

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES			
From:	1/7/2019		To: 1/9/2020
AUDITOR INFORMATION			
Name of auditor:	Thomas Eisenschmidt		Organization: Creative Corrections LLC.
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PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)		Organization: Creative Corrections LLC
Email address:	(b) (6), (b) (7)(A)		Telephone number: 202-381- (b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Phoenix Field Office		
Field Office Director:	Albert Carter		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	2035 N Central Avenue, Phoenix, Arizona 85004		
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:	Eloy Detention Center (EDC)		
Physical address:	11056 Hanna Road, Eloy, Arizona 85131		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	520-466-4141		
Facility type:	D-IGSA		
PREA Incorporation Date:	Click or tap to enter a date.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-466- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Chief of Unit Management
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-466- (b) (6), (b) (7)(C)
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	08/14/2019 <u>08/14/2019</u>		
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 Eloy Detention Center (EDC) was conducted on January 7-19, 2020, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Thomas Eisenschmidt and (b) (6), (b) (7)(C) for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE Assistant PREA Program Manager, (b) (6), (b) (7)(C), a DOJ and DHS certified PREA Auditor. The Program Manager's 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 purpose of the audit was to determine compliance with the DHS PREA standards. The EDC is privately owned by CoreCivic and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at EDC are from Mexico, India, and Honduras. The facility does not house juveniles or family detainees. This was the second PREA audit for EDC and included a review of the 12 month audit period from 1/7/19 through 1/9/2020. EDC is located in Eloy, AZ. According to the PAQ, the top three nationalities representative of EDC population were from Mexico, India, and Honduras. Upon arrival at the facility, the Auditor was advised the top three nationalities currently representative of the EDC population are now from Cuba, Honduras, and Guatemala.

The Team Lead opened the entry briefing at 7:45 A.M. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C) ERO Assistant Field Office Director, AFOD)

Fred Figueroa- Warden

(b) (6), (b) (7)(C) - Assistant Deputy Warden

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

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

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

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

(b) (6), (b) (7)(C) ERO Deportation Officer (DO)

(b) (6), (b) (7)(C) ERO DO

(b) (6), (b) (7)(C) ERO DO

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

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

The Auditors introduced themselves and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Lead Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

The audit began with a tour of the Eloy intake area. The Eloy staff walked the Auditors through the detainee intake process upon their arrival at Eloy.

(b) (7)(E)

(b) (7)(E)

There are eight individual shower stalls that are monitored by the same gender as those using them. Detainees remain in this intake area until assessed by both the intake/classification staff and medical/mental health staff. While in the area detainees view three PREA videos and are provided written PREA educational information to include: Eloy Detention Center Detainee Handbook Supplement; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. The Auditors continued their tour visiting every area detainees had access to including all housing units, segregation, the medical services department (with two infirmary beds), recreation, food service, the visiting area, and facility support areas.

The facility houses detainees in one of their eight housing units. One (F) is currently closed. These housing units each contain multiple occupancy cells. There are 26 disciplinary cells at Eloy as well. During the tour of these housing areas both Auditors observed cross gender announcements being made prior to staff of the opposite gender entering areas where the detainees may be showering, dressing or using the toilet. Signage was observed by both Auditors in each of the housing units and inside the holding cells providing detainees with PREA educational information, the facility zero tolerance policy, methods for reporting sexual misconduct, and victim advocate (Southern Arizona Center Against Sexual Assault). The information was predominantly in Spanish and English with reporting information on ICE posters in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog, and Urdu. The detainee reporting hotline was tested and checked from two housing locations (male/female). The PREA audit notices were also observed in multiple locations throughout the tour to include the detainee housing, medical unit, and visitation and at the entrance to the facility.

(b) (7)(E)

During the course of the site visit Auditors conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditors were provided with staff and detainee rosters and randomly selected both for formal interviews. Twelve random staff (including line-staff and first-line supervisors) and specialized staff were interviewed. Those specialized staff included: the Warden, PSA Compliance Manager, Human Resources, Training Supervisor, Intake staff (2), Administrative Investigator, Grievance Coordinator, Classification Supervisor, Medical staff and Mental Health staff. A total of 37 random detainees were interviewed. Four detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. There were four detainees acknowledging prior victimization and four detainees who identified as transgender.

There were 18 allegations reported during the audit period; eight were open cases. Of the 10 closed allegations, two were staff-on-detainee, and eight were detainee-on-detainee. The administrative investigative outcomes of the staff-on-detainee allegations of sexual harassment were found to be, two unsubstantiated and one open. The detainee-on-detainee allegations were five unsubstantiated, two substantiated and one unfounded. Upon review of the investigation files for the audit period, all were referred to the Eloy Police Department. The ICE OPR was notified of all the allegations as documented in the investigation files. There was one case referred for assault but not prosecuted. A complete review of five closed investigations was conducted.

On January 9, 2020 an exit briefing was held in the EDC staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditors.

In attendance were:

(b) (6), (b) (7)(C) ERO AFOD
Fred Figueroa- Warden
(b) (6), (b) (7)(C) Assistant Deputy Warden
(b) (6), (b) (7)(C) Chief of Security
(b) (6), (b) (7)(C) Assistant Chief of Security
(b) (6), (b) (7)(C) Investigator
(b) (6), (b) (7)(C) ERO SDDO
(b) (6), (b) (7)(C) ERO DO
(b) (6), (b) (7)(C) ERO DO
(b) (6), (b) (7)(C) ERO DO
(b) (6), (b) (7)(C) Health Services Administrator (HSA)
(b) (6), (b) (7)(C) Assistant HSA

Both Auditors spoke briefly about their observations. Each commented about the very noticeable spirit of cooperation between the CoreCivic Staff and ICE Staff. The Lead Auditor was able to give some preliminary findings. Detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to both Auditors, staff of EDC take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

SUMMARY OF AUDIT FINDINGS

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

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Number of Standards Exceeded: 2

§115.31 Staff training

§115.35 Specialized training: Medical and Mental Health care

Number of Standards Met: 37

§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

§115.32 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)(d) The Auditors determined compliance on this standard based on review of policy 14-2-DHS (Sexual Abuse Prevention and Response) that detailed Eloy's zero tolerance toward all forms of sexual abuse and outlining their approach to preventing, detecting and responding to such conduct. The interview with the Warden who verified and provided documentation that the policy was approved by ICE and the interview with the PSA Compliance Manager who verified the PSA Compliance Manager is the point of contact for the agency PREA Coordinator and has sufficient time and authority to oversee efforts for the facility to comply with the policy.

\$115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard during the interview with the Warden who stated that direct supervision of detainees is based on the staffing levels established with ICE officials input and determination, prior to the signing of a contract with CoreCivic. The Warden further stated that factors taken into account for the staffing levels at EDC are: video monitoring equipment; generally accepted detention/correctional practices; judicial findings of inadequacy; physical plant; detainee population; findings of incidents of sexual abuse; recommendations of sexual abuse incident reviews; and any other relevant factors. He further indicated that the supervision guidelines are reviewed on an annual basis and provided the Auditors with the most current staffing review, completed in June 2019. This review took into account each of the considerations listed above. Interviews with each of the shift Watch Commanders confirmed that detainee supervision positions by security staff remained filled on each shift. Each shift has a number of utility posts (non supervision) that could be closed should an emergency occasion occur where they need to close a position. Watch Commanders from each shift confirmed the direct supervision posts are never closed and that only utility post is used in cases of emergency.

(d) The Auditors determined compliance on this subpart of the standard based on review of policy 14-2-DHS requiring supervisors conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g. Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds." This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. It also prohibits staff from alerting other staff of these inspections.

Interviews with each of the shift Watch Commanders confirmed they make unannounced rounds to each area (housing units, kitchen, law library, rec yard) where detainees have access typically on a daily basis. The Auditors verified these PREA rounds are being completed after review of the housing area logbooks and finding signatures of supervisors making these inspections.

\$115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

EDC does not accept juveniles or family detainees. This was confirmed in the PAQ and with interviews conducted with the Warden and PSA Compliance Manager.

\$115.15 - Limits to cross-gender viewing and searches.

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

Notes:

(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS which requires whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff are not to be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or, in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. The interviews with security staff confirmed the facility pat search policy restrictions. They further confirmed each received pat search training detailing these restrictions. Each shift Watch Commander informed the Auditors of the agency restrictions on pat searches and the requirement that all cross-gender pat searches of detainees be documented in the search logbook including the details of the exigent circumstances. The interviews with the 37 random detainees, both males and females, indicated they were always searched by staff of the same gender. Eloy had one incident of a cross gender pat search in the last 12 months. The Auditor reviewed the pat search log and found the incident documented. A female staff member performed a male detainee pat search without supervisory approval. Corrective action was taken with the staff member.

(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring cross-gender strip searches and cross-gender visual body cavity searches be performed by an officer of the same gender as the detainee. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe a strip search performed by an officer of the opposite gender. When an officer of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff shall document the reasons for the opposite gender search in the facility log used to record searches and in the detainee file. The Auditor reviewed the facility strip search log and found where there were no cross-gender strip searches performed at EDC during the last 12 months. The EDC PAQ and the interviews conducted with the PSA Compliance Manager and Warden confirmed that EDC has had no cross-gender strip searches performed in the last 12 months and if they had it would have been documented. Body cavity searches, according to the PSA Compliance Manager, if ever conducted, would be by medical staff only. The EDC PAQ indicated no body cavity were conducted in the last 12 months. As noted earlier there are no juveniles assigned to EDC.

(g) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring EDC have in place procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. The Auditors confirmed through random staff interviews that if they are entering a living area where the occupants' gender is different from

their own, they announce their presence prior to entering. The interviews conducted with both female and male detainees confirmed security staff of the opposite gender typically announce their presence prior to entering into their living areas. The Auditors further determined detainees are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender through observations made during the site visit with staff making announcements prior to entering housing units.

(h) EDC is not a Family Residential Facility.

(i)(j) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS and review of the training each EDC staff member receives outlining the procedures for pat searches, including cross gender pat searches and searches of transgender and intersex detainees. Interviews with random staff confirmed the prohibition of EDC staff from searching or physically examining any detainee to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical exam. The interview with the Warden indicated all staff searches, including the training they receive on searching is based on ICE policy PDNDS 2.10 "Search of Detainees". Random staff interviews confirmed the prohibition from searching or physically examining any detainee to determine their genital status.

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

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the facility ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. Also, the information and documents provided detainees, interviews with staff and detainees and review of the intake process. The Auditors spoke with and observed the intake process for all detainees arriving at EDC. Each receives the CoreCivic Supplement to the National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view a PREA educational video. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. The intake staff interviews confirmed that when confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of the text telephone (TTY). Those who are blind or with limited sight are provided individualized service by the intake staff to include reading information to him or her if needed. The intake staff indicated when dealing with a detainee with low intellect or limited reading skills it would normally require them referring the situation to a supervisor, medical staff or mental health staff based on the detainee limitation. LEP detainees are provided assistance by staff through interpretative services, either through available staff or Language Line Solutions. Interviews with random staff and the Classification staff person indicated there are currently three videos that are required to be played daily. National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault", the ICE video "Know your Rights" both available in Spanish and English and the CoreCivic Orientation video. The NIC PREA is the only available closed captioned video for the detainees.

(c) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring in matters relating to sexual abuse, interpretation services be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Detainees with LEP will be provided in-person or telephonic interpretation services. EDC will provide access to the Language Line or other similar translation service at no cost to the detainee. The interview with the EDC Warden, PSA Compliance Manager, Investigator and random staff confirmed this policy requirement. A review of sexual abuse reports and investigations for the past 12 months determined the facility provides effective, accurate, and impartial interpretation services by someone other than another detainee. Investigative files confirmed that facility allegations of sexual abuse were made by detainees who were either Spanish or English. Eloy utilized Spanish speaking staff to interpret when needed.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) The Auditors based compliance on this subpart of the standard after review of Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0. These policies require anyone entering into or remaining in government service, employee or contractor, to undergo a thorough background examination for suitability and retention. The Auditor was provided information from the Division Chief of Personnel Security, (b) (6), (b) (7)(C) with ICE, that the candidate's suitability is considered for all staff and contractor hiring. Each applicant is obligated to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 19977); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. The PSU Chief also confirmed to the Auditor each candidate is questioned directly about any previous misconduct both during their background check and during the job interview process and a positive response to those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The CoreCivic HR staff person informed the Auditor that unless it was prohibited by law EDC would provide information on ex-employees seeking new employment. All EDC employees are required to sign an annual disclosure form, acknowledging no such conduct or violations of law, during his/her annual PREA training. She also confirmed that this same disclosure must be signed prior to any promotion and that promotion eligible employees would not be considered if they disclosed any such prohibited conduct. The Auditor reviewed 5 personnel files (Contractor/Staff) and found background checks completed prior to the employee/contractor employment start date.

(c)(d) The Auditors based compliance on these subparts of the standard after review of Federal Statute 731.105 requiring reinvestigations of all staff and contractors every 5 years. The HR staff person at EDC confirmed that ICE conducts these background checks on contractors and employees. The Auditor did a random check on 10 employees (six- CoreCivic and four-ICE) at EDC. Each of their backgrounds were current and up to date according to ICE.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a) This subpart of the standard is not applicable based on EDC has not expanded or modified the existing facility based on the Wardens interview.

(b) The Auditors based compliance on this subpart of the standard after the interview with the Warden who indicated EDC added (b) (7)(E) (b) (7)(E)

§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) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring the investigating entity, conducting investigations at EDC, follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic" protocols developed after 2011. PREA allegations may also be investigated through Office of Professional Responsibility (OPR) or Office of Inspector General (OIG). Agency policy 11062.2 outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or local law enforcement agency, the AFOD would assign an administrative investigation to be conducted. The agency conducted 18 investigations; 10 were closed with findings of, 2 substantiated, 7 unsubstantiated and 1 unfounded; 8 remain open at the time of the audit. Investigative case files that were reviewed demonstrated the Investigator followed the policy investigative protocols when conducting the investigation. The interview with the facility Warden confirmed protocols were developed and approved in coordination with the FOD and provided written documentation that ICE reviewed these protocols.

(b) The Auditors based compliance on this subpart of the standard after review of a Memorandum of Understanding (MOU) with the Southern Arizona Center Against Sexual Assault (SACASA) dated January 2017 with no sunset date. The SACASA provides crisis services, advocacy, support, therapy and education for individuals and families impacted by sexual trauma. According to SACASA, the trained staff provide a safe place for survivors to heal, gain strength, learn coping skills, and develop trusting, caring relationships. Contact information, toll free telephone number and address, was available to detainees in each housing unit. According to interviews with the PSA Compliance Manager, contact with SACASA can be made through mail and/or telephone that is not monitored. Nineteen detainees of those interviewed knew of the advocacy group and were aware of the unmonitored contact.

(c)(d) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. The review of the MOU with Scottsdale Lincoln Health Network, established in 2014 with no sunset date, which provides a SAFE Nurse to perform forensic exams for detainees at EDC at the local Honor Health Hospital. Interview with the HSA confirmed forensic exams are not conducted by EDC staff or at the facility and are taken to Honor Health Hospital for this examination at no cost to the detainee.

(e) The Auditors based compliance on this subpart of the standard after review of the Memorandum of Understanding (MOU) between EDC and the Eloy Police Department. This police department is contacted in every case of sexual abuse alleged at EDC and would conduct the criminal investigation if it was determined a crime was committed. This written documentation outlines the department follows the requirements of paragraphs (a) through (d) of this standard. The Auditors observed Eloy PD contact in each of the 18 alleged incidents during the last 12 months. Only one of the investigations performed by them led to a charge of assault. The case however is still pending. Interviews with the PSA Compliance Manager, Investigator and Warden and review of the PAQ indicated EDC had no allegations requiring the detainee to be sent to the local hospital for a forensic examination.

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

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

Notes:

(a)(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the facility ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. All investigations are to be reported to the Joint Intake Center (JIC), who assesses allegations to determine which allegations fall within the PREA purview. The PREA allegations are referred to OIG or OPR. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee on detainee allegations are referred to the OPR for assessing criminality. 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 OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Investigative Unit (AIU) for investigation. The AFOD would assign an administrative investigation to be completed. All investigations are closed with a report of investigation. The agency's policy 11062.2 outlines the evidence and investigation protocols. The agency conducted 18 investigations; with 8 open at the time of the audit. Interviews with the Warden and Facility Investigator confirmed these policy requirements and also indicated that all written report documents are maintained for as long as the alleged abuser is incarcerated or employed by the CoreCivic, plus five years. As previously reported, the Eloy PD, having the legal authority, handles all criminal cases occurring at EDC. A review of the investigative files demonstrated notifications being made to them. Protocols for investigations and responsibilities for both the Agency and EDC are documented on both the agency web page (www.ICE.gov/prea) and the facility web page (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>).

(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the facility in which an alleged detainee victim is housed, is alleged to be the perpetrator of detainee sexual abuse or when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the agency and shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. The interview with the Warden and PSA Compliance Manager confirmed that EDC notifies the ERO PREA Field Coordinator on every allegation. The interview with the ERO PREA Field Coordinator confirmed that whenever an allegation of sexual abuse is made at EDC, he is notified as required and is responsible to make the notifications to these ICE personnel as required by policy.

\$115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring each staff member at EDC, having contact with ICE detainees be trained on: agency and EDC Zero tolerance policies; detainee and staff freedom from retaliation; definitions/example of prohibited acts; recognition of where abuse may occur; emotional signs of sexual abuse and prevention methods; avoiding inappropriate relationships with detainees; effective and professional communication with LGBTI detainees; reporting procedures and keeping information confidential. The training staff indicated that each staff member at EDC receive PREA training upon hiring and refresher training annually. He also stated all staff were trained within one year of the May 6, 2014 date. Ten random training files were reviewed; Auditors found each containing signed training acknowledgements. The Auditors also reviewed the curriculum in the training Facilitator Guide for staff and it included all elements required by subpart (a) of the standard. Random interviews of EDC staff confirmed training on PREA and the agency zero tolerance contained each of these elements and at the annual refresher. The facility exceeds the standard training refresher requirement of every two years by having it on an annual basis.

\$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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the level and type of training for volunteers and contractors at EDC be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors having contact with detainees shall be notified of the facility's zero-tolerance policy and on their responsibilities under the facility's sexual abuse prevention, detection, and response policies and procedures. Contractors receive the identical training each staff member receives at EDC. Volunteers receive their training from the Chaplain and Learning and Development Manager. The volunteer training, each receives, details their responsibilities under the agency's and facility's sexual abuse policy. The training includes: definitions of prohibited acts, communication with LGBTI groups, means of reporting and ensuring the nearest security staff person is notified if a detainee alleges sexual abuse to them and the consequences of failing to adhere to the facility policy. The Auditor reviewed the signed written confirmation of the contractor and volunteers indicating they received and understood this training. While the Auditors were onsite, there were no volunteers to interview. The only contractor, commissary, at the facility was interviewed and confirmed receiving the facility PREA training.

\$115.33 - Detainee education.

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

Notes:

(a)(b)(c)(e) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring, during the intake process, all detainees be notified of the facility zero tolerance policy on sexual abuse and assault and be provided with information (orally and in writing) about the facility's SAAP Program. Such information must include the agency and facility's zero-tolerance policies against all forms of sexual abuse and include information on: prevention/intervention; definitions and examples of detainee sexual abuse; methods for reporting; information on self-protection; prohibition against retaliation and the right of a detainee who has been subjected to sexual abuse, to receive treatment and counseling. As noted in standard 115.16, each detainee receives the CoreCivic Supplement to the National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view the National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault", the ICE video Know your Rights both available in Spanish and English. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. The policy further requires information about reporting sexual abuse be included in the detainee handbook which the detainee signs a receipt for. Four detainees reported during interviews they were never provided these orientation materials. The Auditors reviewed their individual institutional files and found signed receipts for these materials. The Auditors, during the tour of the intake area, observed the ICE Enforcement and Removal Operations National Detainee Handbook in 11 languages. The document contained information on: filing grievances; reporting and contact information for the DHS OIG and DHS Joint Intake Center (JIC); zero tolerance information; definitions of prohibited sexual acts; avoiding sexual abuse and assault situations; reporting information including confidentially and anonymously; and medical and mental health care for victims. As noted in standard 115.16 and verified with intake staff and Classification staff, detainees speaking a language different from those 11 languages available are provided information by intake staff or the classification staff on an individual basis using language line.

(d) The Auditors based compliance on this subpart of the standard after finding DHS prescribed sexual assault awareness posters, in Spanish and English, with the name of the PSA Compliance Manager in every area detainees had access to at EDC, including each of the housing units.

(f) The Auditors based compliance on this subpart of the standard after reviewing reporting information in the ICE Enforcement and Removal Operation National detainee Handbook as noted in (a) above and random detainee interviews where all were aware of at least one means to report sexual abuse if they needed to for themselves or someone else.

\$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) Policy 14-2-DHS requiring specialized training on sexual abuse and effective cross-agency coordination be provided to facility investigators who conduct investigations into allegations of sexual abuse at EDC. The standard requires all investigations into alleged sexual abuse must be conducted by qualified investigators. Interviews with both facility Investigators confirmed training each received, in addition to the training mandated for employees, and included investigation training covering: interviewing sexual abuse and assault victims; sexual abuse and assault evidence collection in confinement settings; criteria and evidence required for administrative action or prosecutorial referral; and information about effective cross-agency coordination in the investigation process. The Auditor reviewed their training records and reviewed their completion of this investigation training through the National Institute of Correction (NIC). Review of the 10 completed investigative cases reported during the past 12 months demonstrated the facility investigations were conducted by one of the facility's trained investigators

The agency policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate. The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation

of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work at EDC, receive specialized medical training on: how to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations of sexual abuse; and how to preserve physical evidence of sexual abuse. Medical Services are provided through the U.S. ICE Health Service Corps (IHSC) at EDC. The Auditors interviewed both the Health Services Administrator (HSA) and Psychologist and were informed all staff (full and part time) received this training annually and all staff at EDC are current with the training. A sampling of training files was examined and found to be complete and reflective of the standard training requirements. The facility exceeds the standard requirement, as medical and mental health staff are required to complete the specialized training on an annual basis, which supersedes the standard's requirement. (c) The HSA confirmed that EDC medical staff are prohibited from participating in sexual assault forensic medical examinations or evidence gathering. Forensic examinations are performed by SAFE Nurse through an MOU as noted previously in standard 115.21 in the local hospital.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring all detainees be screened upon arrival at EDC for potential risk of sexual victimization or sexually abusive behavior, and be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Policy further requires each new detainee be kept separate from the general population until he/she has been classified. Interviews with a Classification staff member and two Intake staff members confirmed the initial assessment is typically completed within three hours of arrival but never exceeds the 12-hour standard and policy requirement. They also confirmed detainees remain in the hold rooms until assessment and classification are completed and allowed to be assigned into general population. Each of the 37 detainees interviewed confirmed that they were held in the intake area until assessed. The Auditors reviewed 17 detainee records and found that each was assessed within 12 hours of arrival.

(c)(d)(f) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the facility consider, to the extent EDC has the information: whether the detainee has a medical, mental, physical or developmental disability; the age of detainee; the physical build and appearance; any previous incarcerations; any criminal history; any convictions for sex crimes against child/adult; LGBTI identification or gender non-conforming; prior victimization; and the detainees own concerns about his/her physical safety. The review of the detainee "Sexual Abuse Screening Tool" confirmed these subpart requirements are asked of each detainee. The document also indicated the detainee is asked about prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. Interviews with the intake staff confirmed the entire intake process including the use of the EDC screening tool and also confirmed detainees are not disciplined for refusing to answer or disclosing complete information. Interviews with random detainees confirmed the vulnerability questions asked of them upon arrival.

(e) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring vulnerability assessments being conducted: between 60 to 90 days from the initial assessment upon arrival at the facility; anytime warranted based on new information and following incidents of sexual abuse. The Auditors reviewed 17 detainee institutional records. Three of them were at EDC for a period of over 90 days. In each of those three files a reassessment was completed between the 60th and 90th day. The remaining detainees (14) were only at EDC for under a month.

(g) The Auditors based compliance on this subpart of the standard after interview with the PSA Compliance Manager confirming appropriate controls are placed on all detainee information including risk assessments and sexual abuse allegations and investigation documents in order to ensure that sensitive information is not exploited by employees or other individuals. This information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. These confidential records are maintained in a locked file cabinet inside a secure office.

§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) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring EDC use the information from the Sexual Abuse Screening Tool conducted at every detainee initial screening in the consideration of housing recreation, work program and other activity assignments. The Classification staff person confirmed detainees are not assigned a housing unit or to a volunteer work assignment until such time the risk assessment is completed. She further stated she makes the decision of where the detainee will be housed based on the assessment as outlined in 115.42 and other information she has. The 37 random detainees interviewed confirmed they were not provided a housing assignment until after they received their assessment.

(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring EDC not base housing and program placement decisions for transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration. The facility shall make individualized case-by-case determinations about how to ensure the safety of each detainee. The interview with the Classification staff person confirmed transgender and intersex housing and volunteer work assignments are individualized, after discussion with medical and mental health staff, taking into account the detainee's self-identification of his/her gender and the safety needs of the individual and the facility. Auditors spoke with four transgender detainees during the site visit at EDC. Each confirmed they were questioned about any concerns about housing assignments and safety concerns they had. They also indicated, although EDC has individual showers, if they had concerns about showering then arrangements could be made when other detainees were not in the area. Interviews with the four transgender detainees confirmed that they felt their housing determination was individualized. They each indicated their concerns about their safety were discussed as well as concerns they may have had about 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)(e) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS prohibiting the use of administrative segregation to protect detainees at high risk for sexual abuse and assault except in those instances where reasonable efforts have been made to provide appropriate housing and made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The policy further requires if appropriate custodial options are not available at the facility, the facility must consult with the FOD within 72 hours of the detainee's placement to determine if ICE can provide additional assistance. Such detainees may be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. The Warden confirmed this policy was developed in consultation with the FOD and provided written documentation. He also detailed his obligation to notify him within 72 hours for this type of placement. He also indicated that he would utilize other options than administrative segregation for detainees at high risk of victimization including their placement in one of the infirmary beds or mental health beds. If segregation was ever used in this situation, he indicated the detainee would have access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable.

(d) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring that when EDC uses segregation to protect detainees at high risk for sexual abuse and assault, the facility must take the following actions: a supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct an identical review after the detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first thirty (30) days and review every ten (10) days thereafter. The Segregation Supervisor confirmed that the detainees' placement in segregation would be reviewed within the first three days of his/her assignment with additional reviews completed after the detainee has spent seven (7) days in administrative segregation, and for every week for the first 30 days, and every 10 days thereafter the first month. According to the Warden and PSA Compliance Manager, no detainee has been placed in administrative segregation at high risk for sexual abuse and assault within the last 12 months. Interviews with transgender detainees confirmed none were ever placed in administrative segregation to protect him or her from victimization.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring detainees at EDC be encouraged to immediately report pressure, threats, or incidents of sexual abuse and assault, as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect, or, violation of responsibilities that may have contributed to such incidents. The policy further requires the facility provide detainees information on how contact their consular official, the DHS Office of the Inspector General, and the ICE Hotline. The CoreCivic Supplement to the National Detainee Handbook details reporting information to medical staff, the PSA Compliance Manager and ERO staff. Both Auditors observed, during the tour of EDC, ICE zero tolerance posters and contact information for consular officials in Spanish and English, in each area of the facility the detainees have access to including in each of the housing areas on the secure bulletin boards, and next to detainee phones. As noted earlier in the report the ICE National Detainee Handbook, available in 11 of the most prevalent languages encountered by ICE, provides reporting means for detainees wishing to report confidentially and anonymously sexual abuse to the DHS OIG as the private/public entity or office not part of the agency. This booklet also provides contact and reporting information to the JIC as well. The Auditors checked the DHS OIG numbers from two different housing units at EDC. They interviewed the individual answering the phone. She indicated, in both instances, the caller making a sexual abuse allegation could remain anonymous, the call would remain confidential, and the incident would be reported to agency officials.

(c) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring employees take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as credible allegations. Interviews conducted with random staff confirmed their requirement to promptly document any verbal reports. The PAQ and the PSA Compliance Manager confirmed three of the 18 reported sexual abuse allegations were received from a third party. Review of the investigative files confirmed the allegation was put into writing by the staff member receiving it.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS allowing detainees to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The Grievance staff person detailed the grievance process for sexual abuse allegations for the Auditors as outlined in the CoreCivic Supplement to the National Detainee Handbook. She indicated there were no time limits on filing, she issues a decision within five days with appeals within 30 days. He also confirmed that a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives to prepare a grievance and all. Medical emergencies would be immediately referred to EDC medical personnel for further assessment. The PAQ and the PSA Compliance Manager confirmed that the grievance process was utilized once, during the last 12 months, by a detainee who alleged sexual abuse during the last 12 months. The Grievance staff person stated all allegations of sexual abuse made through the grievance office are immediately reported to the PSA Compliance Manager and Warden. EDC notifies, as required by policy, the ERO PREA Field Coordinator and the allegation is investigated per policy. Random staff interviews confirmed their knowledge of detainees utilizing the grievance process to report allegations of sexual abuse.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring CoreCivic maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Policy further indicates and was corroborated by the PSA Compliance Manager that the facility informs detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor confirmed this through the review of the detainee handbook. The review of the MOU dated January 2017 with SACASA outlining the confidential, emotional support and advocacy services they offer to EDC detainee victims of sexual abuse. The contact information is provided by each housing phone and published in each detainee handbook in Spanish and English. The written information about SACASA is posted in each of the housing units notifying detainees calls and mail are not monitored and all allegations will be reported to CoreCivic. According to interviews with random staff, Warden and PSA Compliance Manager, written correspondence and telephone calls to this advocacy group are not monitored as indicated in the detainee handbook. Eighteen detainees, when questioned during random interviews, were aware of the victim support services offered

by the facility. In review of sexual abuse reports and investigation files in the last 12 months the Auditor determined none of the reports were learned through monitoring communications with outside support services. The Investigative file review further indicated detainees are offered and made aware of access to outside confidential support services that are available.

§115.54 - Third-party reporting.

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

Notes:

The Auditors based compliance on this standard after review of policy 14-2-DHS requiring EDC establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link. Auditors noted third party information, in Spanish and English located in the EDC lobby and visiting area. A review of both the ICE web page (<https://www.ice.gov>) and CoreCivic web page (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees as well. Random detainees were aware that family members and friends could report sexual abuse on their behalf. As noted earlier, three reports were made at EDC through third parties.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy further allows staff to go outside their chain of command directly to the Warden. The interview with the Warden confirmed this policy was approved by the FOD. Interviews with random staff confirmed their immediate reporting responsibilities, including their ability to go outside their chain of command to report, if necessary. They indicated this information is provided in the PREA initial and refresher training as well. They also indicated that apart from reporting to their designated supervisors, they are not to reveal any information related to a sexual abuse to anyone other than to the extent necessary for treatment, investigators, or to their supervisors.

(d) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring an allegation of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult be reported to the designated state or local services agencies under applicable mandatory reporting laws. The interview with the Warden confirmed if the facility encountered an incident of sexual abuse involving a vulnerable adult, CoreCivic's counsel's office would be contacted to determine reporting obligations under the laws of Arizona. As noted earlier there are no juveniles at EDC.

§115.62 - Protection duties.

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

Notes:

The Auditors based compliance on this standard after review of policy 14-2-DHS requiring anytime staff become aware that a detainee is subject to a substantial risk of imminent sexual abuse, they immediately take action to protect the detainee. Auditors questioned the Warden, PSA Compliance Manager, random Supervisors, and random staff about the handling of detainees they believed may be at substantial risk of imminent sexual abuse. All indicated the safety of the detainee at risk of abuse would be their primary concern resulting in the removal from the risk. The Warden and Supervisors indicated placement in the infirmary would be the likely immediate response. During the previous 12 months, EDC did not have a detainee who was at substantial risk of imminent sexual abuse, requiring the facility to take immediate action to protect the detainee.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring EDC upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility contact that Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The policy further requires the Facility Administrator of the facility that received the allegation, in this case EDC, document that it has provided such notification through the use of the 5-1B Notice to Administration. The interview with the Warden confirmed the policy and his requirement to report under policy. The Warden and PSA Compliance Manager both confirmed the requirements under (a)(b) and also confirmed the facility had received three reported incidents within the past 12 months that occurred prior to arriving at EDC. The Auditor reviewed the Notification of Administration for each incident. Two incidents allegedly occurring in County Jails and one under detention in Cuba. EDC reached out to these facilities and reported the allegations and did not hear anything back.

(d) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring that any Corecivic facility receiving notification of an alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director. The facility received no notifications from other facilities indicating incidents of sexual abuse being reported to them that occurred while the detainee was at EDC within the last 12 months.

§115.64 - Responder duties.

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

Notes:

(a) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. The policy further requires if the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim and abuser not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, and smoking, drinking or eating. The random interviews with security staff confirmed their duty to separate the alleged victim from the area, secure the scene, notify medical, notify their supervisor, and not allow the destruction of any evidence. A review of the completed investigative files demonstrated first responder duties were followed.

(b) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff. The interview with two non-security staff who confirmed if they were informed by a detainee of sexual assault they would separate and secure the victim, not allow evidence to be destroyed and immediately notify the closest security staff member. A review of the completed sexual abuse investigative case files indicated two cases were reported initially to non-security staff. The investigative case file review confirmed that after being reported, these non-security staff immediately reported the incidents to security staff.

\$115.65 - Coordinated response.

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS detailing the establishment of a Sexual Abuse Response Team (SART) at EDC to identify roles and provide a coordinated response to incidents of sexual abuse. The SART team at EDC consists of the PSA Compliance Manager; a medical representative, a mental health staff person, security representative, facility Investigator and someone from facility leadership. The SART responsibilities include: responding to reported incidents of sexual abuse and assault; responding to victim assessment and support needs; ensuring policy and procedures are enforced to enhance detainee safety; and participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards. The Auditors reviewed 11 completed investigation files at EDC. Each detailed the multidisciplinary and coordinated response by SART members as required by policy. (c)(d) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring that if a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. The facility Warden and PSA Compliance Manager confirmed that EDC has had no instances with victim transfers between DHS or non-DHS facilities within the previous 12 months. The Warden stated that if they were to transfer a victim of sexual abuse all proper notifications would be made, in accordance with the standard.

\$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:

The Auditors based compliance on this standard after review of policy 14-2-DHS requiring staff, contractors or volunteers suspected of perpetrating sexual abuse be removed from all duties requiring detainee contact pending the outcome of an investigation. The interview with the Warden, Human Resources staff and the PSA Compliance Manager confirmed the EDC policy of restricting any detainee contact of any employee, contractor or volunteer who are being investigated for sexual abuse allegations or any other serious misconduct involving a detainee. They also confirmed the facility has had allegations against staff members within the previous 12 months and in each case the staff person was removed from detainee contact. Two of the cases were found unsubstantiated and one remains open.

\$115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring staff, contractors, volunteers, and detainees not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. The PSA Compliance Manager is responsible for retaliation monitoring at EDC. During his interview he confirmed that for at least ninety (90) days following a report of sexual abuse, anything that may suggest possible retaliation by detainees or staff, the facility would act promptly to remedy any such retaliation. Items he indicated he would monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews, or reassignments of staff. He also indicated monitoring could extend beyond ninety (90) days if the initial monitoring indicates continuing need. He confirmed that during the last 12 months EDC had no allegations of retaliation made at EDC. Random staff interviews confirmed that they are prohibited from retaliating against staff or detainee who report or participates in any sexual abuse investigation. The Auditors reviewed investigative case files and found documentation of retaliation monitoring in each file.

\$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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring EDC take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible and shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. The policy also requires a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. The PSA Compliance Manager and Warden both indicated that placing a detainee victim in involuntary administrative segregation would not be an option that EDC would employ. Most likely the detainee would be placed in the infirmary or in one of the mental health beds in a supportive environment. They indicated in the last 12 months segregation was not used to place a victim of sexual abuse. If segregation were to be used in such a situation the detainee would have his/her vulnerability reassessed prior to their returning to general population. The Warden also confirmed that any detainee victim placed in administrative segregation would require notification be made to the FOD within 72 hours.

\$115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f) Policy 14-2-DHS requires the Warden ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault and be conducted by qualified investigators. The policy further requires upon the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation be conducted, upon the conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary. The investigation can be completed only after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity. The facility Investigator confirmed that his operational protocols for administrative investigations include preservation of direct and circumstantial evidence, including all available physical DNA evidence, electronic monitoring data, interview notes from alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of

sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as a detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; departure of the alleged abuser or victim from the control or employment would not provide a basis of terminating the investigation, an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. He also confirmed that during a criminal investigation he cooperates to the extent he can and remains informed during that investigation. The review of the facility case files confirmed each element requirement of the policy and standard. The Warden and EDC Investigator confirmed that the investigative protocols for the facility were approved by the FOD. They also confirmed that the facility conducts administrative investigations on all allegations regardless of the fact the detainee or employees left control of the facility. As noted earlier, all allegations of sexual abuse are reported to the Eloy P.D. Only one investigation conducted by them led to an assault charge which is still pending. A

\$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:

The Auditors based compliance on the standard after review of policy 14-2-DHS requiring when an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated. The EDC Investigator confirmed the evidence standard utilized when determining a sexual abuse case is the preponderance of evidence. A review of the 11 completed investigative files, appeared to the Auditors, that a preponderance of the evidence was the standard utilized in determining the investigation outcomes.

\$115.73 - Reporting to detainees.

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

Notes:

The Auditors based compliance on the standard after review of policy 14-2-DHS requiring EDC following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. These detainee notifications or attempts are documented on the 14-2E Detainee Allegation Status Notification. The detainee signs this form documenting receipt. The document becomes part of the investigative file. The Auditors did a cursory inspection of all 11 completed files and conducted an in-depth review of five randomly picked case files. The Auditor found completed "Notification of Outcome of Allegation" forms in all 11 case files. Seven of these forms contained no detainee signature with a notation the detainee was either transferred or released prior to the notice being prepared.

\$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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring staff suspected of perpetrating sexual abuse be removed from all duties requiring detainee contact pending the outcome of an investigation and be subject to disciplinary sanctions up to and including termination and removal from Federal service for violating agency and CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Auditors conducted interviews with both the EDC HR staff member and the Warden, which confirmed that removal from service is the presumptive disciplinary sanction for staff violation of the EDC sexual abuse policy. The Warden acknowledged the policy requiring removal from service was approved by the FOD. The facility had no staff removed for violation of this policy.

\$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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring contractors and volunteers suspected of perpetrating sexual abuse be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault is prohibited from contact with detainees. The facility shall also take appropriate remedial measures and shall consider whether to prohibit further contact by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. The interview with the EDC Warden confirmed contractors and/or volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation and he would consider whether to prohibit any further contact with detainees if they had not engaged in sexual abuse, but had violated other provisions within these standards. He further indicated that for every administrative case allegation involving a volunteer or contractor would result in the conduct being reported to the Eloy PD. There were no reported incidents requiring the removal of a contractor or volunteer within the last 12 months.

\$115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS and policy 15-100 (Detainee Discipline) requiring detainees be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse or assault with sanctions commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The policies further require that the disciplinary process considers whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The disciplinary process has a progressive level of appeals and reviews. EDC had two allegations (detainee on detainee) that were substantiated. The disciplinary process was only utilized in one of the cases, in accordance with the standards requirement, as the detainee was released prior to a finding in the second case.

(e) The Auditor based compliance on these subparts of the standard after review of policy 14-2-DHS requiring a detainee not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. The PSA Compliance Manager, PAQ and the Facility Administrator confirmed there were no sexual abuse allegations involving a detainee and staff involving consent of the staff member.

(f) The Auditors based compliance on this subparts of the standard after review of policy 14-2-DHS requiring for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This policy requirement was confirmed by the Warden and Investigator. The Investigator indicated no detainee was ever referred for discipline for submitting an unfounded report made in good faith.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring if the screening, pursuant to 115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral. Four of the random detainees interviewed confirmed prior victimization. The Auditors reviewed the four medical files and found each was seen the same day of referral by both medical and mental services. Interviews with both the HSA and Mental Health practitioner confirmed detainees, by policy, must be seen within 2 days by medical and within 72 hours by mental health however typically the same day or the next day.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring all detainee victims of sexual abuse and assault have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. As previously noted, EDC has an MOU with Honor Health Hospital which provides a SAFE Nurse to perform forensic exams for detainees at the Hospital at no cost to the detainee. Interviews with the EDC HSA confirmed the MOU and indicated that all treatment services are without cost to the detainee and with professionally accepted standards of care. EDC had no detainees sent out for a forensic exam or medical treatment for sexual abuse within the last 12 months.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring EDC offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The evaluation and treatment of these victims shall include follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The HSA interview confirmed victims of sexual abuse would be offered evaluation and continued treatment, consistent with the community level of care at no cost to the detainee.

(d)(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. The HSA confirmed female detainee victims of sexual abuse would receive a pregnancy test and all lawful pregnancy-related medical services when and where applicable. He further indicated all detainee victims of sexual abuse/assault would be offered tests for sexually transmitted infections as medically appropriate at no cost to the victim. These tests and medications would be available through EDC medical if required.

(g) Interviews with mental health staff confirmed, that the facility will attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The random detainee interviews found one detainee with abusive history. His medical record was reviewed and found he was offered mental health services but declined.

§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) The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring the EDC Warden ensure a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. The review will be conducted by the incident review team which includes upper-level facility management, the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners and documented on the 14-2F-DHS Sexual Abuse Incident Review Report. The completed report is to be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. The PSA Compliance Manager confirmed an incident review is conducted on every allegation of sexual abuse and the team looks at: race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification; status; or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. He also stated that the team can recommend changes in policy or practice to better prevent, detect or respond to sexual abuse. EDC is required to adopt the recommendations made by this review or document the reasons for failure to implement the recommendations. The review of the investigative files confirmed incident reviews were completed for sexual abuse investigations within 30 days of the completion of the investigation.

(c) The Auditors based compliance on this subpart of the standard after review of policy 14-2-DHS requiring each facility shall conduct an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office. The PSA Compliance Manager provided the annual review completed for 2018 through 2019.

§115.87 - Data collection.

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

Notes:

The Auditors based compliance on these subparts of the standard after review of policy 14-2-DHS requiring All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. The PSA Compliance Manager confirmed data collected is securely maintained in an office, under double lock and key, with access to only staff requiring a need to review. He indicated the records are retained for at least five years after the date of the initial collection unless federal, state or local law requires otherwise.

§115.201 - Scope of audits.

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

Notes:

- (d) The Auditors were allowed access to the entire facility and able to question staff and detainees about sexual safety during the site visit.
- (e) The Auditors were able to revisit areas of the facility and to view all relevant documentation as requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English and Spanish. The Auditor received no detainee or staff correspondence

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	41

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.

Thomas Eisenschmidt

3/31/2020

Auditor's Signature & Date

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

3/31/2020

PREA Program Manager's Signature & Date