PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	9/10/2019	**To:**	9/12/2019
AUDITOR INFORMATION			
Name of auditor:	Margaret Capel	**Organization:**	Creative Corrections, LLC.
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PROGRAM MANAGER INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Washington Field Office
Field Office Director:	Lyle Boelens, Acting
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	2675 Prosperity Ave., Fairfax, VA 22031
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Caroline Detention Facility		
Physical address:	11093 S.W. Lewis Memorial Drive, Bowling Green, VA 22427		
Mailing address: (if different from above)	P.O. Box 1460, Bowling Green, VA 22427		
Telephone number:	804-633-0043		
Facility type:	DIGSA		
PREA Incorporation Date:	July 1, 2018		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Superintendent
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	804-633-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Training Lieutenant
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	804-633-(b) (6), (b) (7)(C)

ICE HQ USE ONLY	
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Notes:	

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 Caroline Detention Facility (CDF) in Bowling Green, Virginia was conducted from September 10 – 12, 2019. Margaret Capel, a Department of Homeland Security (DHS) and Department of Justice (DOJ) certified PREA Auditor contracted through Creative Corrections, LLC, conducted the three-day audit to determine compliance with the DHS PREA standards. This was the first DHS PREA audit of this facility. The point of contact for the audit was (b) (6), (b) (7)(C) Team Lead, Office of Professional Responsibility (OPR), External Review and Analysis Unit (ERAU), Immigration and Customs Enforcement (ICE). The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) 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 ERAU section during the audit report review process. The audit period was September 10, 2018 through September 12, 2019.

About two weeks prior to the audit, ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility and agency policies, and other pertinent documents. The documentation was provided through the ICE ERAU SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request, DHS Immigration Detention Facilities form and within folders for ease of auditing. All the documentation, policies, and PAQ were reviewed by the Auditor. Facility staff provided additional documentation during the on-site portion of the audit and after the onsite audit. During the post audit review the Auditor requested documentation from the ERAU Team Lead and facility for clarification. The Auditor also reviewed the facility's website. A tentative daily time schedule was provided by the ERAU Team Lead for the on-site audit.

The Auditor met with the following individuals to discuss the audit process:

(b) (6), (b) (7)(C)	Team Lead, ICE/OPR/ERAU
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist, ICE/OPR/ERAU
(b) (6), (b) (7)(C)	Assistant Field Office Director (AFOD), ICE
(b) (6), (b) (7)(C)	Health Service Administrator (HSA), ICE Health Services Corps (IHSC)
(b) (6), (b) (7)(C)	Program Manager, IHSC
(b) (6), (b) (7)(C)	Security Chief, CDF
(b) (6), (b) (7)(C)	Detainee Management Chief, CDF
(b) (6), (b) (7)(C)	Administration Manager, CDF
(b) (6), (b) (7)(C)	Assistant Superintendent, CDF
(b) (6), (b) (7)(C)	Superintendent, CDF
(b) (6), (b) (7)(C)	ICE Contracting Officer's Representative (COR), ICE
(b) (6), (b) (7)(C)	National Detention Standards Officer, ICE
(b) (6), (b) (7)(C)	Administrative Lieutenant, CDF

Brief introductions were made and the detailed schedule for the audit was covered. The Auditor provided an overview of the on-site 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 ascertain 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 on-site documentation review, and conducting both staff and detainee interviews.

Detainees were selected from each housing area, representing both genders, and from several different nationalities, in addition to those detainees in specialized categories. The specialized categories included limited English proficient (LEP) detainees, detainees who reported prior sexual abuse, transgender detainee, and disabled detainees. There was a total of 20 detainees interviewed. Security staff was selected from each of the four shifts, to include security supervisors. There were 12 random interviews conducted with security staff.

The facility is owned by the county and was formerly the Peumansend Creek Regional Jail. ICE contracted with county officials to provide housing for ICE detainees in September 2018 at the facility. The effective date of the PREA incorporation date is July 1, 2018. The facility sits on 150 acres with 20 acres currently in use. The facility is surrounded by two rows of fencing topped with razor wire. Due to a recent escape, the facility will be installing razor ribbon. The facility houses low, low-medium, medium-high, and high custody detainees with a design capacity of 336 beds. On the first day of the audit, the facility detainee count was 297. The facility houses male and female detainees. The average detainee population for the last 12 months was 210.16, with the average length of time in custody at the facility being 45.83 days.

The facility tour included all buildings within the secure perimeter. Those buildings outside the secure perimeter were not toured because detainees do not enter these areas. Each housing unit was similar in design. The warehouse and maintenance buildings are outside of the perimeter fence. Detainees are not permitted in these areas, so these buildings were not included in the facility tour. Inside the perimeter fence there are seven buildings, each connected by open sidewalks. There is one outdoor Officer Station. The administration building provides offices for administration staff and includes a staff library, lounge, training room, physical fitness room, and locker rooms. The visitation area includes both contact and non-contact visitation. The control center is located in the administration building. (b) (7)(E)

There are six total housing units with a design capacity for 56 detainees per unit. The two-tier housing units include: Riverstone which houses female detainees and includes a separate housing area for detainees assigned to disciplinary detention and administrative segregation detainees; Stonecrest is a low to low medium male housing unit with a separate housing area for disciplinary detention and administrative segregation; Timberridge houses low to medium low male detainees; Oakledge houses medium to medium high male detainees. All general population cells provide four beds and include a storage locker for each detainee. A large dayroom is equipped with seating, a television, and officer desk. General population cells are dry cells with a lavatory area off the large dayroom. The shower area is also off of the dayroom. Segregation housing units are wet cells with two bunk beds per cell. The dayroom provides seating for detainees and a television. The officer's desk is stationed in the dayroom. PREA postings were displayed throughout the facility, as well as, a posting notifying staff and detainees of the upcoming PREA audit.

Housing areas included a large dayroom area, four-man cells, a private shower area, and in some cases a toilet area. The four-man cells in the general population area had beds and storage lockers in each of the four corners of the cell. The front right bunk in each cell does not allow for viewing from the cell door window. The cells in the administrative segregation and disciplinary detention areas provided bunkbeds, which were easily viewed from the cell door window. The officer's desk is in the large dayroom area. The shower areas had walls between each shower. There is an area for dressing and undressing and a shower curtain was equipped with an opaque area at the bottom of the curtain which allowed staff view the detainee's feet while in the shower. Toilet areas outside the cells also provided a half-wall for privacy. Each housing area was equipped with a television, seating in the dayroom, and telephones. There were PREA related posters prominently displayed in each housing area. The posters included the facility's zero tolerance policy and reporting options. Posters were displayed in English and Spanish. The phone area included signs above the phones, in English and Spanish, explaining that legal calls were not monitored. The PREA hotline number was also posted but did not state that the hotline calls were not monitored. There are no video cameras in the general population housing areas. Supervision is provided with a security officer posted inside each housing area, as well as, security supervisor unannounced rounds at least once per shift.

The programs building provides offices for ICE staff, facility staff, telecom interview rooms for immigration hearings, a chaplain's office and chapel area. The chaplain's office has a large window which allows for easy viewing by supervising officers. PREA posters were posted throughout this area. (b) (7)(E) [redacted] Connected to the programs area is the gym, which includes an area for equipment storage and the recreational supervisor's office. There was a film placed on the office door which prevented staff from viewing into the office. This film was promptly removed. (b) (7)(E) [redacted] There are four detainee classrooms and a detainee library. Two classrooms were converted to four rooms for video-teleconference (VTC) court hearings. Attached to the programs building is a full-size indoor gym, gym office, and equipment storage area. The laundry, kitchen, and commissary are located in a separate building.

The food service area included two dining areas equipped with video surveillance. The kitchen area is square in design and the placement of food service equipment is such that blind spots have been eliminated. Dry storage, freezers, and coolers are all locked and cannot be accessed except by the food service staff.

The laundry area is equipped with four convex mirrors. The laundry office has windows which affords easy view of the convex mirrors and front of the laundry. There are several tall shelves stacked high with daily issuance of clothing. This shelving provided a blind spot that is not seen by the mirrors or from the office area. The following day, the Superintendent had removed clothing from the upper shelves eliminating the blind spot in that area. PREA posters were prominently displayed in this area. Detainees work in the laundry.

The intake area and sallyport were equipped with video surveillance. PREA postings were visible to detainees as they enter the area. The posters were in Spanish and English. Female detainees are processed through intake while male detainees remain in the sallyport area. There is a large waiting area in intake where detainees wait to complete intake processing. A PREA video is shown in this area in both English and Spanish. The interview area is equipped with partial partitions which allow for privacy while interviewing. The bathroom areas and changing areas allowed for direct supervision, while also providing privacy to the detainee.

Health services are provided by IHSC. The health services area had PREA posters throughout the area. Exam rooms provided privacy through movable curtains. (b) (7)(E) [redacted] Twenty-four-hour nursing coverage is not provided but health care staff is on-call any time staff is not present. Nursing coverage is provided until 11:00 p.m. each day.

There were three allegations of sexual abuse reported during the audit period. It was later clarified of the three allegations, only one allegation was determined a to be a PREA incident by ICE. This allegation was reported at CDF of an incident that occurred at another facility. OPR still has the investigation open on this allegation. During the audit, the Superintendent received an allegation reported by another facility that a former detainee was abused while housed at CDF. The Superintendent stated he began an investigation immediately and notified the FOD.

The facility's incorporation date with ICE was July 1, 2018. The facility started housing detainees in September of 2018. Although the audit period was September 10, 2018 through September 12, 2019, the annual standard requirements had not occurred at the time of the on-site audit. The Superintendent stated the facility has not been operational for a 12-month period and has not conducted annual reviews. The facility was just completing the 12-month period. The facility was aware of the annual standard requirements and was in the process of beginning the annual requirements, i.e. policy reviews, staffing plan review, annual report.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

§115.35 Specialized training: Medical and mental health care

Number of Standards Met: 38

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and administrative investigations
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

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

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) Caroline Detention Facility Policy 2.11, Sexual Abuse and Assault Prevention and Intervention (SAAPI), mandates zero tolerance for sexual abuse and sexual harassment and outlines the facility approach for prevention, detection and response to sexual abuse. The policy outlines a coordinated response plan for volunteers, contractors, non-security personnel, security personnel, security supervisors, first responders, medical and mental health staff, the PSA Compliance Manager and investigators. Interviews with staff, detainees, and contractors confirm PREA is incorporated into the facility policy and procedures and operating practice. Staff, contractors and volunteers were knowledgeable about the PREA policies and their responsibilities as it relates to PREA. Detainees were aware of the facility's rules about sexual abuse/assault and reporting mechanisms in the event of an incident of sexual assault.

(d) (b) (6), (b) (7)(C) is assigned as the PSA Compliance Manager in addition to his role as the Training Administrator. (b) (6), (b) (7)(C) serves as the point of contact for the agency's PSA Compliance Manager. (b) (6), (b) (7)(C) reports to (b) (6), (b) (7)(C). During an interview with the PSA Compliance Manager, he stated he has access to all staff, managers, and supervisors, as well as, volunteers and contractors and has sufficient time and authority to oversee compliance with PREA at the facility. The Superintendent also confirmed that he has sufficient time and authority to oversee the implementation of PREA at the facility.

§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 staffing plan indicates the facility employs 85 security staff. Of these positions, 57 are male security staff and 28 are female security staff. Ten additional security positions were added in August 2019, according to the Superintendent. The security staff to detainee ratio is 3.5:1. Contract staff includes food service and commissary staff. The custody level of detainees ranges from low to high. Security Officers are stationed in each housing unit and provide direct supervision of detainees 24 hours per day, seven days per week. The staffing plan review and interviews with the Superintendent and PSA Compliance Manager confirmed that the facility has sufficient staffing. Security Officer rounds are documented in the housing unit logbook, as well as, unannounced Security Supervisor rounds.

(b) (7)(E) Video cameras were in good working order and had sufficient clarity. The facility provided an employee roster and a shift assignment schedule for review.

Recommendation: (b) (7)(E)

(b) The comprehensive detainee supervision guidelines are outlined in the post orders and in CDF policy 2.4, Facility Security and Control. During the interview, the Superintendent stated these orders and policies are reviewed annually or more often if necessary. The facility had just completed the 12-month period at the time of the audit, the annual review had not been completed yet.

(c) Interviews with the Superintendent and PSA Compliance Manager confirmed that when considering the need for video monitoring they consider generally accepted detention practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the length of time the detainees spend in agency custody and substantiated and unsubstantiated incidents of sexual abuse, and the recommendations of sexual abuse incident review boards. Following a staffing plan review, ten additional positions were added the previous month.

(d) During the tour, cells were inspected. General population cells are designed to house four detainees per cell. Beds and storage lockers are lined in each corner of the room. One bed in each of these cells cannot be viewed from the cell door window. Interviews with security officers and a review of post orders indicated officers are not required to enter each cell area during their rounds, although some officers stated they occasionally will enter the cells. Due to blind spots in the general population cells, the Superintendent revised the post orders to include a requirement that officers enter each cell during rounds in general population housing areas.

When making security rounds on day and evening shifts, security officers utilize a pipe reader at various reader stations in the housing unit. A record of the pipe reader actions is stored electronically. Security rounds are also logged in the housing unit logbook and the Activity Sheet.

The Security Supervisor notates in the logbook when making unannounced rounds. A review of the logbook and interviews with security officers and security supervisors confirm that officers are making two rounds per hour at irregular intervals and security supervisors are making a minimum of one unannounced round per shift, often more frequently. The post orders prohibit staff from alerting others of the unannounced rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a, b, c, d) This facility does not house juvenile detainees or families. This was stated in the PAQ and verified through a review of the age range of detainees from the current facility population rosters and interviews with the Classification Officer, Superintendent, and intake staff.

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

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

Notes:

(b, c) CDF Policy 2.11 mandates that cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available. Cross-gender pat-down searches may also be conducted in exigent circumstances. Cross-gender pat searches and strip searches of female detainees by opposite gender staff is prohibited except in exigent circumstances. When practical, prior approval of the Superintendent or Assistant Superintendent is required. A review of the PAQ and interviews with security officers, security supervisors, and detainees confirm that no cross-gender pat-down searches have occurred at the facility.

(d, e) CDF Policy 2.10, Searches of Detainees, prohibits cross gender pat-down searches except in exigent circumstances and requires all cross-gender pat-searches to be documented. There have been no incidents of cross-gender pat searches during this audit period as evidenced by a review of the PAQ, memorandum from Superintendent and interviews with security officers and detainees.

This policy also prohibits cross-gender strip searches of detainees, except in exigent circumstances and when appropriate prior approval of the Superintendent or Assistant Superintendent is required for these searches. Strip searches are conducted routinely for contact visits or if there is reasonable suspicion that the detainee may possess contraband. A Record of Search form must be completed for any strip searches. Detainees must agree to a strip search to have a contact visit. Other than strip searches at contact visitation, there was one strip search for reasonable suspicion. A review of the completed Record of Search form indicates the detainee's behavior was erratic, he was not responding to questions and was shaking and unable to hold papers in his hand, leading security staff to suspect he may be on drugs or in possession of drugs. The strip search was approved by a supervisor and is in compliance with the standards. In an emergency, in which a same gender security officer is not available to conduct the strip search, a staff member of the same gender will be present to observe the strip search. In this event, officers will document the reasons for the opposite gender search in the search's logbook, the detainee's detention file, and on an incident report summary. Interviews with security officers, confirmed that cross-gender visual body cavity searches have not been conducted at this facility unless approved for a contact visit and/or under exigent circumstances.

(f) CDF Policy 2.10 requires cross-gender visual body cavity searches to be conducted by authorized medical personnel and with the approval of the Superintendent or Assistant Superintendent. Staff is required to document all body cavity, digital and simple instrument searches in the search's logbook and in the detainee's detention file. Interviews with security officers, confirmed that cross-gender visual body cavity searches have not been conducted at this facility.

(g) CDF policy 2.11 requires all detainees to be afforded privacy from viewing by the opposite gender while showering, changing clothes, or using the toilet facilities, except in exigent circumstances or when incidental to a routine cell check or is otherwise appropriate in connection with a medical examination or monitored bowel movement. When interviewed, all detainees stated they are afforded privacy from being viewed by staff of the opposite gender staff. All detainees interviewed stated they have never been seen by opposite gender staff when dressing, showering, or using the restroom. Interviews with security officers and supervisors revealed staff understand the importance of providing privacy to detainees and that there have been no incidents in which a detainee was viewed by opposite gender staff, except as part of a routine cell check.

This policy also requires staff of the opposite gender to announce their presence before entering an area where detainees may be showering, changing clothes, or using the toilet facilities. Interviews with detainees and security officers, as well as observations during the tour, indicate cross-gender announcements are made routinely. Interviews with security officers and security supervisors, as well as, observations during the on-site audit revealed staff are aware of this policy and afford detainees privacy when showering, using the restroom, or changing clothes. Showers are separated by a wall. The shower area has room for the detainee to change clothing behind the shower curtain. The showers are equipped with shower curtains. The bottom of each shower curtain is opaque allowing the officer to view the detainee's feet only.

(h) The facility does not house families or juveniles as indicated in the PAQ and a review of the ages of detainees at the facility. This portion of the standard is not applicable.

(i) CDF Policy 2.10 prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's genital characteristics. Interviews with medical staff, security officers, and a transgender detainee confirm that the facility complies with this portion of the standard.

(j) CDF Policy 2.10 also requires that all security staff shall be trained in proper procedures for conducting pat searches, including cross-gender pat searches, and searches of transgender and intersex detainees. A review of training records and interviews with the Training Supervisor and security officers confirmed security staff has received training in proper searches techniques.

§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) CDF Policy 4.8, Disability Identification, Assessment, and Accommodation addresses the identification, assessment, and accommodation of disabled detainees. The policy outlines steps to be taken to ensure detainees with disabilities have an equal opportunity to participate or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse. The Assistant Health Services Administrator serves as the facility's Disability Compliance Manager. One detainee suffering from a mental illness was interviewed but he was unable to focus on the interview questions. It was clear from the interview that he felt comfortable approaching staff with problems and felt they would assist him when needed. Several security officers referenced this particular detainee during interviews. They discussed techniques used to calm the detainee and simplifying interactions with him to help ensure his cooperation and understanding.

The facility has a telecommunication device for the deaf (TDD) phone to assist the deaf. Detainees are provided with a facility detainee handbook and the ICE National Detention Handbook during the intake process. A PREA video (in English and Spanish) is shown to incoming detainees as well. The video is also shown at various times throughout the year. Detainees with limited vision or blindness are able to obtain PREA information from the video. Staff is also willing to read to these detainees, as confirmed through interviews with security staff. Interviews with security staff also confirm that they read and explain PREA information to detainees with limited cognitive skills, low vision, or mental illness. The facility provides handicapped

accessible rooms, showers, telephones, tables, toilets sinks, lockers, writing desks and accessible lights. All program and service areas in the facility are handicap accessible to include handicap accessible restrooms. Interviews with security officers confirmed that staff is willing to make reasonable accommodations for detainees with disabilities.

Recommendation: The Auditor recommends the facility consider purchasing a PREA video with closed caption capabilities for the deaf or hearing impaired.

(b, c) CDF Policy 2.1 requires in-person or telephonic interpretation services for those detainees with LEP. When available, bilingual staff may be utilized for interpretive services for daily interactions and PREA related matters. The facility has 26 bilingual staff. The languages spoken by the bilingual staff include Arabic, Czech, French, Ga, German, Italian, Jamaican, Patwa, Polish, Spanish, Slovak, and Twi. This policy allows another detainee to interpret if the detainee expresses a preference for another detainee to provide interpretation if appropriate and consistent with DHS policy. The policy has been approved by the FOD. The policy stipulates alleged abuser, detainee witnesses, and detainees who have a significant relationship with the alleged abuser will not be allowed to interpret for another detainee. The facility staff also utilize a language line for interpretive services. This Auditor conducted 14 interviews with LEP detainees. Interviews with LEP detainees, intake staff, security officers, and security supervisors confirmed that every effort is made to ensure detainees who have limited English proficiency are afforded effective means of communication with staff.

§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) This auditor reviewed 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, and ICE Directive 6-8.0. CDF Policy 2.11 states the facility considers all previous acts of sexual abuse and/or sexual harassment before hiring or promoting staff or enlisting the services of contractors or volunteers. The policy does not state it will prohibit utilizing contractors or volunteers who have engaged in sexual abuse in a prison, jail, holding facility, juvenile facility, or other institution. The facility was following the requirement of the ICE policy. The facility took corrective to revise the facility policy to match the practice of prohibiting the hiring or promoting of staff, contractors or volunteers who have engaged in the targeted behaviors and the ICE policy during the on-site audit. The facility provided training to staff about this revision and provided documentation to the Auditor. Personnel files for seven facility employees were reviewed, applications included questions about prior convictions and sexual misconduct at previous facilities and dates of hire. Through review of Executive Order 10450 Security Requirements for Government Employment and the Office of Personal Management Section Part 731 Suitability; and ICE Policy system Directive Title ICE Personnel Security and Suitability Program, it was determined that the agency has established a system of conducting criminal background checks for new ICE employees, contractors, and volunteers who have contact with detainees to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity.

(b) The facility provided a copy of interview questions for all applicants. The pre-employment interview questions did include a question regarding previous offenses or misconduct. The policy did not require questions about previous misconduct when considering employees for promotion or as part of the quarterly self-assessment. Corrective action was taken, and the facility provided a revised form which will be completed when considering employees for promotion and to be completed by employees as part of the quarterly self-assessment. CDF Policy 8.4.B, Employee Rules and Regulations includes the requirement that employees report any relationship with a detainee, other than a professional relationship. The Human Resource Manager confirmed that she makes her best effort to contact all previous institutional employers regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Applicants and employees requesting promotion must complete the form entitled Sexual Misconduct Information Release. This form asks relevant questions related to this standard. Through a previous interview with the Unit Chief of Personnel Security Unit (PSU) stated that all new employees are required to answer the three questions to ensure that they have not: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; and have not been civilly or administratively adjudicated to have engaged in the activity described within the standard. He indicated this is completed on the job application form and at the front of the interview. This is also reviewed as part of the background process. The standard addresses the utilization of this process in the promotional system, after reviewing the above policies, if any employee or contractor were involved in any misconduct of this nature, they would not be employed or contracted by DHS. Employees also have a continuing affirmative duty to report. The Unit Chief of Personnel stated staff are required to report any misconduct to their supervisor and to the Joint Intake Center (JIC) managed by ICE. This requirement is shared with staff in the PREA training. If the agency receives an arrest notification, this will be forwarded to OPR Investigation Unit and ICE Labor Relations.

(c) Executive Order 10450, Security Requirements for Government Employment, also requires updated criminal background check every five years. Background checks of ICE employees are conducted through the PSU prior to an ICE employee or contractor being approved for hire or a volunteer approved to provide services. The agency conducts personnel security reviews on everyone that works for ICE by ensuring they are suitable for the position selected and they maintain a high level of character. During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard, these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. The background check consists of a National Agency Check (NAC), education checks, residence checks, personal reference checks, and fingerprint check. The background coverage period is five years. The previous interview with the Unit Chief of PSU stated that contractors are background checked by their company and asked the three questions during the application process. The agency also conducts background checks on ICE contractors. The background coverage period is determined by the risk of the position. Low or moderate risk positions have background checks completed every ten years. Positions that are considered high risk have background checks every five years. The background check for a contractor consists of National Agency Check (NAC), personal subject interview, employment checks, education checks, residence checks, credit checks, fingerprint check, and law enforcement check.

The Auditor submitted a request for criminal background check verification through ICE PSU for four ICE employees. The PSU provided verification for all four ICE employees that demonstrated compliance. The facility has not been open for five years so additional criminal background checks were not available. The PSU provided documentation showing when the next background investigation is due for the ICE employees, documenting background checks every five years. Personnel files for seven facility employees were reviewed, applications included questions about prior convictions and sexual misconduct at previous facilities and dates of hire. Background investigations of random employees were confirmed.

(d) ICE Directive 6.8, ICE Suitability Screening Requirements for Contractor Personnel, requires all contractors to undergo a background investigation, to include a criminal background check prior to employment. This Auditor requested verification of a background check for three contract employees. [redacted] Administration Manager, verified through email following the site visit, each of the three contract employees had the required background checks completed prior to employment. The agency has not submitted a request to the facility to review the background checks for contractors.

(e) ICE Directive 6.8 and 5 CFR 731 state the agency will make an unsuitability determination if the contractor personnel or employee provide materially, intentional false statement or deception, or fraud in examination or appointment. As reported by the Human Resource Manager (HR Manager), there were no incidents reported in which employees provided false or deceptive information.

(f) During the interview with the HR Manager, it was noted that she believed she must have a Release of Information prior to disclosing to another institutional employer, substantiated allegations of sexual abuse involving a former employee. It was brought to the attention of the Superintendent, who agreed to address this requirement with the HR Manager. The Superintendent issued a memorandum dated September 23, 2019 to the HR Manager clarifying that a Release of Information is not required to disclose information to any institutional employer. The HR Manager responded indicating she understood this compliance requirement and the requirement is followed by the facility.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a, b) The facility provided a memorandum stating the CDF has not designed or acquired new space or installed or updated electronic monitoring systems since May 6, 2014. This was confirmed through the interview with the Superintendent.

§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) CDF Policy 2.11 outlines the uniformed evidence protocol for the facility. The facility has a Memorandum of Understanding (MOU) with the Caroline County Sheriff's Office to conduct all criminal investigations of sexual abuse. At the time of the audit, no investigations were conducted by the Caroline County Sheriff's Office. The facility procedures have been approved by DHS. ICE Health Service Corps Directive: 03-01, Sexual or Physical Assault, Abuse and/or Neglect, prohibits IHSC health staff to participate in the collection of forensic specimens or evidence. Specimens are collected at the local hospital (Mary Washington Hospital) by qualified Sexual Assault Forensic Examiner (SAFE)/Sexual Assault Nurse Examiner (SANE) provided by the Rappahannock Council Against Sexual Assault (RCASA). The facility has an MOU with RCASA which was reviewed by this Auditor.

(b, d) CDF Policy 2.11 outlines the advocacy services available to detainees. The facility has a MOU with RCASA. RCASA provides crisis intervention, counseling, victim advocacy, referrals, and emotional support services to detainees who have experienced sexual assault. Phones are provided in each housing area. A hotline number is posted allowing detainees to contact RCASA. During the audit, the phones were verified to ensure the detainees could contact the hotline staff. On September 5, 2019, an RCASA supervisor was contacted. She confirmed the services provided to the facility. She stated advocates would provide victim advocacy services to sexual assault victims during the forensic exam, as well as, any investigatory interviews. Further, she stated the RCASA would also provide support services to any detainee who experienced sexual abuse or assault at any point in their lifetime, not just while detained at the facility or in ICE custody.

(c) CDF Policy 2.11 outlines procedures where evidentiary or medically appropriate, to transport sexual assault victims to Mary Washington Hospital in Fredericksburg, VA for a forensic examination. On September 23, 2019, the Nurse Supervisor in the emergency room of Mary Washington Hospital confirmed that both SANE and SAFE nurses are available to victims of sexual assault. There is no cost to the patient.

(e) CDF Policy 2.11 and a MOU between CDF and the Caroline Sheriff's Office confirm the Caroline Sheriff's Office will conduct all criminal investigations. The MOU reviewed by the Auditor establishes the Caroline Sheriff's Office will provide an investigator to investigate criminal allegations of sexual abuse and includes the requirement that the Sheriff's Office will follow the requirements outlined in paragraphs a-d.

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

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

Notes:

(a, b, c) ICE Directive 11062.2, Sexual Assault and Abuse Prevention and Intervention (SAAPI), available on the ICE website (http://www.ice.gov/prea), includes a description of the responsibilities of the agency, the facility, and other investigating entities. This directive requires the facility to establish policies to ensure compliance with this directive. The directive requires all allegations of sexual abuse to be reported to the OPR through the Field Office Director (FOD) and to the appropriate investigative entity All investigations are reviewed by the OPR, OPR would review all cases to determine if an investigation is required. All allegations involving staff, volunteers, and contractors are investigated by OPR. ICE policy 11062.2 outlines the evidence and investigation protocols. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If the OPR investigators do not conduct the investigation, the investigation may be referred to an ICE investigator or fact finder for investigation. DHS OIG also has the authority to conduct investigations. CDF Policy 2.11 establishes these protocols for the facility level. This policy requires the Caroline County Sheriff's Office to be contacted for investigation of any sexual assault/abuse report that may be criminal in nature. Those incidents that are not criminal in nature, an administrative investigation is conducted by the facility investigators. These procedures were confirmed through interviews with the Superintendent, facility investigators and the PSA Compliance Manager. The Superintendent stated all reports of sexual abuse are reported to the FOD, the sheriff, and the Regional Jail Authority Board chair. The facility policy 2.11 states the facility will retain investigation reports for as long as the alleged abuser is detained or employed by the facility, plus an additional five years. This was also confirmed by the Superintendent through written correspondence after the on-site audit. The facility website, www.Carolinedf.org also posts the facility policy for sexual abuse and assault prevention and intervention. The websites were reviewed by the Auditor for PREA policies and general information. The websites provided the required information.

(d) CDF Policy 2.11 includes reporting requirements for notifying the agency of all allegations of sexual abuse. The Superintendent and facility investigators confirmed that allegations, potentially criminal in nature, are referred to the Caroline Sheriff's Office to conduct the investigation. All administrative investigations are completed by trained facility investigators.

(e, f) When a detainee, staff member, contractor, or volunteer is alleged to be the perpetrator of the sexual abuse, the facility notifies the appropriate ICE FOD. The Superintendent stated the FOD notifies the Joint Intake Center (JIC) and Office of Professional Responsibility (OPR).

There were three allegations of sexual abuse reported during the audit period. It was later clarified of the three allegations, only one allegation was determined a PREA incident by ICE. This allegation was reported at CDF of an incident that occurred at another facility. OPR still has the investigation open for this allegation.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a, b, c) CDF Policy 2.11 requires all new staff to receive PREA training. The policy also requires that this training be included in annual refresher training. A review of seven training records, verified staff had received this training. ICE Health Service Corps (IHSC) Directive 03-01, Sexual or Physical Assault, Abuse, and/or Neglect, requires all IHSC staff to be trained on the Sexual Abuse and Assault Prevention and Intervention directive, PREA standards and response protocol during initial orientation and annually thereafter. The training records and the training PowerPoint were reviewed. The training covers each of the elements of this section of the standard. Interviews with security personnel and the Training Supervisor confirm staff is receiving this training as new employees and in refresher training.

The standard requires refresher training every two years. The facility and healthcare staff receive refresher training annually, which exceeds the standard.

§115.32 - Other training.

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

Notes:

(a, b, c) CDF Policy 2.11 requires the Training Supervisor to conduct PREA related training for all volunteers and contractors who have contact with detainees prior to their assignment. This training includes their responsibilities under the facility's sexual abuse, prevention, detection, intervention, and response policies and procedures. The level and type of training is based upon the level of services and amount of contact with detainees. Interviews with the Training Lieutenant, volunteers, and contract staff confirm they have received and understood the training. A review of five training records also confirmed the training is being conducted as required.

§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) CDF Policy 2.11 establishes means for detainees to receive information related to the facility's PREA policies and procedures. During the intake process, detainees watch a PREA information video and receive a facility detainee handbook, the Sexual Assault Awareness Information pamphlet, and the ICE National Detainee Handbook. The information provided in the handbooks, video, and the Sexual Assault Awareness pamphlet addresses each of the requirements of this section of the standard. The ICE National Detainee Handbook, as well as, the facility handbook and video provide information about reporting sexual abuse. Compliance was determined through observations of the intake process, interviews with intake staff and detainees, and review of the intake handbooks, pamphlet, and video.

(b, c) The facility plays a PREA video in the detainee intake waiting area. The video is played in both Spanish and English. Detainees are provided a facility detainee handbook, ICE National Detention Handbook, and the Sexual Abuse and Assault Awareness pamphlet. All of the handouts are available in English and Spanish. There are ICE National Detention Handbooks available in ten additional languages on the ICE website. Staff was aware of how to access these handbooks if necessary. If the detainee speaks another language other than those provided, staff utilizes the language line to ensure detainees are provided the required PREA information. When needed, bilingual staff may be utilized for interpretive services. The facility has 26 bilingual staff. The languages spoken include Arabic, Czech, French, Ga, German, Italian, Jamaican, Patwa, Polish, Spanish, Slovak, and Twi. The detainee signs an acknowledgement form indicating they have received the handbook and brochure and watched the PREA video. This practice was confirmed through a review of 20 detainee files.

(d) DHS PREA posters are placed in each housing area and common areas throughout the facility. These posters inform detainees about sexual assault awareness, the name of the PSA Compliance Manager, as well as, a number to reach him. The PSA Compliance Manager can be reached from any detainee phone by dialing an extension provided on the PREA poster. The RCASA hotline number is also posted in each housing area.

§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) CDF Policy 2.11 requires all facility investigators, who conduct investigations into allegations of sexual abuse, to receive specialized training on sexual abuse and effective cross-agency coordination. The electronic training records of employees are maintained by the Training Supervisor. A review of four training records for facility investigators verified appropriate sexual assault investigation training had been provided, in addition to the general training provided to all employees. The electronic record was reviewed and verified that facility training had been completed. This Auditor interviewed one investigator who was knowledgeable about how to conduct a proper sexual assault investigation, when to refer such incidents to local authorities, interviewing techniques, and evidence preservation.

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

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

Notes:

(a, b) Health care is provided to detainees through IHSC medical staff. IHSC Directive 03-01 requires all IHSC staff to receive training on the agency directive Sexual Abuse and Assault Prevention and Intervention, PREA standards and response protocol. The training is required during initial orientation and annually thereafter. The Training Supervisor provided dates of orientation training for staff from the electronic record. All of the staff had received the orientation training less than one year ago. Refresher training was not required. The training included:

- How to detect and assess signs of sexual abuse
- Professional and effective response to victims of sexual abuse

- Reporting procedures
- Evidence preservation
- Effective communication with Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender non-conforming detainees

(c) The agency's and facility's policy and procedures were approved on September 20, 2019 by (b) (6), (b) (7)(C), Acting Deputy FOD.

Interviews with medical and mental health staff and a review of two training records confirm the staff received and understood the training provided.

§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) CDF Policy 2.2, Custody Classification System, requires all new detainees to be assessed for risk of sexual victimization or sexual aggression. This information is considered when making housing assignments to mitigate any risk to the detainee. Detainees are classified as soon as possible upon arrival and before assignment to general population. New detainees are kept separate from the general population until the classification process is completed. Generally, detainees are classified the same day of their arrival. Exceptions occur when new detainees are admitted during the late-night hours in which classification occurs the next day; however, all detainees are classified within twelve hours. This was verified through interviews with detainees and intake staff.

The intake area was inspected during the tour. The intake area provides privacy for detainees when undressing and using the restroom. The intake staff conducts interviews at interview stations that have half partition dividers which allow for privacy during the interview. PREA posters were prominently displayed in English and Spanish. The intake waiting area allows detainees to view the PREA video in English and Spanish. The intake process and applicable policies were reviewed. Intake staff was interviewed and confirmed the timeline for processing new detainees. Intake staff understood and was able to articulate the importance of the classification process during intake and the importance of determining a detainee's risk factors so the detainee can be properly housed to minimize risk to themselves or others.

(c, d) The facility considers each of the criteria for assessing the risk of sexual victimization outlined in the standard. This information is acquired through information received from the Detainee Initial Risk and Need Assessment, medical and mental health, and information received from ICE prior to the arrival of the detainee. ICE information may include prior criminal history, history of prior incarcerations, gang affiliations and the like. This initial screening considers prior acts of sexual abuse, convictions for violent crimes, and prior institutional violence or sexual abuse. Originally, the medical risk screening form and custody classification form was provided. These forms did not address each of the elements of the standard. The facility then provided a copy of the Risk Assessment utilized by intake staff during the intake process. This form in conjunction with information received from ICE and medical/mental health staff addresses each element of the standard and is acceptable to determine compliance with this standard. This Auditor reviewed 20 detainee records which verify compliance with this standard.

(e) The facility conducts a reassessment of a detainee's risk of victimization between 60 – 90 days from the initial assessment or any other time when warranted. According to the Superintendent, this reassessment does not include a discussion or interview with the detainee. When reclassifying a detainee, the detainee's record, incident reports, detainee correspondence with classification, and medical staff input are considered. Most detainees transfer prior to a scheduled reassessment meeting. Following the site visit, this Auditor reviewed ten initial and reassessment ICE Custody Classification forms. All reclassifications were completed within the 60-90-day requirement. The Custody Classification form includes some, but not all of the factors considered in the reassessment, as noted above.

Recommendation: The Auditor recommends that the facility meet with the detainee as part of the reassessment to determine the detainee's opinion of their safety and document the other factors considered which include the detainee record review, incident reports, detainee correspondence and medical staff input.

(f, g) CDF Policy 2.11 and 2.2 prohibits disciplining a detainee for refusing to answer or for not disclosing information related to a disability, identification as LGBTI, whether the detainee has disclosed previous sexual victimization, and whether the detainee has concerns about physical safety. The facility restricts information gained from the risk assessment to classification, supervisors, management, investigators, medical, and mental health staff. Access is controlled via secure individual digital sign-on and passwords. There were no incidents in which a detainee was disciplined for not disclosing information gained from the risk assessment. Interviews were conducted with a transgender detainee and intake staff; all confirmed detainees are not disciplined for refusing to answer questions from the Risk Assessment.

§115.42 - Use of assessment information.

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

Notes:

(a, b, c) CDF Policy 2.2 requires that information gained from the risk assessment under 115.41 be considered when making housing and voluntary work assignments. A transgender or intersex detainee's gender self-identification and the detainee's health and safety are considered when making housing assignments. The facility consults with medical and mental health professionals regarding the assessment. Decisions are not based solely on the identity documents or the physical anatomy of the detainee. Each transgender or intersex detainee is reassessed twice each year to review any threats to safety experienced by the detainee. A transgender detainee, who has been at the facility over one year, commented that she is reviewed every six months by the classification committee.

All detainees are afforded the opportunity to shower separate from other detainees. The showers are separated by a wall and an area inside each shower area is designated for changing clothing. A shower curtain with transparent top and bottom panels affords privacy and allows officers to do thorough security checks.

Interviews with intake staff confirm these procedures are followed. An interview with a transgender detainee confirmed that she is afforded privacy when showering but denies that she was asked whether she would be more comfortable living with male or female detainees. She is assigned to a male housing unit and claims she has not experienced any problems. She states her roommates are respectful of her privacy when using the toilet facilities and she is afforded privacy when showering.

§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) CDF Policy 2.12, Special Management Units, governs the placement of detainees into the special management unit and is approved by the ICE FOD. The policy outlines several reasons for placement in the special housing unit. If a detainee requires protection from sexual assault or abuse, this policy allows for placement in the special housing unit. This request can be made by the detainee or by staff as needed to protect the detainee from harm. Placement is only approved when no other viable housing option exists and as a last resort. This placement is for the least amount of time possible, normally not to exceed 30 days, until an alternate housing can be arranged. This policy also requires that detainees placed in protective housing will have access to programs, visitation, counsel, and other services available to the general population, to the greatest extent possible. The Superintendent stated placement in the special management unit is a last resort. He stated female detainees would be moved to a cell that locked, administrative segregation, or considered for transfer to another facility. The Auditor interviewed 13 security employees. Those interviewed understood the importance of taking immediate action to protect a detainee if they have a reasonable belief the detainee is at substantial risk of imminent sexual abuse.

(d, e) This policy establishes procedures for a regular review of detainees requiring protective custody. The Superintendent reported the ICE FOD receives immediate notification when a detainee is placed in protective custody and regular reports throughout the protective custody placement. These detainees must be reviewed by the Shift Commander or Detainee Management Chief to consider continued placement in protective custody, as well as, requirements for release from protective custody. Continued placement must be approved by the Superintendent or Assistant Superintendent. The ICE FOD and detainee will be provided a signed copy of the segregation order within 48 hours.

The policy also establishes the classification officer or supervisor must interview the detainee within 72 hours of placement in protective custody to assess the continued need for protective custody. This review is documented on the Administrative Segregation Review form. An identical review will be conducted every 7 days for the first 30 days and at a minimum, every 10 days thereafter.

At the time of the audit, there were no detainees in the special management unit for protection from sexual abuse or for sexual aggression. The special management housing unit was inspected during the tour of the facility and determined to be adequate to protect detainees from harm.

§115.51 - Detainee reporting.

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

Notes:

(a, b, c) CDF Policy 2.11 establishes several means for detainees to report incidents or sexual abuse, sexual harassment, retaliation by detainees or staff for reporting sexual abuse or harassment or staff neglect or violation of duties that may have affected an incident of sexual abuse or harassment. Detainees may report sexual abuse or harassment verbally, in writing, anonymously, and from third parties. Mechanisms for reporting privately include: telling or writing any staff, telling or writing an ICE staff member, writing a medical request to the medical department, filing a grievance, calling the PSA Compliance Manager, writing or calling the DHS Office of Inspector General or the Joint Intake Center, or by writing or calling the RCASA. The RCASA hotline provides a means for detainees to report sexual abuse to an entity outside of the agency. This policy also establishes that detainees may report sexual abuse verbally, in writing, anonymously, or through a third party. After receiving a verbal report and contacting the security supervisor, staff are required to document the report promptly.

On September 9, 2019 the RCASA was contacted. The supervisor confirmed that an MOU was signed by the facility and rape crisis center to provide services for the facility. These services include a toll-free hotline, advocacy services during forensic exams and legal hearings. RCASA also provides support services at the facility if necessary, to include services for those detainees with a past history of sexual abuse.

During the audit, the RCASA hotline number in each housing unit was called and confirms that the hotline is working, the calls are free, and the detainee can report anonymously. Interviews with security staff and detainees confirm that detainees and staff were aware of these avenues for reporting and staff was knowledgeable about requirements to accept reports verbally, anonymously, in writing and through a third party and the requirement to promptly document such reports.

§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, f) CDF Policy 6.2, Grievance System, outlines the policy and procedures for the handling of detainee grievances. This policy allows the detainee to bypass or terminate the informal grievance process at any point and to file a formal grievance. This policy states the facility may not impose a time limit on when a detainee may submit a formal grievance. Further the policy establishes that all grievances pertaining to sexual abuse and assault are considered an emergency grievance and will be processed accordingly. Detainees may receive assistance in writing a grievance from a staff member, another detainee, family, or legal representative.

(d) Medical grievances follow the same procedures as outlined for formal grievances. These grievances are forwarded directly to medical staff. These grievances may be placed in a sealed envelope, labeled “medically sensitive”.

(e) The above policy requires the grievance officer to provide a grievance response, verbally or in writing, within five days of receipt of the grievance. Grievance appeals are reviewed by the Grievance Appeal Board, which does not include any individuals named in the grievance. A written response of the Grievance Appeal Board’s decision is provided to the detainee within five days of receipt of the appeal. The FOD receives a copy of the grievance and the response as soon as possible.

The CDF Detainee Handbook dedicates a section of the manual to explaining the grievance process. The grievance section does not address grievances related to sexual abuse/harassment; it is covered within the section of the handbook entitled, Sexual Abuse and Assault Prevention and Intervention. Neither section informs the detainee that all grievances related to sexual abuse/assault are considered emergency grievances and handled accordingly.

Recommendation: The Auditor recommends when the CDF Detainee Handbook is revised the facility should consider adding that all sexual abuse grievances will be considered emergency grievances and addressing sexual abuse/assault in the grievance section of the handbook (or reference the applicable section).

The PAQ states there were no grievances during this audit period regarding allegations of sexual abuse or anything related to sexual abuse. The Grievance Officer was interviewed and stated there was one grievance filed related to sexual abuse. This grievance was filed after the submission of the PAQ. ICE staff has not finalized the review of the grievance at the time of this report. The Auditor requested to review the grievance and was told a review was not permissible since it was an open investigation.

§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) CDF Policy 2.11 details the services available to detainees through RCASA as part of the overall plan to address sexual abuse/assault at the facility. The services provided include a toll free, twenty-four hour, and confidential hotline, advocacy services during forensic exams and legal hearings, support services through phone calls or face-to-face visits for victims of sexual abuse or for those detainees who may have experienced sexual abuse/assault in the past. On November 27, 2018 an MOU was signed between the facility and RCASA. This MOU defines the responsibilities of both parties to provide services to detainees. This MOU was reviewed during the on-site audit. The Facility Detainee Handbook explains the services provided by RCASA and states anonymous calls may be made through the hotline. The handbook explains that the RACASA representative will contact the Superintendent concerning reports of sexual abuse.

(c, d) Information regarding these confidential services is posted in the housing and common areas and was observed during the facility tour. These services are also addressed in the ICE Detainee Handbook and as part of the orientation process during intake. During the detainee interviews, it was clear detainees are aware of these services. The phone area included signs above the phones, in English and Spanish, explaining that legal calls were not monitored. The RCASA hotline number was also posted but did not state that the RCASA hotline calls were not monitored. The Superintendent made arrangements for postings indicating the RCASA hotline calls are not monitored. The Auditor was provided copies of the purchase order for the new signs to be posted.

The PSA Compliance Manager was interviewed and confirmed the services provided by RCASA.

Compliance was determined through interviews with the PSA Compliance Manager and detainees, a review of the MOU, and a phone interview with the supervisor of RCASA on September 9, 2019.

§115.54 - Third-party reporting.

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

Notes:

CDF Policy 2.11 establishes a means for third parties to report sexual misconduct. Sexual misconduct may be reported to the Superintendent, ICE staff, legal counsel of the authority or to the Caroline County Sheriff's Office. The facility website (www.carolinedf.org/sexual-assault-awareness) instructs third parties to report any allegations of inappropriate relationships between staff and detainee(s) and between detainees to the Shift Commander or Superintendent immediately.

§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) CDF Policy 2.11 requires all staff to immediately report any allegations, suspicions, or knowledge of sexual assault or harassment; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. These reports must be made verbally and in writing according to policy directives. Staff, volunteers, and contractors may contact the Superintendent directly or make reports through the Caroline County Sheriff's Office, talking to staff, or calling the RCASA hotline. The facility policy was approved by the FOD on September 20, 2019.

(c) The policy also states that any staff member who reveals information related to a sexual abuse incident to an unauthorized person are subject to disciplinary action, up to and including termination. Interviews with security officers confirm that staff are aware of the confidentiality rules regarding sexual abuse.

(d) CDF Policy 2.11 states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Superintendent shall report that information to the FOD so that the facility can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The Superintendent shared the policy and concurred it would be followed. The facility does not house juveniles.

§115.62 - Protection duties.

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

Notes:

CDF Policy 2.11 requires that a staff member must take immediate action to protect the detainee if the staff member has a reasonable belief the detainee is subject to substantial risk of imminent sexual abuse. A random sampling of facility staff, to include supervisors and contractors, demonstrated that staff were aware of their responsibility to protect the detainee and had received the required SAAPI training. Most staff reported they would immediately separate the victim from the abuser and contact their supervisor.

§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) CDF Policy 2.11 states the Superintendent will notify the FOD and the appropriate facility administrator or agency administrator, within 72 hours, of any allegation that a detainee was sexually abused while at another facility. The Superintendent is required to document the notification.

The facility provided a memorandum indicating no such reports have been received. The PSA Manager explained that the Superintendent would notify ICE FOD and the previous facility both verbally and by email.

(d) This policy also requires the Superintendent to notify the appropriate FOD and to refer for investigation, any report from another facility of an allegation of sexual abuse from a former CDF detainee while at the facility. During the audit, the Superintendent received the first report from another facility of such an allegation from a former detainee of the facility. The Superintendent stated he began an investigation immediately and notified the FOD.

§115.64 - Responder duties.

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

Notes:

(a) CDF Policy 2.11 requires security officers and supervisors who are the first responders to a report of sexual abuse to separate the alleged victim and abuser and preserve and protect the crime scene. If the alleged abuse occurred within a time frame to allow for physical evidence collection, the security staff will ask the victim not to take actions that might destroy evidence to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. In this event, the security staff person must ensure the alleged abuser not take actions to destroy physical evidence as noted previously.

(b) Non-security first responders are required to ask the alleged victim not to take any actions that could destroy physical evidence and then notify a security staff member.

A review of the facility policies and interviews with a random sampling of security staff and security supervisors as well as non-security first responders supports compliance with this standard. The staff interviewed understood the importance of immediately protecting the victim, evidence, and notifying a supervisor.

§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) CDF Policy 2.11 outlines the facility response to an incident of sexual abuse. The facility employs a multi-disciplinary approach when responding to an incident of sexual abuse. This policy details the duties of the first responders, medical and mental health staff, investigators, and facility leadership in the event of an incident of sexual abuse. IHSC 03-01 provides a more detailed description of medical and mental health staff responsibilities in the event of a sexual assault. The open case was not available to review for the coordinated response. The facility had no other incidents of sexual abuse.

(c, d) CDF Policy 2.11 requires if a victim is transferred to another detention facility, the CDF shall as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services (unless, in the case of transfer to a non-ICE facility, the victim requests otherwise). If the receiving facility is unknown to the sending facility, the sending facility shall notify the Field Office Director, so that he or she can notify the receiving facility. The facility provided a memorandum stating there have been no incidents in which a victim of sexual abuse was transferred to another facility. The Superintendent also confirmed there were no transfers due to sexual abuse.

§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:

CDF Policy 2.11 requires that all staff, contractors, or volunteers suspected of committing sexual abuse will be removed from any contact with detainees during the investigation. Depending on the outcome of the investigation, if the officer is found to have committed sexual abuse, the employee would be terminated. The Superintendent confirmed the above procedures and provided a memorandum stating there had been no incidents or allegations made by a detainee against any staff member, contractor, or volunteer in the past twelve months.

§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) CDF Policy 2.11 prohibits staff, contractors, volunteers, and detainees from retaliating against any person who reports, complains about or participates in an investigation into an allegation of sexual abuse. This policy also prohibits retaliation against any person who participated in sexual abuse as a result of force, coercion, threats, or fear of force. Protection measures outlined in this policy include housing changes, removing the alleged staff or detainee abuser from contact with the victim. Support services are also available for detainees or employees who fear retaliation.

(c) CDF Policy 2.11 also states management monitors the conduct and/or treatment of detainees or staff who have reported sexual assault and of detainees who were reported to have suffered sexual abuse or cooperated with investigations for at least 90 days following their report or cooperation to see if there are changes that may suggest possible retaliation by detainees or staff and acts promptly to remedy any such retaliation. The assigned manager discusses any changes with the appropriate detainee or staff member as part of efforts to determine if retaliation is taking place and, when confirmed, immediately takes steps to protect the detainee or staff member. This policy also provides for a staff member to monitor activity to include disciplinary reports, housing, program and work assignment changes, grievances, detainee requests, performance reviews, and staff re-assignments. This monitoring continues for a minimum of 90 days. [redacted] is assigned to monitor such activity. [redacted] explained that he monitors detainees and staff for a minimum of 90 days. For detainee-on-detainee allegations he monitors housing changes, grievances, program assignment, disciplinary actions and also meets with the detainee. For staff-on-detainee abuse [redacted] said he monitors post assignments, disciplinary actions, evaluations, and leave time requests. This Auditor reviewed completed detainee SAAPI Retaliation Forms for non-PREA determined cases and found the documentation to support compliance with this standard.

The Superintendent provided a memorandum stating, there had been no incidents or allegations of retaliation made by a detainee as a result of an incident of sexual abuse in the past 12 months.

§115.68 - Post-allegation protective custody.

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

Notes:

(a, b, c, d) CDF Policy 2.11 requires victims of sexual abuse to be placed in protective custody but limits the assignment to any type of administrative segregation to five days except in highly unusual circumstances. CDF Policy 2.12 establishes procedures for a regular review of detainees requiring protective custody. These detainees must be reviewed by the Shift Commander or Detainee Management Chief to consider continued placement in protective custody, as well as, requirements for release from protective custody. Continued placement must be approved by the Superintendent or Assistant Superintendent. The classification officer or supervisor must interview the detainee within 72 hours of placement in protective custody to assess the continued need for protective custody. This review is documented on the Administrative Segregation Review form. An identical review will be conducted every 7 days for the first thirty days and at a minimum, every 10 days thereafter. This policy also requires that a detainee victim of sexual abuse housed in protective custody will be re-assessed by classification staff prior to being returned to general population. The committee considers the detainee's opinion of their safety, current behavior, and physical and mental health needs. The FOD is notified whenever a detainee is placed on protective custody and receives weekly reports thereafter.

The facility provided a memorandum stating no detainees have been placed in segregated housing for protection from sexual abuse during this audit period.

§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) CDF Policy 2.11 requires that all investigations into sexual abuse be prompt, thorough, objective, and fair. The policy also requires the investigation to be conducted by specially trained, qualified investigators. The facility conducts administrative investigations only. Criminal investigations are referred to the Caroline County Sheriff's Office. ICE Directive 11062.2, Sexual Assault and Abuse Prevention and Intervention (SAAPI), includes a description of the responsibilities of the agency, the facility, and other investigating entities. The directive requires all allegations of sexual abuse to be reported to the OPR through the Field Office Director (FOD) and to the appropriate investigative entity All investigations are reviewed by the OPR, OPR would review all cases to determine if an investigation is required. All allegations involving staff, volunteers, and contractors are investigated by OPR. ICE policy 11062.2 outlines the evidence and investigation protocols. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If the OPR investigators do not conduct the investigation, the investigation may be referred to an ICE investigator or fact finder for investigation. Training records were reviewed on-site. Facility investigators have received appropriate training to conduct these investigations. Interviews with investigators also indicated they had received adequate training and had the required skills to conduct such investigations.

(b, c, e, f) This policy also states that an administrative investigation shall be conducted after consultation with the appropriate investigative office within DHS, and the Caroline County Sheriff's Office investigator. Administrative investigations will be conducted following a substantiated criminal investigation or if no criminal investigation was completed. If the criminal investigation results in a finding of unsubstantiated, the case is reviewed to determine if an administrative investigation is necessary. Interviews with facility investigators confirmed compliance with this standard. If a referral is made to the Sheriff's Office for a criminal investigation, the investigator explained their role would be to provide support to the Sheriff's Office by collecting additional evidence, arranging interviews, and the like. Staff is required to fully cooperate with outside investigators.

Each element of the standard provision (c) is included in the policy. If the alleged abuser or victim leaves the facility, this does not pose a basis for terminating the investigation. There have been no incidents of this nature during this audit period. (b) (6), (b) (7)(C) is responsible for remaining informed about all on-going criminal and administrative investigations stated the Superintendent. There have been no incidents of sexual abuse that were referred for criminal investigation during this audit period.

According to the PAQ and interviews with the Superintendent, PSA Compliance Manager, and facility investigators there were no incidents of substantiated or unsubstantiated sexual abuse during this audit period. There were three sexual abuse allegations reported during the audit period. It was later clarified of the three allegations, only one allegation was determined a PREA incident by ICE. This allegation was reported at CDF of an incident that occurred at another facility. OPR still has the investigation open on this allegation. During the audit, the Superintendent received an allegation reported by another facility that a former detainee was abused while housed at CDF. The Superintendent stated he began an investigation immediately and notified the FOD.

§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:

CDF Policy 2.11 states administrative investigations are to impose no higher standard than a preponderance of evidence. The interview with a facility investigator confirms he understands this requirement.

§115.73 - Reporting to detainees.

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

Notes:

CDF Policy 2.11 requires following an investigation conducted by the facility into a detainee's allegation of sexual abuse, the Superintendent shall notify the FOD of the results of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee. The Superintendent stated the ICE FOD is notified of outcomes of facility investigations who would provide notification to ICE Headquarters. A facility staff member would also notify the detainee of the investigation outcome.

There were three sexual abuse allegations of reported during the audit period. It was later clarified of the three allegations, only one allegation was determined a PREA incident by OPR. This allegation was reported at CDF of an incident that occurred at another facility. OPR still has the investigation open on this allegation. During the audit, the Superintendent received an allegation reported by another facility that a former detainee was abused while housed at CDF. The Superintendent stated he began an investigation immediately and notified the FOD. There were no closed investigations to report an outcome to the detainee.

§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) CDF Policy 2.11 establishes that staff will be subject to disciplinary or adverse action up to and including termination for substantiated allegations of sexual abuse or for violating facility sexual abuse rules, policies, or standards. Termination shall be the presumptive disciplinary sanction for staff that have engaged in or attempted or threatened to engage in those acts of sexual abuse (defined in the policy). The facility policy was approved by the FOD on September 18, 2019. The Superintendent verified that disciplinary measures as noted above would be implemented in the event of sexual misconduct by a staff member, volunteer, or contractor.

(c, d) The policy also requires the Superintendent to report incidents of substantiated abuse, terminations or resignations in lieu of termination to the Caroline County Sheriff's Office unless the incidents were clearly not criminal. Reasonable efforts will be made to report substantiated incidents of sexual abuse to any relevant licensing bodies, to the extent known.

During this audit cycle, there have been no cases involving staff that violated sexual abuse policies.

§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) CDF Policy 2.11 prohibits contractors and volunteers from detainee contact if they have engaged in sexual abuse of a detainee and states reasonable efforts will be made to report such incidents to any relevant licensing bodies. If the contractor or volunteer has not engaged in sexual abuse but have violated other provisions of the policy, remedial measures will be taken, and consideration given to prohibiting detainee contact. An interview with the Superintendent confirmed that volunteers or contractors who, following an investigation, were found to have engaged in sexual abuse of a detainee are terminated.

During this audit period, there have been no cases of volunteers or contractors who have engaged in sexual abuse or who violated sexual abuse policies.

§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) CDF Policy 2.11 requires detainees to be subjected to disciplinary sanctions through a formal disciplinary process for any administrative or criminal finding that the detainee engaged in sexual abuse.

(b, c, d) CDF Policy 3.1, Disciplinary System, establishes the disciplinary policy and procedures for detainees. The policy provides progressive levels of reviews, appeals, procedures and required documentation. The policy also provides that any sanctions imposed are proportionate to the severity of the act and intended to encourage detainees to confirm with rules in the future. The detainee's mental disabilities or illness will be considered, after consultation with medical/mental health staff, to determine the extent to which this may have contributed to their behavior, when determining disciplinary sanctions, if any. Since there were no detainees referred for discipline for engaging in sexual abuse, the facility demonstrated to the Auditor that all inmates and detainees would be evaluated by mental health staff and determined if he should be held responsible for his actions through a general disciplinary case that was not related to a PREA allegation. In discussions with security staff and medical and mental health staff, it was clear that staff worked closely together when making management decisions regarding this detainee. The Superintendent was interviewed and confirmed that disciplinary measures are taken as outlined in the Disciplinary System policy.

(e, f) CDF Policy 2.11 and the interview with the Superintendent confirmed detainees who engage in sexual contact with staff will not be disciplined unless the staff member did not consent to the contact. If the report of sexual abuse is made in good faith, based on a reasonable belief that the alleged conduct occurred, this will not constitute false reporting or lying, even if the investigation does not find the evidence sufficient to substantiate the allegation.

During this audit period, there were no incidents in which detainees were disciplined for engaging in sexual abuse.

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

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

Notes:

(a, b, c) CDF Policy 2.11 and IHSC 03-01 states the detainee will be referred to a qualified medical or mental health practitioner if the detainee has a history of sexual abuse or assault prior to coming into custody. If referred to the mental health department, the detainee will be evaluated within 72 hours or sooner if practicable. If the detainee is referred to the medical department for a physical examination, the detainee is seen no later than two days.

Through interviews with detainees, medical and mental health staff it was confirmed that detainees with a prior history of sexual abuse are referred to medical or mental health staff, as appropriate. During the audit, a detainee became upset concerning a prior incident of sexual abuse. The detainee was referred to medical by the Auditor and seen promptly. This detainee had disclosed prior victimization during the intake process and was referred to and seen by mental health staff.

§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) CDF Policy 2.11 and IHSC 03-01 require an alleged victim of sexual abuse to be seen by a health care provider for a medical evaluation. When necessary, the alleged victim will be transferred to an outside healthcare facility, Martha Washington Hospital, for an appropriate level of care. Victims are provided unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infections testing and prophylaxis through Mary Washington Hospital and the facility medical staff. Policy 2.11 also provides that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation of the incident. Compliance was determined through interviews with facility medical and mental health staff. Medical staff explained they would evaluate the

detainee to determine if there were any acute problems that needed immediate attention. The detainee is then transported to the hospital for further care.

There have been no instances of sexual assault warranting emergency medical or mental health services during this audit period.

§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) CDF Policy 2.11 and IHSC 3.1 states detainees victimized while detained shall be offered medical and mental health evaluation and treatment as appropriate. These services include follow-up, treatment plans, and referrals for continued care if the detainee is transferred or released from custody. Services also include tests for sexually transmitted infections, as appropriate. The care provided is consistent with the community level of care. Services are provided at no cost to the detainee and regardless of whether the detainee names the abuser or cooperates with the investigation. This practice was confirmed through interviews with medical and mental health staff.

(d) Female detainee victims who experienced vaginal penetration by a male abuser while incarcerated are offered pregnancy tests. If a pregnancy results, the victim is provided timely and comprehensive information about lawful pregnancy related services. These services are available through the hospital as confirmed through an interview with the emergency room supervisor at Mary Washington Hospital and facility medical staff.

(g) CDF Policy 2.11 states the facility will attempt to provide evaluation and treatment services to all detainee-on-detainee abusers within sixty days of learning of the sexual abuse history.

Interviews with health care providers confirm that services are provided as outlined in this standard. There have been no founded investigations of detainee-on-detainee sexual abuse during this audit period.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a, b) CDF Policy 2.11 requires a sexual assault incident review following the completion of every sexual abuse investigation; unless it was determined the allegations were unfounded. The sexual abuse incident review team includes the PSA Compliance Manager, Investigator, Security Supervisor, Medical or Mental Health professional, and Security Chief. The team will review the incident and any written reports within thirty days of the conclusion of the investigation. The review team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status or gang affiliation or caused by other group dynamics at the facility.

Recommendation: Revise the current policy to require a sexual assault incident review at the conclusion of every sexual abuse investigation, to include unfounded allegations and for a report to be completed on substantiated and unsubstantiated allegations.

The team's report will include recommendations for a change in policy or practice if the team determines a change would better prevent, detect, or respond to sexual abuse. Completed reports are sent to the PSA Compliance Manager and Superintendent. The Superintendent will implement the recommendations or document why the recommendations were not implemented. The team report and Superintendent's response are forwarded to the FOD. The report will then be forwarded to the ICE PSA Coordinator.

(c) This policy also requires the PSA Compliance Manager to conduct an annual review of all sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If no sexual assault allegations were received during the reporting period, the PSA Compliance Manager will prepare a negative report. Lt. Arnold confirmed that he will conduct an annual review of all sexual abuse investigations each year.

There were no closed investigations to review for incident reviews. The Superintendent stated the facility has not been operational for a 12-month period and has not conducted an annual review. Although the audit period was September 10, 2018 through September 12, 2019, the annual standard requirements had not occurred at the time of the on-site audit. The facility was just completing the 12-month period. The facility was aware of the annual standard requirements and was in the process of beginning the annual requirements.

§115.87 - Data collection.

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

Notes:

(a) CDF Policy 2.11 requires all case records associated with claims of sexual abuse to be stored in a secure location. These records are stored in a locked cabinet in the PSA Compliance Manager's Office, according to the Administration Manager. His office is located in the administration office area which has limited access. The security of the files in a locked cabinet in a locked office demonstrates compliance.

§115.201 - Scope of audits.

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

Notes:

(d, e, i, j) The facility allowed access to all areas of the facility and provided relevant documentation that allowed for a thorough audit of the facility. The Auditor was provided a private room which allowed for confidential interviews. There were no requests to speak with the Auditor and the Auditor did not receive any correspondence from detainees, staff, or outside parties.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)

Number of standards exceeded:	1
Number of standards met:	38
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Margaret Capel 2/17/2020

Auditor's Signature & Date

(b) (6), (b) (7)(C) 2/17/2020

PREA Program Manager's Signature & Date