

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



**Homeland  
Security**

**AUDITOR INFORMATION**

|                         |                     |                          |                          |
|-------------------------|---------------------|--------------------------|--------------------------|
| <b>Name of auditor:</b> | Donald Chadwick     | <b>Organization:</b>     | The Nakamoto Group, Inc. |
| <b>Email address:</b>   | (b) (6), (b) (7)(C) | <b>Telephone number:</b> | (919) 208-(b) (6), (b)   |

**AGENCY INFORMATION**

|                        |  |
|------------------------|--|
| <b>Name of agency:</b> | U.S. Immigration and Customs Enforcement (ICE) |
|------------------------|--|

**FIELD OFFICE INFORMATION**

|   |                                     |
|---|-------------------------------------|
| <b>Name of Field Office:</b>                      | Houston                             |
| <b>Field Office Director:</b>                     | Patrick Contreras                   |
| <b>ERO PREA Field Coordinator:</b>                | (b) (6), (b) (7)(C)                 |
| <b>Field Office HQ physical address:</b>          | 5520 Greens Road, Houston, TX 77032 |
| <b>Mailing address:</b> (if different from above) |                                     |

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Basic Information About the Facility</b>       |  |  |  |  |
| <b>Name of facility:</b>                          | Houston Contract Detention Facility  |  |  |  |
| <b>Physical address:</b>                          | 15850 Export Plaza Drive, Houston, Texas 77072   |  |  |  |
| <b>Mailing address:</b> (if different from above) |  |  |  |  |
| <b>Telephone number:</b>                          | (291) 449-1481   |  |  |  |
| <b>Facility type:</b>                             | <input type="checkbox"/> SPC <input checked="" type="checkbox"/> CDF <input type="checkbox"/> DIGSA <input type="checkbox"/> IGSA <input type="checkbox"/> FRC<br><input type="checkbox"/> Other, <b>Describe:</b> |  |  |  |

|  |                     |  |                          |                               |
|--|---------------------|--|--------------------------|-------------------------------|
| <b>Facility Leadership</b>                 |                     |  |                          |                               |
| <b>Name of Official/Officer in Charge:</b> | Robert Lacy Jr.     |  | <b>Title:</b>            | Warden                        |
| <b>Email address:</b>                      | (b) (6), (b) (7)(C) |  | <b>Telephone number:</b> | (936) 334-(b) (6), (b) (7)(C) |
| <b>Facility PSA Compliance Manager</b>     |                     |  |                          |                               |
| <b>Name of PSA Compliance Manager:</b>     | David Price         |  | <b>Title:</b>            | Assistant Warden              |
| <b>Email address:</b>                      | (b) (6), (b) (7)(C) |  | <b>Telephone number:</b> | (936) 283-(b) (6), (b) (7)(C) |

## AUDIT FINDINGS

### NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site Prison Rape Elimination Act (PREA) audit of the Houston HCDF Contract Detention Facility (HCDF), in Houston, Texas was conducted on July 25-27, 2017. The HCDF is operated and owned by CoreCivic. The audit was completed by Donald Chadwick, a Nakamoto Group Inc. certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided responsive documents, the facility layout, and the completed pre-audit questionnaire (PAQ) for review and use. The documentation consisted of CoreCivic policies and procedures, U.S. Immigration and Customs Enforcement (ICE) and ICE Health Service Corps (IHSC) policies and procedures, as well as copies of posters, training documents, logs and memos.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), ERAU Section Chief (b) (6), (b) (7)(C), Nakamoto Group Auditor Sonya Love-Smith, Warden Robert Lacy Jr., Assistant Warden and Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) David Price, CoreCivic PREA Compliance Director (b) (6), (b) (7)(C), Quality Assurance Managers (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C), ICE Supervisory Deportation and Detention Officer (SDDO) (b) (6), (b) (7)(C) and ICE and CoreCivic contracting officers. After the briefing, a comprehensive tour of the facility was completed. The tour included the intake processing area, general population housing units, special housing unit, medical department, recreation, food service, library, visiting room, chapel and the control center. During the tour, the auditor observed staffing; reviewed logs; observed the physical plant; assessed sight lines and camera coverage; and observed institution operations. Particular interest was directed to the intake process and how abusiveness and victimization propensity screening is performed. Based on information provided in the pre-audit questionnaire, HCDF is staffed with (b) (7)(E) CoreCivic security staff and has (b) (7)(E) cameras. (b) (7)(E) security staff members are female. Cross gender viewing was assessed during the tour of housing units to determine if detainees can shower and use the toilet facilities without exposing themselves to employees of the opposite gender. Documentation of unannounced security checks and the level and nature of detainee PREA education and related postings throughout the facility was observed. Staff and detainees acknowledged awareness of the facility's zero tolerance policy against sexual abuse. PREA informational posters were prominently displayed in all housing units and common areas throughout the facility. Audit notifications were also located in the same areas. There were no letters received by the auditor as a result of the audit notifications.

A total of 24 random security staff interviews were conducted on all shifts during the audit. Ten specialized staff were also interviewed, which included the Warden, the Assistant Warden/PSA Compliance Manager, Health Service Administrator, Human Resource Specialist, Grievance Officer, Training Officer, and one staff member from the following categories: Intake, Classification, Supervisory, and Facility Investigator. All security staff were aware of the agency's zero tolerance policy, their responsibilities to protect detainees from all forms of sexual abuse and their duties as first responders, as part of a coordinated response. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under the program, relative to their position in the organization and employment status. All detainees interviewed also demonstrated a good understanding of the PREA, and its prevention, protection, and reporting mechanisms.

Thirty male and female detainees were interviewed and were selected from the housing units. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. None of the detainees interviewed had previously reported sexual abuse. One physically disabled detainee and one detainee who self-identified as being transgender were interviewed. Approximately five detainees were limited English proficient (LEP) and were interviewed utilizing a interpretation service (Certified Languages International). During interviews, detainees acknowledged admissions screening regarding a history of sexual abuse or victimization, but some did not recall whether they were asked if they would like to identify a sexual preference. All detainees interviewed demonstrated a good understanding of PREA's focus on preventing, detecting, and responding to sexual assault issues. Based on interviews, the detainees have knowledge on prevention initiatives, advocacy networks, and reporting mechanisms available to them if required. No detainees refused to be interviewed.

HCDF is located in the North-East section of the city of Houston, Texas. HCDF began accepting ICE detainees in 1984 and, over time, the facility's bed capacity has expanded to 1,000. The facility currently houses criminal and undocumented adult male and female aliens for ICE. Detainees who are released from prison and have ICE holds or detainers are required to go through immigration hearings before a federal immigration judge. The mission of the facility is to provide detention under conditions that are safe, clean and sanitary for detainees awaiting the administrative hearing process. ICE staff are on-site to address case concerns. Detainees classified as low, low medium, high medium or high security are housed at HCDF. The facility is comprised of a single building that encompasses approximately 183,000 square feet. The detainee housing areas consist of 26 dormitories which house 20-60 detainees each. There are 32 male segregation unit beds and four female segregation unit beds. There are 16 infirmary beds. The dormitories are populated with detainees of similar classification/security requirements. All dormitory shower and toilet facilities are located behind walls and partitions. Some shower partitions are augmented by shower curtains. There are also detainee toilet facilities in the intake processing area. IHSC and Ingenuity provide medical and mental health care at the facility. Trinity Food Service and Transcor are major subcontractors who provide food services and transportation services, respectively. During the last twelve months, 14,551 adult detainees were booked into the facility. The average time in custody is 64 days. The facility does not house juveniles.

There were eight allegations of sexual abuse during the last twelve months.

**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.

When the on-site audit was completed, a close-out meeting was held with the Assistant Field Office Director, the ERAU Team Lead and Section Chief, the Warden, Assistant Warden/PSA Compliance Manager, the Health Services Administrator, CoreCivic Quality Assurance Managers, CoreCivic Corporate PREA Compliance Director, CoreCivic Investigators, various ICE on-site staff and CoreCivic department heads and staff. The facility staff were courteous, cooperative and professional. Staff morale appeared to be good and the observed staff and detainee interactions were seen as appropriate.

The standards used for this audit became effective in March 2014. There were 41 PREA standards assessed for this Subpart A audit. Two standards were found to be not-applicable and 39 standards were found to be "Meets Standard". The auditor was provided with extensive files containing policies and other documents prior to and during the audit for review to support a conclusion of compliance where applicable. Observations during the tour, documentation and interviews also supported any determination of compliance. All areas of the facility were observed to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the staff for their preparation, hard work and dedication to the PREA audit process.

**SUMMARY OF AUDIT FINDINGS**

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 0  |
| <b>Number of standards met:</b>      | 39 |
| <b>Number of standards not met:</b>  | 0  |

## 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.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

The CoreCivic policy on Sexual Abuse Prevention and Response (CoreCivic14-2-DHS) addresses the requirements identified in this standard. HCDF has appointed a PSA Compliance Manager. Based on an interview, the PSA Compliance Manager has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Policy requires detainees to be informed about the PREA zero-tolerance policy during in-processing procedures. (Continued)

### **§115.13 – Detainee supervision and monitoring.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

The CoreCivic Annual PREA Staffing Plan Assessment supports this standard. A review of the staffing plans, post orders, as well as interviews with the Warden and the PSA Compliance Manager, confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. A comprehensive analysis is completed annually. The facility is staffed by over [REDACTED] employees who have regular contact with detainees. This includes ICE and IHSC, as well as contracted security, maintenance and medical staff. The facility's security staff complement is [REDACTED]. Staff supervision and monitoring is supplemented by [REDACTED] video cameras. Post orders are reviewed annually. (Continued)

### **§115.14 – Juvenile and family detainees.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

#### **Notes:**

Non- Applicable. HDCF does not house juvenile or family detainees.

### **§115.15 – Limits to cross-gender viewing and searches.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. In accordance with HCDF policy and the Sexual Abuse and Assault Prevention and Intervention Directive (ICE Directive 11062.2), cross-gender pat-down searches, strip searches or cross-gender visual body cavity searches are not permitted, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the last twelve months. When either a cross gender pat or strip search is conducted, the search is required to be documented on Form 5-1B Notice to Administration. Security staff Post Orders require announcements to be made when opposite gender staff enter units.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes**

CoreCivic 14-2-DHS and (Special Needs Patients (IHSC Policy 03-11) address the requirements of this standard. HCDF takes appropriate steps to ensure detainees with disabilities and detainees with LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to any form of sexual abuse. PREA pamphlets, PREA posters and detainee handbooks are in both English and Spanish. The facility has a contract with a telephonic interpretation service to provide interpretation services for detainees who are LEP. Detainee PREA education material is available in other accessible formats, specifically through the use of a TTY machine. Interviews with LEP detainees confirm that they received PREA information in a language they understand.

### **§115.17 – Hiring and promotion decisions.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. The facility hires and promotes in accordance with the ICE Suitability Screening Requirements for Contractor Personnel (ICE Directive 6-8.0). HCDF refrains from hiring, promoting or enlisting the services of anyone who has engaged or has been convicted of sexual abuse. The Human Resource Manager was interviewed and stated that all components of this standard have been met. Employee files were sampled for background clearance completions. All employees, contractors and volunteers have had background checks completed. Employee backgrounds are rechecked every five years. (Continued)

### **§115.18 – Upgrades to facilities and technologies.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirement of this standard. HPC considers the effects of the design, expansion, or modification of existing facility buildings, upon the facility's ability to protect detainees from sexual abuse. If facility expansion is considered, PREA related assessments are required to be documented on Form 7-1B (PREA Physical Plant Considerations). However, according to the Pre-audit Questionnaire, this facility has not had any substantial expansion or modification of existing facilities since May 6, 2014.

### **§115.21 – Evidence protocols and forensic medical examinations.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS and the CoreCivic Incident Reporting policy (CoreCivic 5-1) address the requirements of this standard. IHSC and security contract staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. All forensic medical examinations are conducted at Northeast Herman Memorial Hospital which has qualified staff available 24 hours per day, seven days per week to conduct forensic medical examinations. However, there were no forensic medical examinations conducted during the last 12 months. The facility follows a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative and criminal proceedings. Victims of sexual abuse are referred to health services for initial examination and treatment. (Cont)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS and ICE Directive 11062.2 address the requirements of this standard. The policies establish facility and agency protocols to ensure each allegation of sexual abuse is investigated or referred to an appropriate investigative authority. HCDF initiated administrative investigations on eight allegations of sexual abuse. All allegations of sexual abuse are reported immediately to the Houston Police Department by HCDF staff. The facility also notifies on-site ICE personnel, who then further coordinates notification to other appropriate investigative entities (Joint Intake Center, DHS-OIG, and ICE FOD) to ensure that an administrative or criminal investigation is completed on all allegations of sexual abuse. (Continued)

### **§115.31 – Staff training.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. The review of training documents, curriculum, training logs and interviews with staff and the HCDF Training Officer confirmed that all HCDF employees, contract staff and volunteers received PREA training that includes each element of the standard. Medical and mental health staff receive specialized training that includes detecting and assessing signs of sexual abuse, preservation of physical evidence, responding effectively and professionally to victims and how to report sexual abuse. Staff receive initial training when hired and receive annual refresher training.

### **§115.32 – Other training.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Based on a sampling of files, all "other contractors" and volunteers providing services to the detainees at the facility on a non-recurring basis have received PREA training. A review of the training records and the "PREA Student Training Handout" revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor.

### **§115.33 – Detainee education.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS and the HCDF Facility Handbook address the requirements of this standard. The handbook contains a section called "Sexual Abuse and Assault Awareness". During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook and the HCDF Handbook. The pamphlet and handbooks are available in English and Spanish. The facility provides detainees with language assistance including professional interpretation services via Language Line Services, Inc. (the ERO language line). (Continued)

### **§115.34 – Specialized training: Investigations.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

The HCDF PSA Compliance Manager coordinates specialized training for local investigators who conduct investigations into allegations of sexual abuse. Non-criminal misconduct allegations are investigated locally and referred to the facility ICE contracting officers for further coordination. Two HCDF staff have received specialized PREA training. The facility investigator and the classification officer received CoreCivic Investigator Training. The Auditor confirmed compliance through review of policy and training materials.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

ICE Directive 11062.2 and IHSC 03-01 address the requirements of this standard. Section 5.2 of ICE Directive 11062.2 covers the requirements for IHSC medical and mental health staff. All mental health and medical staff at HCDF have received specialized medical and mental health PREA training. The training includes how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and how to report allegations of sexual abuse. The training plan and course material were reviewed by the auditor. Forensic examinations are conducted at Northeast Herman Memorial Hospital. Compliance with this standard was confirmed by staff interviews and the review of training documents.

### **§115.41 – Assessment for risk of victimization and abusiveness.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS address the requirements of this standard. All detainees are assessed at intake immediately upon arrival. Documents and electronic information available upon admission are reviewed and the detainee is interviewed and assessed in accordance with several classification and security variables. Several potential victimization variables are also reviewed. Based on this process, to include a scoring mechanism, a security/supervision level is assigned. This process occurs within 12 hours of admission in order to assign appropriate housing. Classification document (14-2B-DHS) indicates a propensity risk for victimization or abusiveness has been identified for new detainees. (Continued)

### **§115.42 – Use of assessment information.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. A classification system is established to determine proper housing and vulnerability risk. Classification and security variables are evaluated to determine placement in general population or specialized housing. An identified vulnerability risk is part of the intake screening process and is incorporated within the classification and housing decision processes. Form 14-2B-DHS is used to indicate housing, work and program assignments. Potential and actual victim and predator categories are tracked for housing placement purposes. One transgender detainee was housed during the time of the audit and interviewed by the Auditor; the detainee stated they felt safe, was being treated fairly, and able to shower separately from other detainees. The facility policy requires staff to consider the detainee's self-identification and base housing placements on the transgender's mental health and well-being.

### **§115.43 – Protective custody.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Policy states detainees at high risk for sexual victimization may be placed in protective custody only until an alternative means of separation from likely abusers can be arranged and such assignment may not ordinarily exceed 30 days. The policy requires staff to notify the ICE Field Office Director and document reasons why a detainee at risk for victimization was placed in administrative segregation. The detainee will be assessed within 72 hours and reassessed every seven days for the first 30 days; then every 10 days thereafter. During the last twelve months, no detainees were placed in a protective custody unit on the basis of their vulnerability to sexual abuse.

### **§115.51 – Detainee reporting.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. A review of documentation and staff and detainee interviews indicated that there are multiple reporting mechanisms available to detainees for reporting allegations of sexual abuse (i.e., verbally; in writing via a letter to ICE, to DHS OIG or consulate; by telephone call to a hot line; anonymously; privately and from a third party). The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting.

### **§115.52 – Grievances.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS and HCDF Detainee Handbook address the requirements of this standard. Detainees may file a grievance at any time without use of an informal resolution process. All allegations of sexual abuse, when received by staff, would immediately result in an administrative or criminal investigation. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. In the last 12 months the facility did not receive any sexual abuse allegations via the grievance process. The Grievance Officer was interviewed and confirmed compliance with this standard. (Continued)

### **§115.53 – Detainee access to outside confidential support services.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS and the HCDF Detainee Handbook address the requirements of this standard. Policy requires staff to utilize available community resources and services to provide valuable expertise and support in areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse. Detainees are offered crisis intervention services at "Family Time Crisis and Counseling Center" via a Memorandum of Understanding. The facility's local resource for detainee reporting and victim advocate services is located in Humble, TX. A 24 hour crisis line is available for access to this crisis center. Interviews with staff and detainees support the facility's compliance with this standard.

### **§115.54 – Third-party reporting**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

Procedures for third-party reporting are listed in the Sexual Abuse and Assault Awareness Pamphlet, detainee handbook and posters which include the ICE and the DHS OIG telephone number and mailing address. This information is also available on the CoreCivic Web Page which provides a link to all types of reporting and instructions for reporting allegations for a specific facility. Staff and detainees interviewed were aware of the procedures for third-party reporting. Informational postings are prominent in housing areas and the facility also has signs in the visiting room which allows family and friends of detainees to note the procedures for reporting allegations.

### **§115.61 – Staff reporting duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Policy requires staff to treat allegations of sexual abuse as credible. Staff should behave in a non-judgmental and sensitive manner. All reports should be reported to the facility investigator. Staff confirmed during interviews that they know that they are responsible for immediately reporting any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such actions. Staff may report sexual misconduct inside or outside of their chain of command. The DHS OIG hot line is available for third party reporting. (Continued)

### **§115.62 – Protection duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Policy requires special consideration to be given to any factor that would raise the risk of vulnerability, victimization or abuse. Policy requires staff members to take immediate action to protect a detainee when there is a reasonable belief that the detainee is subject to a substantial risk of imminent sexual abuse. Interviewed staff were well aware of their duties and responsibilities, as it relates to a detainee being at imminent risk for being sexually abused. All staff indicated they would act immediately to protect the detainee and then call their supervisor. Interviews with staff and an examination of established policy confirm compliance with this standard.

**§115.63 – Report to other confinement facilities.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility whose staff received the allegation must notify the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible, but no later than 72 hours after receiving the allegation, and the notification must be documented. An interview with the PSA Compliance Manager confirmed their awareness of the requirement. During the audit period, HCDF reports there were no allegations of detainee sexual abuse while confined at another facility or while confined at HCDF.

**§115.64 – Responder duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. All security staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse. They also stated they would separate the alleged victim and abuser, preserve and protect the scene, not allow detainees to destroy possible evidence and contact their supervisor. Actions include providing health services protocols and assessing the need for forensic services. Non-security staff stated that their main duties would be to ensure the alleged victim did not destroy any physical evidence and then notify security staff. HCDF did not report any actual first responder cases during the audit period. Interviews with security and non-security staff and an examination of policies confirm compliance with this standard.

**§115.65 – Coordinated response.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. The Sexual Abuse Response Team (SART) has been established to ensure coordinated actions of staff in response to sexual abuse incidents. Policy establishes written procedures for a coordinated, multidisciplinary team approach. In addition to first responders, the team consists of a medical practitioner, a mental health provider, a security staff member, an investigator from the assigned entity and representatives from outside entities that provide relevant services and expertise. Staff interviews confirmed that they were knowledgeable regarding their responsibilities relative to the coordinated response. HCDF reported no need to coordinate medical or social services for sexual abuse cases requiring transfer to other facilities.

**§115.66 – Protection of detainees from contact with alleged abusers.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact if suspected of perpetrating sexual abuse, pending the outcome of an investigation. When a contractor is alleged to be the perpetrator, the contractor's firm will be notified of the incident. Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. Interviews with the Warden and PSA Compliance Manager confirmed compliance with this standard.

**§115.67 – Agency protection against retaliation.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Policy prohibits any type of retaliation against any person or detainee who reports, complains about, or participates in an investigation into an allegation of sexual abuse. HCDF policy requires at least a 90 day period of monitoring to determine if there are facts that may suggest possible retaliation by detainees or staff. Monitoring areas are to include any detainee disciplinary reports, housing, or program changes, or staff negative performance reviews or reassignments. Retaliation is monitored and documented on Form 14-2D (PREA Retaliation Monitoring Report). Monitoring continues beyond 90 days if there is a continuing need. The facility reports that there have been no instances of detainees or staff reporting retaliation during this audit period. (Continued)

**§115.68 – Post-allegation protective custody.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Facility policy states that detainee victims shall be housed in a supportive environment that represents the least restrictive housing option possible. Ordinarily, a detainee may not be held in administrative segregation for longer than five days. The facility will permit the victim, to the extent possible, the same level of privileges permitted immediately prior to any sexual abuse. Facility policy states placement in administrative segregation due to a special vulnerability is to be used as a last resort. A case reassessment is required prior to return to general population. No post allegation protective custody has been used this audit period. (Cont)

### **§115.71 – Criminal and administrative investigations.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

ICE Directive 11062.2 and CoreCivic 14-2-DHS address the requirements of this standard. There were eight sexual abuse allegations investigated during the applicable audit period. All allegations were referred to local law enforcement and ICE staff were notified per ICE notification requirements. While none of the cases referred to Houston Police Department were determined to be criminal, policy requires coordination of investigations to ensure the integrity of criminal investigations. For the audit period, there was one substantiated case, five unsubstantiated cases and two unfounded cases. Investigative files revealed all administrative steps were consistent with PREA standards. (Continued)

### **§115.72 – Evidentiary standard for administrative investigations.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

ICE Directive 11062.2 and CoreCivic 14-2-DHS address the requirements of this standard. When conducting administrative investigations, the agency and facility impose no standard higher than the preponderance of evidence to substantiate an allegation of sexual abuse. Interviews with the PSA Compliance Manager and the facility Investigator confirm compliance with this standard.

### **§115.73 – Reporting to detainees.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

ICE Directive 11062.2 and CoreCivic 14-2-DHS address the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. All such notifications are documented through "Proof of Service" forms and placed in both the detainee A file and the facility investigative file. HCDF documents detainee notifications and attempted notifications on the Detainee Allegation Status Notification (Form 14-2E). A signed Form 14-2E is placed in the detainee's file. Auditor confirmed compliance through interviews with the Facility Investigators and reviews of the internal facility investigative files.

### **§115.76 – Disciplinary sanctions for staff.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Disciplinary sanctions for staff violations of CoreCivic policies relating to sexual abuse shall be commensurate with the nature and circumstances of the acts committed and other variables. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (Continued)

### **§115.77 – Corrective action for contractors and volunteers.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Contractors or volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional licensing bodies, unless the activity was clearly not criminal. During the applicable audit period, there were no sexual abuse allegations lodged against a contractor or volunteer. Compliance with this standard was determined by a review of policies and interviews with the Human Resource Manager, the Warden and the PSA Compliance Manager.

### **§115.78 – Disciplinary sanctions for detainees.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### **Notes:**

HCDF 15-100 and CoreCivic 14-2-DHS address the requirements of this standard. Policy mandates that detainees are afforded due process rights and that sanctions are fair, impartially given, and appropriate for the offense. The severity of sanctions varies, to include informal resolution. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. (Continued)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

IHSC Directive 03-01 and CoreCivic 14-2-DHS address the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued reassessment and follow-up services. When detainees are referred, a medical evaluation takes place within two working days. The procedures also allow for detainees who report victimization or abusiveness to be offered a follow up meeting with mental health staff within 72 hours of referral. Treatment services are offered without financial cost to the detainee. Examples of referrals were reviewed by the auditor. (Continued)

**§115.82 – Access to emergency medical and mental health services.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS addresses the requirements of this standard. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community (Northeast Herman Memorial Hospital). Victim advocacy is offered through Family Time Crisis and Counseling Center. There is no financial cost to the detainee for any sexual abuse related incident, related medical or mental health care or advocacy services, regardless of whether the victim names the abuser or cooperates with the incident investigation. There were no facility referrals for emergency care for sexual abuse victims within the last twelve months that required the services of a forensic examiner or the services of Family Time Crisis and Counseling Center. Compliance with this standard was confirmed based on interviews with medical and mental health staff and a review of records.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS and IHSC 03-01 address the requirements of this standard. Medical and mental health evaluations and, as appropriate, treatment to all detainees, who have been victimized by sexual abuse while in ICE detention, are offered immediately. Services are consistent with a community level of care, without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with the investigation. Detainee victims of sexual abuse are offered tests for sexually transmitted infections, in accordance with professionally accepted standards of care, as medically appropriate. If applicable, pregnancy tests are conducted and pregnancy care information is provided. Mental health evaluations are conducted on all known detainee-on-detainee abusers within 60 days of learning of such abuse. (Continued)

**§115.86 – Sexual abuse incident reviews.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic 14-2-DHS identifies the minimum number of members on the Sexual Abuse Incident Review Team and covers the process for sexual abuse incident reviews, to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The review is required to be completed within 30 days of the conclusion of the investigation. The incident review is documented on Form 14-2F-DHS. (Continued)

**§115.87 – Data collection.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CoreCivic Policy 1-15 (Retention of Records) and IHSC 03-01 address the requirements of this standard. HCDF maintains all case records associated with claims of sexual abuse in a secure area, to include incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings and recommendations for post release treatment as applicable. All sexual abuse data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. The interview with the PSA Compliance Manager and other staff support compliance with this standard. (Continued)

**§115.201 – Scope of audits.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

The auditor was able to access and observe all areas of the facility. The auditor was provided all relevant documents and conducted interviews with staff/detainees. Audit notices were posted in all housing areas, giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at HCDF.

## ADDITIONAL NOTES

**Directions:** Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.11 A video is offered in English and in Spanish while the detainee is housed in the intake area of the facility. Detainees are also informed about the program and zero-tolerance via the facility Detainee Handbook, related pamphlets and through postings throughout the facility (observed during the tour). All written documents are available in English and Spanish. Other ICE publications are available in Creole, Chinese and French. Interpretive services are available for detainees who do not speak or read English, Spanish or other languages via the Language Line Services, Inc. All interviews with staff, volunteers, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of the PREA meets the required compliance with this standard. An examination of documentation also confirms compliance with this standard.

115.13 The audit included an examination of the video monitoring systems, housing unit log books and interviews with staff and detainees. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. HCDF's staffing has not adversely impacted the prevalence of substantiated or unsubstantiated sexual abuse allegations, nor has the lack of supervision and monitoring been viewed as causal factors for sexual abuse allegations over the audit period. The review of unannounced rounds documentation confirmed that intermediate-level and higher-level supervisors conduct and document unannounced security inspections on a "Supervisor's Daily Checklist". Such visits throughout the facility are focused on identifying and deterring sexual abuse of detainees. HCDF policy prohibits staff from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that unannounced security inspections are conducted on each shift. Compliance with this standard was confirmed by a review of housing inspection logs, and based on staff interviews. Incident review documentation was reviewed in addition to staffing levels for security staff.

115.15 Additionally, security officers receive training in pat-down search procedures and are aware these pat-down searches are not performed for the sole purpose of determining the genital status of a detainee. There are adequate limits to cross-gender viewing and searches, which were observed by the Auditor. Appropriate visual barriers in showers and toilets are in place to prevent non- incidental and non-medical viewing of genitals and buttocks.

115.17 The facility does not hire or promote anyone who may have contact with detainees and does not enlist the services of any contractor who may have contact with detainees, who has engaged in any type of sexual abuse/harassment. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency also notifies appropriate licensing/certifying agencies when professional staff is terminated for substantiated allegations of sexual abuse or harassment.

115.21 Such treatment would be for life preservation only. If medically indicated and at the detainee's request, the victim would be transported to Northeast Herman Memorial Hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. HCDF's Sexual Assault Response Team coordinates advocacy services at the time of the incident with Family Time Crisis and Counseling Center. All sexual abuse advocacy services, examinations, treatment, testing and follow-up care are provided without cost to the victim. IHSC staff have been trained as victim advocates. HCDF coordinates investigations depending on the nature and level. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. The Warden or designee generates the referral to the outside agency and ICE is contacted. The review of training records confirmed that investigators have received training on the investigation of sexual abuse and harassment in confinement settings. Interviews with staff, the availability of 24/7 forensic examiners, a review of the Memorandum of Understanding with a local victim advocate and an examination of documentation confirm compliance with this standard.

115.22 The policies require that facility investigators ensure that outside investigative personnel follow a uniform evidence protocol and facility investigators will serve as a supportive liaison throughout the investigative process. The policies cover the coordination of criminal, if applicable, and administrative investigations to ensure a criminal investigation is not compromised by a concurrent administrative investigation. Investigative protocols are posted on the ICE public website ([www.ice.gov/prea](http://www.ice.gov/prea)).

115.33 This oral interpretation assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Detainees sign a form acknowledging receipt of these documents. The pamphlet and handbooks identify the key elements of the program and inform detainees of the zero-tolerance policy regarding sexual abuse and multiple ways to report any such incidents. Detainees also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the detainee's right to be free from sexual abuse, sexual harassment and retaliation. Staff interpreters and a telephonic interpretation service are available to detainees who are not proficient in English. Unit Management, ICE and other staff visit the housing units and are available to provide information to address issues that may include PREA information. Detainee interviews confirmed that they received PREA information and they were aware of numerous reporting methods, to include anonymous and third party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and the visiting area. Interviews with staff and an examination of documentation also confirm compliance with this standard.

115.41 Classification document (14-2B-DHS) also indicates a re-assessment of the propensity level has been performed at 60-90 days from admission, and this reassessment process includes actual input from the detainee. Information received during the screening is only available to staff with a need-to-know and never to other detainees.

115.52 There is no prohibition that limits third parties, including fellow detainees, staff members, family members, attorneys and outside advocates, in assisting detainees in filing requests for grievances relating to allegations of sexual abuse and filing such requests on behalf of detainees.

115.61 Policy requires that the information concerning the identity of the alleged detainee victim and the specific facts of the case be limited to staff on a need-to-know basis.

115.67 Auditor confirmed compliance by interview with the Retaliation Monitor and review of the policy and Form 14-2D.

## ADDITIONAL NOTES

115.68 In-line with normal protective custody procedures, the facility is aware of the necessary notifications that must be made to the ICE FOD. The auditor confirmed compliance through policy review and an interview with the PSA Compliance Manager, who was very knowledgeable of the process and requirements regarding post-allegation protective custody.

115.71 Staff perpetrators were alleged in four of the five unsubstantiated cases and the two unfounded cases. No contractors or volunteers were the subject of any of the investigations. Interviews revealed that the departure of an alleged abuser or victim from the control of the agency would not provide a basis for terminating an investigation. Interviews with the PSA Compliance Manager confirmed that the facility would fully cooperate with outside investigators. The institution's investigative staff conduct administrative investigations within the facility and were interviewed by the auditor. Interviews revealed that the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as detainee or staff. The facility does not require a detainee who alleges sexual abuse to consent to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

115.76 Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. There were no substantiated staff sexual abuse allegations for the audit period. Compliance with this standard was determined by a review of policies, investigative documentation and interviews with the Human Resource Manager, the Warden and the PSA Compliance Manager.

115.78 Consensual detainee sexual acts are prohibited and subject to the disciplinary process. The detainee's disciplinary history, mental disabilities and mental illness would be considered when determining what type of sanction should be imposed. HCDF policy does not allow disciplinary action on a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. There was one substantiated finding of detainee sexual abuse during the audit period. Staff took the required disciplinary action for this offense. Interviews with the facility Investigator confirmed compliance with this standard.

115.81 However, the Auditor would like to note an inconsistency between the CoreCivic and IHSC Directives. CoreCivic Directive 14-2-DHS and IHSC Directive 03-01 do not provide consistent guidance regarding intake referrals to medical and mental health based on a history of victimization or abusiveness pursuant to 115.41. IHSC 03-01, Section 4.2 limits referrals for pre-detention incidents of victimization/abusiveness to six months, rather than a broader pre-detention period. The Auditor is providing this observation in the report hoping it will allow the facility and IHSC to coordinate their governing facility policies together.

115.83 Compliance with this standard was confirmed based on interviews with medical and mental health staff and a review of records.

115.86 There were eight allegations of sexual abuse during the last twelve months. All cases received an incident review and all substantiated and unsubstantiated cases had written reports prepared in a timely manner and consistent with policy guidance as to the variables to assess. The auditor reviewed the HCDF 2016 annual review of aggregate data regarding sexual abuse.

115.87 The CoreCivic PREA Annual Report for 2016 is available on the agency's public web page. The report compares year to year trends in several PREA standards indicators. It discusses audit findings, both internal and external, and responses to findings which enhanced compliance with the PREA standards.

### **AUDITOR CERTIFICATION:**

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

*Donald Chadwick*

**Auditor's Signature**

11/16/2017

**Date**