditor determined all the required elements of standard are covered, curriculum meets the level and type of training required for volunteers and contractors who may have contact with detainees. It should be noted the APPSC has no contracting staff and only one volunteer. 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 PREA training certificate for the volunteer acknowledging his understanding of the training received. APPSC also requires contractors and volunteers to take the PREA comprehensive training annually that all APPSC staff are required to take. The Auditor confirmed this practice through the review of training documentation and interview with the PSA Compliance Manager/Training Supervisor. Although APPSC currently has only one volunteer and no contractors the Auditor believes the facility exceeds the standards requirement with the annual training requirement, as the standard does not require refresher training for volunteers or contractors.

§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 204-PREA 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 are determined to be LEP or who may have a disability, i.e. hearing impaired, deaf, blind, etc. will receive interpretive services, medical and/or mental health assistance throughout the process. At the conclusion of the intake tour, the Auditor formally interviewed an intake correctional officer and the classification supervisor who corroborated the aforementioned. Policy 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 and handbooks. The Auditor randomly selected eight detainees and reviewed signed documentation indicating the distribution of both the Detainee National and local facility handbooks, DHS-prescribed "Sexual Assault Awareness Information" pamphlet. Detainees who required the use of interpretive services was clearly noted on in orientation documentation, by language used and the interpretive services reference number.

(b)(c) APPSC policy 204-PREA indicates educational information will be provided in all languages required. The Auditor interviewed 20 detainees who were LEP and the majority recalled receiving the required information in a format they could understand upon intake or there shortly after through the use of interpretive services. The Auditor observed the PREA educational video playing in the intake area on a large flat screen TV. The video is formatted in English and Spanish only and closed captioned for the hearing impaired.

(d) The Auditor observed posted throughout the facility to include in the detainee dorm [REDACTED]; the DHS-prescribed sexual assault awareness notice; 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) APPSC policy 204-PREA outlines 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. Interviews with the Warden, APPSC Investigator, PSA Compliance Manager/Training Supervisor, indicated required staff have received specialized training for conducting sexual abuse investigations in accordance with the standard. Review of training curriculum (MOSS Group - Specialized Training: Investigating Sexual Abuse in Correctional Settings), and staff interviews verify the completion of training and staff are knowledgeable in the requirements needed to conduct sexual abuse investigations within a confinement setting. It should be noted the APPSC "PREA Team," consisting of the facility Investigator, HCA, PSA Compliance Manager, Classification Supervisor, Grievance Coordinator, and the Warden have all completed the specialized training. APPSC reported no incidents of sexual abuse during the previous 36 months. However, the Auditor was provided with one sexual abuse allegation received from another confinement facility that occurred after completion of the facility PAQ. In review of the investigation the Auditor determined it was completed in accordance with the standards requirements by an investigator who received specialized training.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) N/A – APPSC does not have any ICE Health Service Corps. (IHSC/USPHS) staff onsite.

(c) The PAQ indicates the APPSC has [REDACTED] medical and mental health staff. Interviews with medical and mental health staff indicate they are trained in procedures for examining and treating victims of sexual abuse; how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. Interview with the PSA Compliance Manager indicated APPSC facility Policy 204-PREA and procedures have been provided to the agency for review and approval. While onsite the Auditor reviewed the HCA’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 to be compliant with the standard. It should be noted the APPSC “PREA Team,” consisting of the facility Investigator, HCA, PSA Compliance Manager, Classification Supervisor, Grievance Coordinator, and the Warden have all completed the specialized training for medical and mental health care. APPSC medical staff do not conduct forensic examinations. If a forensic examination would be required, the detainee is sent to the 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. The facility exceeds the standard by providing specialized training to the facility’s medical HCA and other administrative staff that is not required by 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 204-PREA outlines all detainees will be classified as part of the admission/intake process. Upon intake all detainees will be assessed to identify those likely to be sexual aggressors or sexual abuse victims. It should be noted APPSC only houses low level ICE detainees. The intake and classification process for detainees is a two-pronged approach. Both security and medical staff assist during the intake process. The classification supervisor and/or intake officer will complete the initial ICE Custody Classification Worksheet. The Auditor randomly selected eight detainees’ completed risk assessments and classification packets to include completed ICE Custody Classification Worksheets and found the documentation outlined meets the standard in all material ways. Policy states all detainees will be screened within 12 hours upon arrival. However, reviewed documentation and staff interviews indicate detainees are processed normally within an hour or two of arrival. Detainees are kept separate from general population offenders during the entire intake and orientation process. The Auditor was able to determine the facility considers, to the extent that the information is available, all elements required in the standards criteria to assess detainees for risk of sexual victimization and abusiveness. APPSC has only one dorm for detainees, and if a detainee is classified as a sexual aggressor, the detainee would be moved to another facility immediately.

(e) The classification supervisor completes the first scheduled review of each detainee within 60-90 days of the detainee’s initial classification and any subsequent scheduled reviews at determining intervals after the first scheduled review. The classification coordinator meets with each detainee to complete the reassessment. The classification coordinator further indicated, 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 and through the review of reclassification assessment documentation. While onsite the Auditor randomly selected nine detainee names and reviewed both their initial and follow-up risk assessments. The process was also corroborated through interviews with the PSA Compliance Manager, intake staff, classification supervisor, random sample of detainees, and documentation review.

(f) 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.

(g) APPSC detainee records include a copy of each detainee’s ICE classification packet in the detainee’s detention file. The facility maintains appropriate control on the dissemination of all classification documentation within the facility of responses to questions asked pursuant to standard 115.41. Detainee records are maintained in a secure location in the [REDACTED]. Staff with a need to know only 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: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a) APPSC policy 204-PREA outlines the facility’s method for utilizing information gathered through the screening process to inform housing, bed, work, and education and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. 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. In review of eight completed risk assessments, the Auditor determined the facility is utilizing collected data, such as the detainee’s physical characteristics (build and appearance), age, whether the detainee has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the detainee is perceived to be Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Interviews with the PSA Compliance Manager, intake staff, and the classification supervisor indicated to the Auditor they are performing all the requirements of the standard.

(b)(c) According to the facility PAQ, and while the Auditor was onsite APPSC did not house any transgender or intersex detainees in the last 12 months. Policy 204-PREA states, in making assessments and housing decisions for transgender or intersex detainees, the facility will 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. Transgender and intersex individuals shall be given an opportunity to shower separately from other individuals. Since the shower area in the detainee dorm is an open bay with multiple showers, staff indicated if they needed to facilitate showers for either a transgender or intersex detainee they would be provided opportunities to shower somewhere within the facility that provided adequate privacy.

§115.43 – Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c) APPSC Policy 204-PREA outlines procedures developed governing the management of use of administrative segregation. Policy states detainees who are placed in administrative segregation for protective custody will have access to programs, visitation, counsel, and other services available to the general population to the extent practicable. Policy also states the use of segregation to protect detainees who are deemed vulnerable to sexual abuse or assault are restricted to instances where all efforts have been made to provide appropriate housing, and/or if there are no other viable options or as a last resort. All assignments to administrative segregation will be reviewed and approved by the Warden according to policy. Detainees placed in any type of administrative segregation shall not be held for longer than five calendar days, except in highly unusual circumstances or at the request of the 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. Therefore, the facility has never had to conduct a review or notify the ICE Field Office Director. 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 Policy 204-PREA and PAQ supporting documentation, the Auditor could not find facility written procedures delineating the regular review of all vulnerable detainees placed in administrative segregation for their protection, as follows: a supervisory staff member 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 administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. In review of Policy 204-PREA and interview with the Warden the facility is required to notify the appropriate ICE FOD within 24 hours after the initial placement into segregation.

Corrective Action:

The facility will need to develop written procedures as required per standard 115.43(d). The Auditor recommends adding an addendum to Policy 204-PREA, outlining the requirements and implementation of 115.43(d) and provide the auditor with a memorandum where all staff have been made aware of the revised protocols for placing a detainee in administrative segregation.

§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 204-PREA 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 directives 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 random 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, the DHS Office of the Inspector General or, as appropriate, another designated office to anonymously report. During the tour of the facility the Auditor saw numerous signage for detainees to report incidents of sexual misconduct, to include in all housing areas, posted in secure bulletin boards, and/or next to detainee phones. During intake/orientation, detainees receive a copy of the ICE detainee handbook and facility local handbook that includes 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, in which detainees can remain anonymous if they choose to. Detainees can place a PREA hotline reporting call with complete anonymity by simple dialing the number "9" and then following the prompts allowing the detainee to report sexual abuse to the public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. It should be noted the Auditor placed a test call and received notification from the facility Investigator where she was contacted by the outside reporting entity of the Auditor test call.

(c) APPSC Policy 204-PREA outlines the procedures for staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports. Employees are required to 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 stated 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 should be noted the facility has not received any reports during the auditing period.

§115.52 – Grievances.

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

Notes:

(a)(b)(c)(d) APPSC Policy 204-PREA outlines the facility grievance procedures for the APPSC. Detainees are permitted to file a formal grievance related to any staff misconduct to include allegations of sexual abuse with no time limits imposed. The grievance process is outlined in detail within policy and the detainee local handbook further states incidents of any type considered to be an emergency shall be handled expeditiously by staff. Medical emergencies will be brought to the attention of facility medical personnel for all incidents requiring medical attention to include incidents of sexual abuse. Detainees can file an emergency grievance at any time in lieu of filing an informal written grievance by immediately reporting the emergency to staff. When staff receive a grievance that is considered an emergency, staff will, if necessary, move the detainee and any other detainees potentially affected by the issue, to a safe location pending the grievance review and resolution.

(e) Policy 204-PREA requires a copy of all ICE detainee grievances alleging sexual abuse must be forwarded to the ICE/ERO. Policy also states 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 and respond to an appeal of the grievance decision within 30 days.

(f) Policy 204-PREA indicates information is disseminated in the detainee handbook, and detainees may obtain assistance from another detainee, or other facility staff, family members, or legal representatives. The aforementioned was corroborated by the Auditor through staff and detainee interviews and facility documentation review.

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. It should be noted, it is a rare occurrence that there are "no" grievances of any type reported in a 12 month period at any correctional facility. However, onsite observations of the grievance coordinator's positive interactions with detainees, and formal interviews with detainees and line staff, indicated the grievance coordinator's constant interactions with the detainee population can be directly attributed to the facility not receiving any grievances, to include sexual misconduct grievances. The PSA Compliance Manager acknowledged, regardless of whether an informal or emergency grievance would be received, the facility will 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 204-PREA outlines the facility's procedures to provide outside confidential support services that will provide services to support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators and to address victim's needs. 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 interviewed a staff representative from Oasis and was advised the aforementioned would take place if there was an incident requiring their service. Interview with the PSA Compliance Manager confirmed she had been in contact with Oasis and 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 past 36 months.

(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. During the tour of the facility the Auditor observed numerous signage posted in several different languages throughout the facility to include in the detainee housing unit [REDACTED], on walls, and bulletin boards. Random detainee interviews confirmed the majority recall receiving the information at intake and were familiar with the information posted in the housing unit, as the Oasis a Safe Haven flyer is posted on a bright green sheet of paper to bring awareness to it. During detainee interviews, the Auditor showed the flyer to detainees and all recalled seeing it posted in the secured bulletin boards in the dorm.

(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. The Auditor was advised detainee outgoing mail is not monitored and/or opened. Interview with the PSA Compliance Manager indicated the facility would facilitate reasonable communication between detainees and Oasis A Safe Haven, in as confidential a manner as possible, to include detainees who are LEP, utilizing the facility interpretive services. Interviews with random sample of detainees also revealed most are familiar that calls are or can be monitored and allegations 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:

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 general public to report allegations of sexual misconduct. Interviews with staff confirm they are aware of the requirement to accept sexual abuse notifications from third parties.

§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 204-PREA 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 to 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 protocols that 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.

(d) This substandard is not applicable. APPSC does not house juvenile detainees. The Auditor received no evidence that APPSC is housing or has housed potentially vulnerable detainees within the previous year. 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 204-PREA outlines the facility's approach when staff learns that an inmate or detainee is subject to a substantial risk of imminent sexual abuse. 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 in the past 36 months. The facility did receive an allegation from another confinement facility where a detainee stated he was sexually abused while at APPSC in March 2019. The incident was fully investigated in accordance with the PREA standards and determined to be unsubstantiated.

§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 204-PREA states upon receiving an allegation that an inmate or detainee was sexually abused while confined at another facility it shall be documented. The Warden or Project Administrator, where the allegation was made shall contact the Warden or designee, where the abuse is alleged to have occurred. As soon as possible, but no later than 72 hours after the receiving the notification. The policy also states the Warden shall notify the detainee/offender, in advance, of such reporting. The policy and interview with the Warden indicated he will notify the detainee, 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. 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. Staff will ensure that the allegation is referred for investigation in accordance with the standard and reported to the appropriate ICE Field Office Director. The PAQ noted there were no reports of sexual abuse that occurred at another confinement facility. However, while onsite the Auditor was advised by the PSA Compliance Manager, APPSC recently received an allegation of sexual abuse from another confinement facility, where upon intake the detainee stated he was sexual abused in March, 2019 while at APPSC. In review of the investigation, the Auditor found it to be completed per the standards and reported to the appropriate ICE Field Office Director.

§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 204-PREA outlines the facility protocols and covers all elements of the standard for security and non-security staff responder duties to an allegation of sexual abuse. According to the submitted PAQ, APPSC reported no incidents of sexual abuse within the past 36 months. However, while onsite the Auditor was advised by the PSA Compliance Manager, APPSC recently received an allegation of sexual abuse from another confinement facility, where upon intake the detainee stated he was sexually abused in March, 2019 while at APPSC. Although facility staff first responder protocols were not needed for this particular incident, interviews with the security staff, line supervisors, and non-security staff demonstrated to 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. Further evidence the Auditor relied upon in determining compliance was, most staff interviewed had laminated cards, indicating responder duties for both security and non-security staff.

§115.65 – Coordinated response.

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

Notes:

(a)(b) APPSC Policy 204-PREA outlines the procedures for the facility coordinated response and covers all elements of the standard if an allegation of sexual abuse was reported. The written institutional plan to coordinate actions are outlined as followed. 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 care 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 completed, (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, and staff who would have any responsibility in a coordinated response for an incident of sexual abuse indicated to the Auditor they are prepared for such an incident.

(c)(d) APPSC has not had a sexual abuse incident in the previous 36 months that would require a notification to another facility. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently received notification from another facility where a detainee reported he was sexually abused by another detainee while at the APPSC in March of 2019. The Auditor reviewed the investigation in its entirety and found it to be compliant with the PREA standards in all material ways. The investigation was determined to be unsubstantiated. 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.

§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 204-PREA 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 contact. APPSC has had no reports of sexual abuse involving staff, contractors or volunteers within the past 36 months. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently received notification from another facility where a detainee reported he was sexually abused by another detainee while at the APPSC in March of 2019. The Auditor reviewed the investigation in its entirety and found it to be compliant with the PREA standards in all material ways. The detainee reported the allegation while confined at another facility, therefore the detainee was already separated from the alleged abuser.

§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) APPSC Policy 204-PREA 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 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. 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.

(c) Interview with the PSA Compliance Manager indicated if an incident of sexual abuse was 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 in the previous 36 months 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 204-PREA indicates an administrative and/or criminal investigation will be conducted for all allegations of sexual abuse and sexual harassment. 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 further indicates care is taken to place the detainee in the least restrictive environment available. Interview with the PSA Compliance Manager revealed there has not been a detainee requiring to be placed in protective custody/administrative segregation regarding incidents of sexual abuse for the previous 36 months. The PSA Compliance Manager confirmed at the very least the victim would be separated from the threat immediately and proper housing considerations would be taken into consideration keeping in mind to utilize the least restrictive housing environment available. All assignments to administrative segregation will be reviewed and approved by the Warden. In cases of sexual abuse/assault victims being involuntarily placed in segregation housing, the detainee will be re-assessed, within five calendar days, taking into consideration any increased vulnerability of the detainee. Interviews further indicated detainees being released from segregation will receive an additional classification review, taking into consideration any increased vulnerability of the detainee as a result of the reason for being placed in segregation, to include sexual misconduct incidents.

(d) Interviews with the Warden and PSA Compliance Manager indicated the facility will notify the appropriate ICE FOD whenever a detainee victim has been placed in administrative segregation and normally as soon as possible but would not exceed 72 hours in accordance with the standard.

§115.71 – Criminal and administrative investigations.

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

Notes:

(a)(b) APPSC Policy 204-PREA outlines the responsibility for investigating allegations of sexual abuse. Policy indicates all investigations regarding alleged sexual abuse will be conducted promptly, thoroughly, objectively, and conducted by a specially trained, qualified investigators. According to the submitted APPSC PAQ there were no reported allegations of sexual abuse for the previous 36 months. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently received notification from another facility where a detainee reported he was sexually abused by another detainee while at the APPSC in March of 2019. The Auditor reviewed the investigation in its entirety and found it to be compliant with the PREA standards in all material ways. Interview with the APPSC Investigator indicated she would handle all investigations regarding reports of detainee sexual abuse. Interviews with the Warden, Investigator, and PSA Compliance Manager confirmed, if a criminal investigation was determined to be unsubstantiated, the facility would review the completed investigation and determine if there is a need to conduct an administrative investigation. 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. Interview with the APPSC PSA Compliance Manager who is also the facility's training supervisor revealed all investigators responsible for conducting sexual abuse allegations have received specialized training to conduct such investigations. While onsite the Auditor reviewed facility investigative training documentation, to include the ICE criminal investigation intelligence gathering training and determined staff responsible for investigating allegations of sexual abuse have received specialized training per the standards requirement.

(c)(e) APPSC Policy 204-PREA Criminal and Administrative Investigations - outlines all elements required to properly conduct administrative investigations. As of the PAQ, APPSC had no sexual abuse allegations reported in the past 36 months. While onsite it was brought to the attention of the Auditor, the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. In review of the completed investigation of the incident, the Auditor determined it was completed in accordance with the standard. Interviews with the Warden, PSA Compliance Manager, and investigator revealed an investigation would not terminate with the departure of the alleged abuser or victim from the employment or control of the facility or agency.

(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.

§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 204-PREA 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. As of the PAQ, APPSC had no sexual abuse allegations reported in the past 36 months. While onsite it was brought to the attention of the Auditor, the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. Upon review of the investigative file the Auditor determined the investigation was completed in accordance

with the standard. Interview with the APPSC Investigator, and PSA Compliance Manager verified, APPSC will not 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 204-PREA – Reporting to Detainees, 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, 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 PAQ, APPSC had no sexual abuse allegations reported in the past 36 months. While onsite it was brought to the attention of the Auditor, the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. While onsite the Auditor reviewed the investigation file with the facility Investigator who completed the investigation. 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. In review of the form, there was no signature and or date indicating a staff member delivered the notification and no signature indicating the detainee received it. The Auditor was advised notification was made via email correspondence to the facility where the detainee was being held. However, the Auditor did not receive documentational evidence the detainee was advised of the investigation outcome as per the facility's policy. Post audit communication with facility PSA Compliance Manager indicated she has requested written documentation acknowledging the detainee was advised of the investigation outcome. Since this was the facility's first report of sexual abuse investigation within the previous 36 months, the Auditor suggested a best practice to facility leadership during the exit briefing. The facility should consider conducting mock PREA sexual abuse investigative scenarios, so staff will maintain a practice that is compliant with the PREA standards and facility policies and procedures.

§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 204-PREA, staff are subject to discipline to include termination for violation of the department's sexual abuse and sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. During the past 36 months the APPSC has not had an allegation involving staff sexual misconduct. 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. Interview with the Warden indicated removals or resignations for violations of agency or facility sexual abuse policies would be appropriately handled. APPSC is a fully functioning law enforcement agency. Reports of removals or resignations for violations of agency or facility sexual abuse policies would be forwarded to any relevant licensing bodies by APPSC to the extent known.

§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 204-PREA indicates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and reported, unless the activity was clearly not criminal. During the past 36 months the 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. 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 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 204-PREA outlines the facility's formal disciplinary process following an administrative or criminal finding to include detainees who have engaged in sexual abuse. The facility's detainee disciplinary process provides for progressive levels of reviews, appeals, procedures, and documentation procedures. Detainees will be afforded staff assistance, upon request, or automatically if the detainee is considered cognitively impaired, is limited English proficient, or otherwise needs special assistance. The disciplinary process considers whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Any sanctions imposed would be commensurate with the severity of the committed act and intended to encourage the detainee to conform with rules and regulations in the future. Interview with the Warden confirmed to the Auditor, the facility's formal disciplinary process meets the standard in all material ways.

(e)(f) As of the PAQ, APPSC had no sexual abuse allegations reported in the past 36 months. While onsite it was brought to the attention of the Auditor, the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. The incident was determined to be unsubstantiated, therefore there were no disciplinary records to review. Interviews with the Warden and PSA Compliance Manager indicate a detainee would not be disciplined for sexual contact with staff unless there is a finding the staff member did not consent. Reports of sexual abuse made by a detainee in good faith and cannot be verified will not be disciplined for falsely reporting or lying.

§115.81 – Medical and mental health assessment; history of sexual abuse.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a) APPSC Policy 204-PREA Medical and Mental Health Screening 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. Interview with facility health care administrator (HCA) corroborated the above-mentioned. Upon intake, APPSC medical staff screen for detainees who have been victimized or who have a history of being sexually abusive. Policy 204 PREA 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 14 days for further evaluation and treatment.

(b)(c) Interview with the HCA indicated, if a referral for medical follow-up is initiated, the detainee will 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 receive a mental health evaluation no later than 72 hours but would normally happen much sooner. The Auditor interviewed one detainee who reported prior sexual victimization. During the interview, the detainee became very emotional, and the Auditor asked the detainee if he would like to speak with someone from medical or mental health services, and he replied yes. It should be noted the detainee confirmed when he reported prior victimization, he was seen by medical and mental staff, and is currently under the care of both departments. The Auditor ceased the interview and requested to speak with the HCA. Upon speaking with the HCA, the Auditor was able to corroborate the detainee did report prior victimization during intake screening and was seen by both medical and mental health staff and is currently under both departments care.

PREA Policy 204 - Medical and Mental Health Screening – History of Sexual Abuse (115.81) 2. B. 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 14 calendar days of the initial intake screening. Standard 115.81 (c) states "When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral."

Corrective Action Recommendation: The Auditor recommends policy to be amended so that it reflects the facility's current practice and includes the standard language within 72 hours.

§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 204-PREA 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. According to the PAQ, APPSC did not have an incident of sexual abuse reported during the previous 36 months. However, the Auditor was advised the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. Therefore, there were no medical files to review. Interviews with the HCA 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 emergency contraception and 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. Forensic exams are performed by SAFE/SANE examiners at the 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 204-PREA Ongoing Medical and Mental Health Care states Health Services Administration (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 test 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. There were no identified sexual abusers while onsite. The HCA advised an attempt would be made to conduct a mental health evaluation of all known detainee abusers within 60 calendar days or sooner of learning such abuse history and offer 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 HCA.

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

§115.86 – Sexual abuse incident reviews.

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

Notes:

(a)(b)(c) APPSC Policy 204-PREA -Incident Review indicates a sexual abuse incident review will be completed by the facility PREA Review Team at the conclusion of every investigation of sexual abuse or as directed by the APPSC PSA Compliance Manager. 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 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 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. As of the PAQ, APPSC had no sexual abuse allegations reported in the past 36 months. While onsite it was brought to the attention of the Auditor, the facility recently received notification from another confinement facility where a detainee reported he was sexually abused while at APPSC. While onsite the Auditor was provided with the completed sexual abuse investigation, the outcome was determined to be unsubstantiated, and the investigation packet contained a completed after-incident review. The Auditor determined the review was completed in all material ways with the standard and within 30 days of the investigation's outcome. Interview 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 agency PSA Coordinator. On July 3, 2019, the Auditor received from APPSC PSA Coordinator the facility's 2017, 2018 negative reports and found them to be compliant in all material ways.

§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 204-PREA -Data Collection 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. APPSC has only conducted one investigation for an allegation of sexual abuse in the previous 36 months. The allegation was received from another confinement facility where a detainee alleged he was sexual abused while confined at the APPSC in March 2019. 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. Data is retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise. Interview with the PSA Compliance Manager confirms she is responsible for the data collection and she will utilize the data as required to assist in policy reviews in order to better prevent, detect and respond to allegations of sexual misconduct. She further indicated the facility will prepare a yearly data report and forward to the Warden for approval.

§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 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:

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.

Mark Stegemoller July 9, 2019

Auditor's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Mark Stegemoller	Organization:	Creative Corrections, LLC
Email address:	[REDACTED]	Telephone number:	785-294-[REDACTED]

AGENCY INFORMATION

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

Name of Field Office:	Oakdale Immigration and Customs Enforcement (ICE)
Field Office Director:	George H. Lund III
ERO PREA Field Coordinator:	[REDACTED] (AFOD)
Field Office HQ physical address:	1010 East Whatley Road Oakdale, Louisiana 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 (APPSC)		
Physical address:	7340 Highway 26 W Oberlin, Louisiana 70655		
Mailing address: (if different from above)	PO Box 278 Oberlin, Louisiana 70655		
Telephone number:	337-639-4353		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	Michael Manuel	Title:	Warden
Email address:	[REDACTED]	Telephone number:	337639-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Ruby Trahan	Title:	PREA Compliance Manger
Email address:	[REDACTED]	Telephone number:	337639-[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 Prison Rape Elimination Act (PREA) audit of the Allen Parish Public Safety Complex (APPSC) was conducted on April 23-25, 2019, by Mark Stegemoller, U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, [REDACTED], a DOJ and DHS certified PREA Auditor. The Program's Manager role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analyst Unit (ERAU) section. The purpose of the audit was to determine compliance with the DHS PREA Standards. The APPSC is operated by the Allen Parish Sheriff's Office and contracted by U.S. Immigration and Customs Enforcement (ICE) for the housing of adult male detainees. On the first day of the audit, the facility held a total of 48 ICE detainees. This was the first PREA audit of the APPSC. APPSC is a minimum-security facility and located in Oberlin, Louisiana (LA). The facility was opened in 2015.

Of the 41 standards reviewed, the Auditor found APPSC met 35 standards, had two standards (115.31 and 115.32) that exceeded, had two standards (115.14 and 115.18) that were non-applicable, and two standards were non-compliant (115.43 and 115.81).

On August 26, 2019, Auditor Mark Stegemoller, received ICE PREA Corrective Action Plan (PREA Audits) from the External Reviews and Analysis Unit (ERAU) Team Lead [REDACTED] for APPSC. The ERO developed the CAP with the facility, and the plan addressed the two standards that did not meet compliance during the PREA Audit. The Auditor reviewed the corrective action plan and concurred with the recommendations for achieving compliance with the deficient standards. The Auditor reviewed and approved supplied documentation and found it to be compliant in all material ways to find both standards 115.43 and 115.81 compliant.

PROVISIONS

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

§115. 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 204-PREA outlines procedures developed governing the management of the use of administrative segregation. Policy states detainees who are placed in administrative segregation for protective custody will have access to programs, visitation, counsel, and other services available to the general population to the extent practicable. The policy also states the use of segregation to protect detainees who are deemed vulnerable to sexual abuse or assault are restricted to instances where all efforts have been made to provide appropriate housing, and/or if there are no other viable options or as a last resort. All assignments to administrative segregation will be reviewed and approved by the Warden according to policy. Detainees placed in any type of administrative segregation shall not be held for longer than five calendar days, except in highly unusual circumstances or at the request of the 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 which was vulnerable to sexual abuse or assault. Therefore, the facility has never had to conduct a review or notify the ICE Field Office Director. 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 Policy 204-PREA and PAQ supporting documentation, the Auditor could not find facility written procedures delineating the regular review of all vulnerable detainees placed in administrative segregation for their protection, as follows: a supervisory staff member 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 administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. In review of Policy 204-PREA and interview with the Warden, the facility is required to notify the appropriate ICE FOD within 24 hours after the initial placement into segregation.

CORRECTIVE ACTION COMPLETED: The facility has developed written procedures as required per standard 115.43(d), which is now outlined in APPSC Policy 609-Administrative/Segregation Unit. The Auditor has reviewed and approved the revised policy. The facility also provided the Auditor with documentation, (Policy Review Change Sheet) demonstrating staff have been advised and fully understand the revised Policy. The Auditor now finds standard 115.43 fully compliant in all material ways.

§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 204-PREA Medical and Mental Health Screening 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. Interview with facility health care administrator (HCA) corroborated those as mentioned above. Upon intake, APPSC medical staff screen for detainees who have been victimized or who have a history of being sexually abusive. Policy 204 PREA 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 14 days for further evaluation and treatment.

(b)(c) Interview with the HCA indicated, if a referral for medical follow-up is initiated, the detainee will 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 receive a mental health evaluation no later than 72 hours but would normally happen much sooner. The Auditor interviewed one detainee who reported prior sexual victimization. During the interview, the detainee became very emotional, and the Auditor asked the detainee if he would like to speak with someone from medical or mental health services, and he replied yes. It should be noted the detainee confirmed when he reported prior victimization, he was seen by medical and mental staff, and is currently under the care of both departments. The Auditor ceased the interview and requested to speak with the HCA. Upon speaking with the HCA, the Auditor was able to corroborate the detainee did report prior victimization during intake screening and was seen by both medical and mental health staff and is currently under both departments care.

PREA Policy 204 - Medical and Mental Health Screening – History of Sexual Abuse (115.81) 2. B. 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 a

mental health practitioner, within 14 calendar days of the initial intake screening. Standard 115.81 (c) states "When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral."

CORRECTIVE ACTION COMPLETED: APPSC Policy 501- Prison Rape Elimination Act has been revised to mirror the facility's current practice and now outlines the requirement for standard 115.81(c). When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. The Auditor now finds standard 115.81 fully compliant in all. Material ways.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Mark Stegemoller September 12, 2019
Auditor's Signature & Date

 September 12, 2019
Program Manager's Signature & Date