

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	6/14/2021	<b>To:</b>	6/15/2021
--------------	-----------	------------	-----------

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Sharon R. Shaver	<b>Organization:</b>	Creative Corrections
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	474-454-(b) (6), (b) (7)(C)

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	(b) (6), (b) (7)(C)	<b>Organization:</b>	Creative Corrections
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	202-381-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

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

**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	El Paso
<b>Field Office Director:</b>	Paul McBride
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	5529 Greens Road Houston, TX 77032
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Houston Contract Detention Facility
<b>Physical address:</b>	15850 Export Plaza Dr. Houston, TX 77032
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	281-449-1481
<b>Facility type:</b>	CDF
<b>PREA Incorporation Date:</b>	4/28/2016

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	936-334-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	281-755-(b) (6), (b) (7)(C)

**ICE HQ USE ONLY**

<b>Form Key:</b>	29
<b>Revision Date:</b>	02/24/2020
<b>Notes:</b>	Click or tap here to enter text.

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Houston Contract Detention Facility (HCDF) was conducted June 14-15, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Sharon Shaver and (b) (6), (b) (7)(C) employed by Creative Corrections, LLC. This is the second DHS Immigration and Customs Enforcement (ICE) PREA audit of the facility. The lead Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (b) (6), (b) (7)(C) and Assistant ICE Program Manager, (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analysis Unit (ERAU) during the audit report review process. HCDF is operated by CoreCivic.

The ICE PREA audit was originally scheduled for April 2020 and was postponed due to the health pandemic. The audit was changed to a contingency audit. The audit period review became April 2019 to August 25, 2020. The pre-audit documentation review was completed; and the Remote Interview Phase was completed on August 25-26, 2020. ICE developed a contingency audit process to conduct PREA audits when operationally necessary or appropriate, e.g. a health pandemic. The process was divided into three phases: Pre-Audit, Remote Interviews, and On-Site Audit. Approximately four weeks prior to the contingency audit phase, ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form in folders for ease of auditing. The main policy that provides facility direction for PREA is CoreCivic Policy 14-2-DHS Sexual Abuse Prevention and Response (SAAPI) and ICE Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI). During the Pre-Audit phase, the Auditors completed a review of submitted documentation to include policies, detainee detention files, and personnel files for staff, contractors, and volunteers, and investigative files. The second phase, Remote Interviews, consists of interviews with staff, detainees, volunteers, contractors, and outside investigative units and/or service providers.

The design capacity of the facility allows for housing of 1,000 adult male and female detainees with security levels of high, medium, and low. On the first day of the contingency audit, there were 105 detainees, including 83 male and 22 female. The average detainee population for the last twelve months was 789. The average time in custody is 37 days, both at the time of the contingency audit phase and the on-site visit. The top three nationalities of the detainee population at the time of the contingency audit phase were reported as Guatemalan, Mexican, and Salvadoran, but during the on-site visit, this had changed to Brazilian, Nicaraguan, and Venezuelan. Religious services are provided by a facility chaplain and approved volunteers. ICE Health Services Corp (IHSC) operates medical and mental health.

A determination was made to interview 36 detainees during the contingency audit phase. The Remote Interviews were divided between the lead Auditor and the second Auditor. The second Auditor was assigned the responsibility of interviewing detainees from targeted categories and random selection. In the timeframe before the Remote Interview phase, the facility provided the requested information used for the random selection of detainees and staff to be interviewed including an alphabetic and housing listing of all detainees at the facility, lists of staff by duty position and shifts, and a list of volunteers and contractors on duty during the contingency audit phase. Initially, a list of detainees who identified their sexual orientation as lesbian/gay/bisexual/transgender/intersex (LGBTI) was not provided prior to the Remote Interview phase and it was not completely clear if there were no detainees available to be interviewed. This issue was resolved during the interview with the Prevention of Sexual Assault (PSA) Compliance Manager, at which time a list of LGBTI detainees was provided and names were selected from the list to be interviewed. Prior to the Remote Interview phase of the audit, the lead Auditor identified 36 detainees to be interviewed but was notified the day before the audit that 85 detainees were transferring out of the facility and the list of detainees had to be revised based on the reduced population. The second Auditor was assigned the responsibility of interviewing detainees from targeted categories and random selection using WebEx during the Remote Interview phase of the contingency audit phase. The Auditor conducted 22 (6 female and 16 male) formal detainee interviews. All detainees interviewed were selected collaboratively between the two Auditors and were chosen randomly. The Auditors made an effort to interview a balanced sampling of detainees from each housing unit, yet that may not have been accomplished due to the large volume of transfers during the hurricane evacuation process up to and including the first day of the interviews. Interviews included detainees from the following housing units: 2-A08, 3-A12, 3-B03, 3-B05, 1-B06, 1-B09, 5-B10, and 4-B11. Five detainees interviewed qualified as random selection and 17 detainees interviewed were limited English proficient (LEP) speaking French, Hindu, Urdu, Tigrena, Punjabi, and Spanish, and required the use of Language Services Associates (LSA), an interpretation service provided through Creative Corrections. One detainee who was disabled was to be interviewed, but refused, therefore none were interviewed in this category. Three detainees interviewed reported sexual victimization, and the facility reported no detainees who identified as transgender/intersex. Two detainees were selected because they were listed as lesbian, gay, or bisexual. A total of 38 staff/contractors/volunteers were formally interviewed. All staff were randomly selected by the lead Auditor from rosters and based on their specific area of expertise provided by the facility prior to the Remote Interview Phase. The facility contracts with Trinity Service Group for food service and Transcor for detainee transportation. CoreCivic provides maintenance service and security staff. Staff interviewed included the Facility Administrator, PSA Compliance Manager, first line supervisors (5), line officers (14), medical and mental health staff (3), Human Resources Manager, Volunteer Coordinator, Grievance Coordinator, non-security/volunteers/contractors (4), Facility Investigator, Training Supervisor, and classification/intake staff (5). It should be noted that the facility was under severe weather conditions the week of the remote interviews and they managed extremely well under the circumstances.

The third phase, the On-site Audit, was scheduled when it was deemed the environment was safe for the ICE federal staff, facility staff, detainees, and Auditors. This phase mirrors a traditional PREA audit with a facility tour, observation of facility practices, and follow-up from the prior phases, as needed. Full compliance was contingent upon the on-site review of observations of the facility's operational practices during the facility tour, any additional documentation review, and supplemental interviews of staff and detainees to determine all subparts of the standard were appropriately handled per the standard's requirement; the Auditors' review of their notes and information gathered during Phases One and Two of the contingency audit process were also considered. Prior to the Phase Three, the on-site audit, the Auditor requested updated facility information and received additional documentation from the ERAU Team Lead and facility staff. The lead Auditor also reviewed the facility's website, <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> for any updates.

The On-Site Phase of the audit began with communications between the lead Auditor and Team Lead (b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU, to determine logistics and to set a schedule for the on-site visit of HCDF. The lead Auditor requested that the facility have printed and available the first day of the on-site visit a current detainee roster, a copy of the facility detainee handbook, a list of detainees identifying as transgender, and a list of detainees who are identified as LEP. The Auditors arrived the facility and entered with the Team Lead, (b) (6), (b) (7)(C), at 8:00 a.m. on Monday, June 14, 2021, and were greeted by Warden Lacy and key staff. Before the tour, the lead Auditor held an in-briefing with the agency and facility staff in the multi-purpose room at the facility. 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 Auditors 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. It was further explained that while the interviews had been conducted prior during the contingency audit process (Phase II), observations would be made during the facility tour and the Auditors would conduct conversations with staff randomly to further assist with determining compliance.

In attendance were:

- (b) (6), (b) (7)(C) Facility Administrator, CoreCivic
- (b) (6), (b) (7)(C) Assistant Facility Administrator/PSA Compliance Manager, CoreCivic
- (b) (6), (b) (7)(C) Chief of Security, CoreCivic
- (b) (6), (b) (7)(C) Chief of Unit Management, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Manager, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Coordinator, CoreCivic
- (b) (6), (b) (7)(C) Classification Coordinator, CoreCivic
- (b) (6), (b) (7)(C) Investigator, CoreCivic
- (b) (6), (b) (7)(C) Contracting Officer's Representative (COR), ICE/ERO
- (b) (6), (b) (7)(C) COR, ICE/ERO
- (b) (6), (b) (7)(C) Commander, ICE Health Service Corps (IHSC)/ERO
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- Sharon R. Shaver, Certified DOJ/DHS Auditor, Creative Corrections, LLC

Immediately following the in-briefing the Auditors conducted a complete facility tour. The HCDF is a holding and processing facility for male and female detainees while they undergo administrative proceedings regarding their right to enter or remain in the United States. The facility consists of 1 building with 26 multiple occupancy open bay housing units with the male and female population separated by wings. Post 7, located at the hub of the corridor where the housing units connect, monitors and controls detainee traffic from the various housing units and ensures the two populations are kept separated during movement. There are two separate intake areas, so the male and female detainees do not co-mingle during intake processing. All areas of the facility, including the outdoor recreation areas and the intake arrival area, were toured with the exception of two housing units on quarantine. The Auditors were offered the option of touring these two units but declined to limit potential staff exposure, and as it was determined that these units and detainees were able to be clearly viewed through the glass windows and via live video footage. These units were designed the same as the other housing units on the wing and the informational posters and notices were displayed in the exact manner as they were in all other housing units. Officers were stationed outside the quarantine units and they had a clear and direct line of sight into the units with the exception of the bathroom areas. The following personnel were present during the PREA tour on 06/14/2021:

- (b) (6), (b) (7)(C) Assistant Facility Administrator/PSA Compliance Manager, CoreCivic
- (b) (6), (b) (7)(C) Chief of Security, CoreCivic
- (b) (6), (b) (7)(C) Chief of Unit Management, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Manager, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Coordinator, CoreCivic
- (b) (6), (b) (7)(C) Classification Coordinator, CoreCivic
- (b) (6), (b) (7)(C) COR, ICE/ERO
- (b) (6), (b) (7)(C) COR, ICE/ERO
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- Sharon R. Shaver, Certified DOJ/DHS Auditor, Creative Corrections, LLC

After the facility tour the second Auditor began conducting detainee interviews and the lead Auditor met with the PSA Compliance Manager and the Classification Coordinator to discuss the outstanding items from the Provisional Audit Report. During the remainder of the on-site visit, the Auditors visited intake, observed intake and screening processes, conducted random interviews with staff and detainees, reviewed 13 detainee records, and general documentation review to resolve any questions or outstanding items noted in the Provisional Audit Report. The population reported on the first day of the site visit was 222 (84 females/138 males). The facility reported that there were only 2 detainees (0-females/2-males) who had been in custody over 90 days. HCDF received 129 new intakes between the afternoon of the first day of the on-site visit through 9:00 a.m. on Tuesday, which increased the population to 351. The Auditors collectively selected 11 detainees to interview on-site who were listed as LEP: Spanish (7); Tamil (1); Nepali (1); and Romanian (2). These interviews were conducted by the Auditors in two separate locations and with the assistance of the Language Line interpreting service when requested by the detainee. The total number of detainee interviews conducted combining the detainee interviews completed during the contingency audit phase and the on-site visit was 33 (9-female/24-male). HCDF staff interviewed on-site included the Facility Administrator, PSA Compliance Manager, Classification Coordinator, Intake Sergeant, and the Facility Investigator. During the Provisional Audit Phase, there were five completed investigations reviewed and there were no new cases reported as of the date of the on-site visit.

On the first day of the on-site visit, staff totals were provided to the Auditors as 291-CoreCivic/12-Transcor/8-Trinity Food Services Group/69-IHSC. The facility is currently working two security shifts, 6:00 a.m. to 6:00 p.m., and 6:00 pm to 6:00 a.m. The Facility Administrator advised that there have been no significant changes in HCDF operations since the contingency audit phase and that no key staff changes had occurred.

There is video monitoring of the facility through 252 cameras which was observed by the Auditors during the on-site visit. (b) (7)(E) (b) (7)(E) . All cameras were reported as operational at the time of the contingency audit phase and during the on-site visit. Camera outages are considered emergency work-orders and are immediately reported and responded to for appropriate necessary repairs. The facility reported no cameras are located in the bathroom or shower areas and this was confirmed by the lead Auditor through a random viewing of the bathroom areas in the housing units from the PSA Compliance Manager's office. The central control officers monitor these cameras from central control and the Administrative Duty Officer (ADO) staff are able to monitor these cameras from their respective offices. The facility retains video footage for 90 days and footage is stored in a secured server on-site.

The facility utilizes trained investigators to complete all allegations of sexual abuse. There were five sexual abuse allegations reported during the audit period. The lead Auditor reviewed all five cases and found that they all were detainee-on-detainee and referred to local law enforcement, who declined investigation, and subsequently were investigated at the facility level and closed. Four of the cases were deemed unfounded and one was unsubstantiated.

The out-briefing was held at 11:00 a.m. on June 15, 2021, in the HCDF multi-purpose room and the Auditors spoke briefly about their observations. The Auditors informed those present of the preliminary findings and explained the audit report process and timeframes. The Auditors expressed their gratitude for the hospitality and cooperation shown by all staff present during the on-site visit. The following personnel were present:

- (b) (6), (b) (7)(C) Facility Administrator, CoreCivic
- (b) (6), (b) (7)(C) Assistant Facility Administrator/PSA Compliance Manager, CoreCivic
- (b) (6), (b) (7)(C) Chief of Security, CoreCivic
- (b) (6), (b) (7)(C) Chief of Unit Management, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Manager, CoreCivic
- (b) (6), (b) (7)(C) Quality Assurance Coordinator, CoreCivic
- (b) (6), (b) (7)(C) Classification Coordinator, CoreCivic
- (b) (6), (b) (7)(C) Maintenance Supervisor, CoreCivic
- (b) (6), (b) (7)(C) COR, ICE/ERO
- (b) (6), (b) (7)(C) COR, ICE/ERO
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) Commander, IHSC
- (b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- Sharon R. Shaver, Certified DOJ/DHS Auditor, Creative Corrections, LLC

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 2**

§115.31 Staff training  
§115.32 Other training

**Number of Standards 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 (LEP)  
§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  
§115.33 Detainee education  
§115.34 Specialized training: Investigations  
§115.35 Specialized training: Medical and Mental Health care  
§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.

### **§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): HCDF has a written policy mandating zero tolerance toward all forms of sexual abuse titled CoreCivic 14-2-DHS, Sexual Abuse Prevention and Response (SAAPI), with an effective date of February 1, 2020. Compliance was determined by a review of this policy and determining that it outlines the facility's approach to preventing, detecting, reporting, and responding to such conduct and includes sexual abuse and PREA definitions. The zero-tolerance policy is publicly posted on the CoreCivic website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The policy version provided to Auditor (Ver.5, effective February 1, 2020) is a more current version than found posted on the public website, dated June 19, 2017. The lead Auditor recommended that the website <https://www.corecivic.com> be updated to include the most updated policy during the contingency audit phase. The lead Auditor reviewed the CoreCivic website prior to the on-site visit and found the most updated version of the CoreCivic 14-2-DHS Sexual Abuse Prevention and Response (SAAPI), effective April 2, 2020. The Auditors observed the postings on the bulletin boards and in other locations throughout the facility which contained the ICE Zero Tolerance Posters, HPC Detainee Handbook, ICE National Detainee Handbooks, and the DHS-prescribed Sexual Assault Awareness Information pamphlet to convey the message of zero tolerance for sexual abuse and sexual harassment at HCDF. The facility provided documentation where the Acting Field Officer Director (FOD) reviewed and approved Core Civic policy 14-02-DHS on March 3, 2020.

(d): The Facility Administrator appointed a PSA Compliance Manager who has sufficient authority and time in the capacity of Assistant Facility Administrator to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. The lead Auditor determined compliance through the review of the facility's policy CoreCivic 14-2-DHS, review of the facility's organizational chart, and an interview with the PSA Compliance Manager. The facility organizational chart identifies the PSA Compliance Manager as a direct report to the Facility Administrator. During the interview, the PSA Compliance Manager indicated he reports to the Facility Administrator, and confirmed he has sufficient time and authority to oversee facility efforts to ensure the facility's compliance with the sexual abuse prevention and intervention policy. These efforts include collecting and analyzing PREA data, assisting with the development of initial and ongoing training protocols, reviewing results of every investigation of sexual abuse, and preparing required reports. The PSA Compliance Manager was well informed of his responsibilities and duties and appeared to be experienced and highly engaged in all aspects of facility operations, especially those concerning PREA. The lead Auditor interviewed the PSA Compliance Manager during the on-site visit who reported there have been no changes in the information provided during the contingency audit interview.

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

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

#### **Notes:**

(a) A review of the Staffing Report provided by the facility, dated 07/01/2020, indicated the facility employs 286 staff that may have recurring contact with detainees. According to the PAQ, the facility's security staff is comprised of 261 staff consisting of 117 males and 144 females. Security staff work two 12-hour shifts and one 8-hour administrative shift. The lead Auditor was provided lists of all employees and shift rosters for the dates of the audit. The Facility Administrator and Assistant Facility Administrator, during interviews, indicated that the number of staff is determined by the physical layout and size of the facility and the composition of the detainee population and in accordance with contractual requirements. (b) (7)(E)

(b) (7)(E). Video cameras operate 24-hours a day, 7 days a week. These cameras have the capacity to pan, tilt, and zoom, no cameras record sound. The video camera system was installed in 2012 and then upgraded with high-definition cameras in July 2014. These video cameras are monitored by the central control officers and ADO staff. Video footage is recorded, archived, and stored in an on-site server for at least 90 days. COR-PO-11, Central Control Post Orders, direct incumbent to ensure all monitoring equipment and devices are always operational and to immediately notify the Shift Supervisor in the event monitoring equipment and/or devices are damaged or malfunctioning. Video monitoring information was obtained by the lead Auditor through interviews and as reported on the PAQ. The lead Auditor confirmed with the Assistant Facility Administrator that there have been no changes in the camera system or the video monitoring procedures since the contingency audit phase. Any potential blind spots seen by the Auditors were adequately covered by cameras. (b) (7)(E)

(b) (7)(E). The layout of the housing units provides clear line of sight throughout the unit. HPCP General Post Order FAC-PO-00 states as additional movement procedures "in accordance with ICE PBNDs 2.4, [PBNDs 2011 – 2016 Revisions] Facility Security and Control, staff shall observe, supervise, and control movement of detainees from one area to another". Interviews and documentation provided indicate detainee supervision procedures are fully implemented. Adequate staffing was posted throughout the facility during the on-site visit and detainees were under direct supervision in all areas observed. The lead Auditor observed recorded video footage for random dates, times, and locations with the PSA Compliance Manager/Assistant Facility Administrator.

(b)(d): Policy 14-2-DHS and post orders outline comprehensive guidelines regarding detainee supervision and unannounced security inspections. Staff, including supervisors, are required to conduct frequent unannounced security inspection rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds is documented in the applicable logbook as "PREA Rounds." This practice is implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. In addition, this policy prohibits employees from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. COR-PO-01, Shift Supervisor Post Orders, and COR-PO-02, and Assistant Shift Supervisor Post Orders, direct shift supervisors and assistant shift supervisors to conduct and document unannounced rounds to identify and deter employee sexual abuse and sexual harassment for night shifts and day shifts. Post Orders provided by the facility and reviewed by lead Auditor indicated the requirement for monitoring detainee movement, maintaining direct supervision or all detainees, and escorting of detainees when moving between areas. Security checks on an irregular schedule are required for all posts and must subsequently be logged in the respective post logbooks. Interviews with security staff confirm their understanding that they are prohibited from alerting others of the unannounced security inspections. Evidence was provided during the contingency audit phase of the annual review of the comprehensive detainee

supervision guidelines through documented Post Order Annual Review by the Quality Assurance Manager on January 4, 2020, and Policy Annual Review conducted by Assistant Facility Administrator on February 4, 2020. Review of Supervisor's Daily Checklist and various ADO logbook entries indicate unannounced supervisory rounds are conducted frequently and irregularly in all areas of the facility where detainees are permitted. FAC-PO-00, General Post Orders (applies to all posts), indicates informal counts will be conducted throughout the day and night at frequent, but irregular, intervals in order to verify that all inmates/residents assigned are present and/or accounted for. The lead Auditor interviewed random supervisory staff and reviewed PREA unannounced rounds documentation submitted by the facility for unannounced rounds by supervisors and determined compliance. Observations made by the Auditors during the on-site visit confirmed full implementation and compliance with making unannounced inspections both on day and night shifts, through logbook documentation review and conversations with officers and supervisors.

(c): At the time of the contingency audit phase, the Facility's Annual PREA Staffing Plan Assessment was conducted on September 18, 2019, by the PSA Compliance Manager and the assessment was reviewed by the Facility Administrator on September 24, 2019. The staffing plan review indicates generally accepted detention and correctional practices, all components of the physical plant, composition of the facility, consideration of findings and recommendations of the sexual abuse incident review reports, the location of substantiated and unsubstantiated incidents of sexual abuse were all taken into consideration. The review indicates the facility has received no judicial findings of inadequacy. The review of the facility's Annual PREA Staffing Plan Assessment was conducted by the FSC Compliance Coordinator and the Vice President of Facility Operations, both indicating no recommended changes. The lead Auditor confirmed with the PSA Compliance Manager during the on-site visit that the most recent annual review of the staffing plan was conducted September 21, 2020, and the most recent Policy/Post Order Review was conducted on January 4, 2021.

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

**Outcome:** Not Applicable (provide explanation in notes)

#### **Notes:**

HCDF does not house detainees younger than 18 years of age and/or family detainees. Interviews with the Facility Administrator, PSA Compliance Manager, and information provided on the PAQ indicate that HCDF houses only adult detainees. The detainee population roster provided to the Auditor during the virtual phase and the on-site phase visit indicated there were no detainees under the age of 18.

#### **§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): Policy 14-2-DHS, section G. Limits to Cross Gender Viewing and Searches, provide that "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 shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the search is required, or, in other exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances." Staff interviewed indicated that cross-gender pat-down searches are not conducted on detainees at HCDF. They further indicated that they had not conducted or were aware of any cross-gender pat-down searches conducted during the audit year. This was further supported by a memo to file dated January 1, 2020, and the PAQ. During the contingency phase of the audit one of the male detainees reported being pat-searched by a female officer. The Auditor requested additional information and documentation regarding the alleged cross-gender pat-search. The facility provided the Auditor with Policy 9-5(04), Searches of Inmates/Residents and Various Locations, and an updated Statement of Fact that no opposite-gender searches were conducted during the audit period. Policy 9-5(04) states in accordance with ICE PBNDS 2.10 Searches of Detainees, "cross-gender pat-down searches of male detainees shall not 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 other exigent circumstances; and cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances; and that all cross-gender pat-down searches shall be documented." The facility maintains that there was no cross-gender pat-searches; therefore, none have been documented. During the on-site visit the searches observed by the Auditors were conducted professionally and as least invasive as necessary. Twenty-two detainees were interviewed during the contingency phase of the audit and eleven detainees were interviewed on-site; all stated they have been searched at this facility only by staff of the same gender with the exception of the one detainee mentioned earlier in this narrative.

(e)(f): Policy 14-2-DHS states that "an officer of the same gender as the detainee shall not perform a strip search except in the case of an emergency. All strip searches or cross-gender searches shall be documented." The policy further states that "a body cavity search must be performed by a medical professional, upon the approval of the OIC, and must take place in an area that affords privacy." Interviews with line staff confirmed staff are aware of the facility policy for conducting strip or body cavity searches, and if performed shall be approved by a supervisor and documented by incident reports. Based on documentation provided by the facility and interviews with staff, during the audit year there were no cross-gender strip or body cavity searches conducted. All detainees interviewed denied having experienced a strip search or body cavity search at the facility. At the time of the on-site visit the lead Auditor confirmed through interviews with the PSA Compliance Manager and HSA that there was no cross-gender strip searches or any visual body cavity searches since the contingency audit phase.

(g): Policy 14-2-DHS states that "detainees shall be able 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 policy also states "staff of the opposite gender shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." Interviews with detainees and staff confirmed the detainees have privacy for these functions. During the interviews, staff indicated they announce themselves when entering an area by announcing "female or male," as appropriate, on the floor. Detainees interviewed during the contingency audit phase communicated that opposite gender staff announce themselves on a regular basis. The detainees reported they are afforded privacy when showering, using the restroom, and changing clothing and had not been seen without clothing by staff. While on-site, the Auditors interviewed 11 detainees (8 males/3 females) and all detainees reported they are afforded privacy from opposite gender staff while showering, changing clothing, and performing bodily functions, and that they have never been seen in these situations by opposite gender staff. The detainees reported opposite gender staff announce their presence when entering their housing area. These cross-gender announcements were also observed during the tour of the facility by the Auditors. Staff consistently made announcements when opposite gender Auditors or staff were entering the housing areas. The Auditor observed the camera monitors and determined the cameras do not invade the detainee's privacy while changing clothing, performing bodily functions, or showering. During the facility tour, the Auditor observed the toilet in the female intake holding cell can be seen from outside of the cell. A notice was posted in the area that "No male personnel or male contract staff are allowed at Post 6 (intake) or in the Female Housing Area without being escorted by a female employee of HCDF." The lead Auditor viewed recorded footage of random samples of intakes and verified that only female staff work the intake area when the females are being processed and present in the holding cell. Male staff, when entering the area, made their cross-gender announcements prior to

entering the area. In addition, the camera view did not capture the toilet area or shower. The toilets in the male holding cells in intake were not within direct line of sight, or by camera view.

(h): The facility is not a family residential facility; therefore, this provision is not applicable.

(i): Policy 14-2-DHS states "the facility shall not search or physically examine a detainee for the sole purpose of determining a detainee's genital characteristics." It further states that "if a detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure and conducted in private, by a medical practitioner." No searches for the sole purpose of determining a detainee's genital status have occurred in the audit period per memo and interviews with line staff, intake officers, and the PSA Compliance Manager.

(j): Policy 14-2-DHS states that "security staff shall receive training on how to conduct cross-gender pat-searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and in the least intrusive manner possible while being consistent with security needs." The lead Auditor reviewed training records on search procedures provided by the facility which included pre-service and in-service training, as well as the Search Procedures Facilitator Guide. Interviews with the Training Officer, security staff, and review of training records indicate staff have received training on search procedures in accordance with PREA guidelines. Detainee interviews supported searches are conducted consistent with established policy and in the least intrusive manner possible, consistent with security needs.

### **§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): Policy 14-2-DHS directs that "detainees with disabilities (including, but not limited to, those 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 and sexual harassment. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, having intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing: access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons such as text telephone relay service (TTY), interpreters, and note-takers." Upon intake, detainees are provided with the ICE National Detainee Handbook and Houston Processing Center (HPC) Detainee Handbook. Both handbooks provide detainees with information on the agency and facility's zero-tolerance policy for sexual abuse and how to report incidents of sexual abuse. The Auditor was provided with instructions from the facility's detainee handbook on how to use the TTY. The second Auditor attempted to interview the one disabled detainee at the facility, but the detainee refused the interview. Based on the population at the time of the on-site visit, there were no additional detainees with a disability to interview. During interviews with the Quality Assurance Coordinator/American Disability Act (ADA) Coordinator and the Classification Coordinator, the Lead Auditor was informed that any detainee identified as having a disability during the initial intake will be referred to medical for determining any accommodations needed. Once the specific accommodation is determined, then the ADA Coordinator meets with the detainee and makes arrangements for the accommodation which may include access to devices or services such as hearing aids or Universal Sign Language services through Video Remote Services (VRS). Both the ADA Coordinator and Classification Coordinator asserted that they would use all available means necessary to ensure effective communication with a detainee who has a disability. One of the detainees interviewed by the second Auditor during the remote interviews could not read or write but advised that staff read the SAAPI material to the detainee through an interpreter during intake.

(b): Policy 14-2-DHS directs that "the facility will provide detainees who are limited English proficient (LEP) with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its program and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Interpretation services shall 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. Detainees with LEP will be provided in-person or telephonic interpretation services. The facility will provide access to the Language Line or other similar translation service at no cost to the detainee. Where practicable, provisions for written translation of materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP." The Auditor was provided a copy of the DHS-prescribed "Sexual Assault Awareness Information" pamphlet in both English and Spanish, that is handed out at intake and provides detainees with information on the prevention, detection, and reporting of sexual abuse and assault. The ICE National Detainee Handbook is available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). These handbooks are available in the HCDF intake area either through published document or available in PDF for printing by the intake officers when needed for specific languages. Detainees are also provided an HPC Detainee Handbook during intake which contains information about the SAAPI Program. The HPC Detainee Handbook is available in English and Spanish. Written information, posters, and orientation videos are presented in both English and Spanish as standard practice and in accordance with policy. Medical staff interviewed stated that several staff are bilingual (Spanish and English) and that language interpretation services are regularly used with detainees who speak languages other than Spanish and English during the intake process, assessments, and when providing care. Intake and classification employees interviewed stated that the detainees are provided written materials in a language they understand through handbooks, and the language line, when needed for interpretation. They further stated that when an interpretation service is used, it is documented on the intake records. During the contingency audit phase, the second Auditor conducted the detainee file reviews, and of the 11 files reviewed, documentation reflected that 7 spoke Spanish and 4 spoke English. Six of the seven Spanish speaking detainees' files documented that a staff interpreter was used; there was no documentation in one detainee file if an interpreter was used. The lead Auditor was provided with a copy of the "Detention Reporting and Information Line (DRIL)" poster with interpretation in eight languages, the HCDF Speed Dial list for detainees in English and Spanish, and information on Family Time Crisis and Counseling Center produced in both English and Spanish. An overwhelming majority of detainees reported they were not shown a video or provided the required PREA pamphlet. Almost half of the detainees interviewed during the contingency audit phase reported they did not receive an ICE handbook or were given an ICE handbook in a language they did not understand. The same was reported for the HPC Detainee Handbook. However, the Receiving & Discharge Checklists in each of the detainee files reviewed indicated that the detainees were shown the orientation video/PREA video and received the HPC Detainee Handbook; in addition, the signed Sexual Abuse & Assault Prevention & Intervention Acknowledgement Form was in each detainee file reviewed indicating they have received the CoreCivic/HPC Sexual Abuse and Assault Prevention & Intervention information, a copy of the ICE National Detainee Handbook, and that they "have read and reviewed the information contained in the video,

brochure and handbook and understand the information contained within." Although these documents are signed by the detainee during intake, the interviews contradicted the finding of the file review.

During the on-site visit, the Auditors interviewed another 11 LEP detainees (3 female/8 male) because of the contradictory information received during the remote interviews. The languages spoken by the detainees were: Spanish (7); Tamil (1); Nepali (1); and Romanian (2). The facility employs many bilingual staff and provide Spanish speaking staff during the intake process. The facility's Quality Assurance Manager provided the Auditors with a spreadsheet identifying staff who are bilingual and who may be used to communicate with detainees who are LEP for languages including English, Spanish, Yoruba, and American Sign Language (ASL). During the interviews, four detainees reported they did not receive information about sexual abuse at intake in a language of their understanding (1-Spanish; 2-Romanian; 1-Nepali). Of the 11 detainees interviewed, 7 detainees reported they viewed the PREA video; 3 detainees reported receiving an ICE National Detainee Handbook in English; 3 detainees reported they received the handbook in Spanish; 1 detainee could not recall receiving a handbook, and 4 detainees denied receiving an ICE National Detainee Handbook. When asked if they received a sexual abuse pamphlet, five detainees confirmed they received the pamphlet, but two of the Spanish speaking detainees stated the pamphlets provided to them were in English; furthermore, five detainees denied receiving a sexual abuse pamphlet and one detainee could not recall. Of the 4 detainees who spoke a language other than Spanish or English, all reported an interpreter was not utilized during the intake process. These detainees reported staff reviewed their paperwork but did not ask questions. All the detainees interviewed were aware of the ICE zero-tolerance notices posted in their housing units. The detainee files were reviewed for the 11 LEP detainees interviewed and each of the detainees signed receiving and understanding the PREA information discussed above; the acknowledgement form does not identify the language the information was provided.

The Auditor observed while the Intake Officer completed the PREA risk assessment with a new intake in Spanish, which was the identified language of the detainee. During the interview, the officer repeated each question to the Auditor in English. The Auditor asked the officer if each question was asked on the risk assessment and he assured the Auditor he had asked each question listed on the risk assessment. The officer stated he was aware of how to obtain ICE National Detainee Handbooks in each of the 11 available languages. The Auditor observed the detainee receive an ICE National Detainee Handbook and DHS-prescribed "Sexual Assault Awareness Information in Spanish. The lead Auditor observed intake processing with the PSA Compliance Manager via live video feed, and recorded footage for several randomly selected dates. The Classification Coordinator explained that the intake packet (includes the DHS-prescribed "Sexual Assault Awareness Information) provided to each detainee is printed either in Spanish or English and provided at the time of the intake processing. For those detainees who do not speak English or Spanish, staff use a bilingual staff member, if available, or an interpreting service and provided the Auditors with a Language Interpretation Line log from the intake area which documented the use of interpreters for detainees who were identified as LEP or who requested an interpreter. After processing, the Classification Coordinator and/or the classification staff review each detainee's file to ensure the intake packet was provided to the detainee by intake staff, and if it is unclear that it was provided then a classification staff member will talk with the detainee and ensure it is delivered.

The HCDF Quality Assurance Coordinator advised the Auditors that the Talton tablets allow for translation of certain languages for communication between detainees and staff through internal electronic messages. He provided a list of languages that are currently available for translation: Arabic, Creole, English, Farsi, German, Hindi, Korean, Mandarin, Punjabi, Russian, Spanish, Tagalog, and Vietnamese.

**Recommendation:** The facility should utilize the Talton tablets to expand the opportunities for providing the zero-tolerance for sexual abuse and sexual harassment message to detainees who are LEP. With the system having capabilities to translate the languages listed above, it would seem a logical next step to have the facility translate the information contained in the HCP Detainee Handbook related to sexual abuse and sexual harassment and have uploaded to the tablets for use by detainees.

(c): In the five investigations reviewed, the lead Auditor determined the facility used bilingual staff and not another detainee to interpret during the investigations. All five investigations included victim statements in languages other than English that were accompanied by correlating written statements interpreted by a staff person. There were no detainee victims or abusers available at the facility for interview during the contingency audit phase or during the on-site visit.

### **§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): Through review of Executive Order 10450 Security Requirements for Government Employment and the Office of Personnel Management Section Part 731 Suitability; and ICE Directive 6-7.0, ICE Personnel Security and Suitability Program, it was determined the agency has established a system of conducting criminal background checks for new employees, contractors, and volunteers who have contact with residents to ensure they do not "hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in such activity." Department of Homeland Security 6 Code of Federal Regulations Part 115 (Standards to Prevent, Detect, and Respond in Sexual Abuse and Assault Confinement Facilities) form contains a statement indicating that applicant responses are true and correct to the best of his/her knowledge. If the applicant does knowingly and willfully give a false response it may result in a negative finding regarding falsifying or omitting information, and he will be rejected from the selection process. CoreCivic Policy 14-2-DHS prohibits hiring or promoting any individual, and prohibits enlisting the services of any contractor or volunteer, who may have contact with detainees, who "has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity facility by force, overt or implied or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity outlined in §115.17 (a)." This policy further directs "all applicants, employees, and contractors who may have direct contact detainees" be asked about previous misconduct as outlined in §115.17 (a) "in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees." The lead Auditor interviewed Human Resource staff and confirmed that the hiring procedures as stated within the aforementioned policies is actual practice and that a person would not be hired, or would be terminated, for falsifying information. The Human Resources Manager stated during the interview that offers of employment are not issued until an applicant passes the criminal background checks process and has attested to having no prior sexual misconduct. During staff and contractor interviews, the lead Auditor confirmed employees are aware of their continuing affirmative duty to report any such misconduct. The lead Auditor requested to review 11 HCDF employee files and 3 contractor files and, during the review, the Auditor confirmed hiring procedures were followed according to policy requirements.

(c)(d): According to the training documentation available on SharePoint, the ICE OPR Personnel Security Unit (PSU) Unit Chief (b) (6), (b) (7)(C) explained that all ICE staff and any ICE contract employees (HCDF) must clear a background investigation through PSU before being hired or promoted. The

contractor or staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. CoreCivic Policy 14-2-DHS requires a criminal records background check be completed before hiring new employees or before enlisting any contractor who may have contact with detainees. If it is a contract employee, the PSU office informs the contractor that the employee cannot perform work on behalf of ICE. The Unit Chief explained the sexual misconduct questions are asked of the potential employee as part of the e-QIP. For this facility, ICE PSU conducts background checks on ICE and HCDF employees. The lead Auditor submitted 13 HCDF employee names and 9 ICE employees to verify the background check process. All were compliant. Documentation also confirmed the due dates for the 5-year background rechecks. The roster of volunteers was provided to indicate the date background checks were conducted on each volunteer approved to enter the facility. The PSA Compliance Manager advised that the volunteer roster will have to be updated when volunteer services are allowed to return to the facility after COVID protocols.

(e): ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel, and 5 CFR 731 state that "the agency will make an unsuitability determination if the contractor or employee provides a materially, intentional false statement or deception, or fraud in examination or appointment." Policy 14-2-DHS states, "to the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding misconduct, or the provision of materially false information." Interviews with the Facility Administrator and Human Resources staff indicated no employee has been terminated for providing a materially, intentional false statement or deception, or fraud within the audit period.

(f): Executive Order 10450 Security Requirements for Government Employment states, "The appointment of each civilian officer or employee in any department or agency of the Government shall be made subject to investigation. The scope of the investigation shall be determined in the first instance according to the degree of adverse effect the occupant of the position sought to be filled could bring about, by virtue of the nature of the position, on the national security, but in no event shall the investigation include less than a national agency check (including a check of the fingerprint files of the Federal Bureau of Investigation), and written inquiries to appropriate local law-enforcement agencies, former employers and supervisors..." Policy 14-2-DHS states that "unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." During the lead Auditor's interview with Human Resources staff, it was determined that staff are hired through an extensive review and investigation by ICE and that if an institutional employer requests a reference check about a former employee's history of sexual abuse, she will complete the form and return it to the employer. There were no requests made by a prospective employer for information on a prior institutional employee made during the audit period.

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

**Outcome:** Not Applicable (provide explanation in notes)

#### **Notes:**

(a): Facility policy 14-2-DHS states that "when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect detainees from sexual abuse." Based on memo from the Facility Administrator dated January 16, 2020, and interviews with the Facility Administrator and PSA Compliance Manager, the facility has had no substantial expansion or modification of the existing facility since their last PREA audit in July 2014. The Auditors verified there have been no substantial expansion or modification of the existing facility.

(b): Facility policy 14-2-DHS states that "when installing or updating video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance their ability to protect detainees from sexual abuse and subsequent document on the 7-1B PREA Physical Plant Considerations form." Based on the memo from the facility's Facility Administrator dated January 16, 2020, and interviews with the Facility Administrator and PSA Compliance Manager, the facility has had no updates or new installations of the facility's video monitoring system since the upgrade in 2014 prior to the last PREA audit. The Auditors verified that there have been no updates or new installations of the facility's video monitoring system.

#### **§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): CoreCivic Policy 14-2-DHS states that "investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled in accordance with the Code of Federal Regulations, Title 6 Part 115.21, Evidence Protocol and Forensic Medical Examinations and will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." PREA allegations may also be investigated through OPR or DHS. The agency's policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. OPR will coordinate with the Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or the local law enforcement agency, the Assistant FOD would assign an administrative investigation to be conducted. The lead Auditor's interviews with random medical and security staff and the Health Services Administrator (HSA) confirmed they are aware of the facility's evidence protocols and know what necessary steps to take during a report of sexual abuse. The facility houses no juvenile detainees.

(b)(d): CoreCivic Policy 14-2-DHS states, "upon request by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." The facility provided a Memorandum of Understanding (MOU) between the Family Time Crisis and Counseling Center and CoreCivic-Houston Processing Center, for victim advocacy services to be provided to facility detainees, to include responding to requests from the facility to provide Sexual Abuse Response Team (SART)/hospital accompaniment. At the time of the contingency audit phase, all the detainees involved in the five cases were no longer housed at HCDF; and therefore, were unable to be interviewed. There were no new allegations reported since the contingency audit phase.

(c) CoreCivic Policy 14-2-DHS states that "the investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where possible. If SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners." The interviews with facility medical staff

acknowledged victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee. On the PAQ, the facility indicated that Memorial Hermann Northeast Hospital is where detainees would receive treatment and/or forensic sexual assault medical exams. The facility does not have a signed MOU with the hospital for forensic services, yet the hospital confirms SANE services are available and victims of sexual assault will be provided a forensic examination by signing consent. The medical staff interviewed by the lead Auditor indicated detainees will be taken to the nearest hospital for forensic examination and that no forensic examinations will be conducted on-site at the facility. A review of the five completed investigations and the interviews with the medical staff indicated the facility has not needed to send out a detainee for a forensic medical exam during the audit period. The lead Auditor verified by a telephone call with the emergency department at Memorial Hermann Northeast Hospital that SANE staff are either on staff or on call for sexual assault forensic examinations and that detainees will be provided services, providing they grant consent.

(e): CoreCivic Policy 14-2-DHS states "if the facility is not responsible for investigating sexual abuse and sexual assault investigations, the facility shall request through the MOU that the responsible outside agency or entity follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The Auditor was provided with email correspondence where the facility requested an MOU from the Houston Police Department and their response indicated they will respond to an incident that has a matter or incident requiring a law enforcement response, but they will not enter into an MOU. Of the five cases reviewed, the Houston Police Department was notified of the incident and responded to the facility, but after hearing details of the case, denied investigation and referred it to the facility for handling.

### **§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): CoreCivic Policy 14-2-DHS states that "the Facility Administrator shall 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." The policy further states that "the facility shall attempt to enter into a written MOU with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations." The lead Auditor was provided with email correspondence where the facility requested an MOU from the Houston Police Department and their response indicated they will respond to an incident that has a matter or incident requiring a law enforcement response, but they will not enter into an MOU. The facility local coordination plan is outlined on the Sexual Abuse Incident Check Sheet, providing step-by-step the actions required following an allegation of sexual abuse, including coordinating with ICE and other appropriate investigative agencies to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the OPR. In addition, Policy 14-2-DHS dictates that "the facility shall retain reports of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five years." Interviews with the Facility Administrator, the PSA Compliance Manager, and the Facility Investigator confirmed a thorough knowledge of procedures outlined in policy and they are well implemented at the facility. The lead Auditor's review of the five sexual abuse allegation investigation files indicated these procedures are well implemented. The Houston Police Department was notified and promptly responded to the facility for all the five allegations reported; however, they declined to investigate. 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 Inquiry 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 facility houses no juvenile detainees.

(c) A review of the ICE website (<https://www.ice.gov/prea>) confirms the sexual abuse investigation protocols are available to the public. A review of the facility's website (<https://www.corecivic.com/hubfs/files/PREA/cca-14-02.PDF>) confirms the protocols are available to the public.

(d)(e)(f) CoreCivic Policy 14-2-DHS provides that "when outside agencies conduct investigations of sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation." The Houston Police Department is the designated authority for conducting criminal investigations at this facility. The policy further states that "the facility Investigator shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse and assault incident. Discussions with ICE and local law enforcement should articulate a delineation of roles of the facility Investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation." The lead Auditor reviewed five completed sexual abuse investigations and determined none warranted criminal investigations and were completed at the facility level; files indicated notification to the Contracting Officers Technical Representative (COTR) was completed by the Facility Administrator/ADO who then, according to the Facility Administrator, makes the additional notifications. There were no staff, volunteer, or contractor alleged perpetrators in any of the completed investigations reviewed; however, the Facility Administrator, the PSA Compliance Manager, and the Facility Investigator confirmed during interviews with the lead Auditor, that any incident involving a staff member, contractor, or volunteer as a perpetrator will be promptly reported to the Joint Intake Center (JIC), the ICE OPR, or the DHS Office of Inspector General (OIG), as well as to the appropriate ICE Field Office Director (FOD).

### **§115.31 - Staff training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

#### **Notes:**

(a)(b)(c): CoreCivic Policy 14-2-DHS directs training on the facility's Sexual Abuse of Assault Prevention and Intervention Program for all new employees and in annual refresher/in-service training thereafter. This training "shall ensure facility staff are able to fulfill their responsibilities under DHS standards and shall include: the facility's zero-tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general

population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purpose; the investigation process and how to ensure that evidence is not destroyed; prevention and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse and/or assault; instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault." The lead Auditor reviewed the CoreCivic PREA training curriculum and determined it to be compliant with the standard in all material ways. Training/Activity Attendance Rosters were provided to the lead Auditor confirming staff and contract employee attendance at quarterly PREA training. Contract employees with Trinity receive the same training curriculum as staff annually. The Auditor confirmed through copies of the PREA training documents provided with the PAQ and through an interview with the Training Supervisor that contract employees receive the same level of PREA comprehensive training that is provided to staff. The lead Auditor requested one contract employee (Trinity) training records which was provided by the facility, which was found to confirm that training is delivered in accordance with established policy. The interview with the Training Supervisor confirmed staff have received the required PREA training and refresher training and audit compliance by running an exception report periodically. The lead Auditor randomly requested and reviewed nine staff training records and two IHSC employee training records. Records were provided and confirmed staff received regular intervals of PREA training in accordance with the established policy. Random staff interviews concluded that staff overall are very knowledgeable on the facility's sexual abuse prevention and response policy and procedures. Facility staff, to include contract staff, receive the same level of PREA comprehensive training annually, exceeding the requirement of the standard, which calls for refresher training every two years. Based on an interview with the HSA and Training Supervisor, each stated the IHSC staff also receive the same initial PREA training, but it is delivered through the agency with the facility Training Supervisor providing assistance on training support and maintaining training rosters.

### **§115.32 - Other training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a)(b)(c): CoreCivic Policy 14-2-DHS outlines how the facility shall train, or require the training of, all volunteers and contractors who may have contact with immigration detainees to be able to fulfill their responsibilities and includes each element of the standard. Per the policy, "the facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures." The policy further states that "the level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's zero-tolerance policy and informed on how to report such incidents." In review of the facility volunteer training and PREA training curriculums, the Auditor determined all the required elements of standard are covered and the curriculum meets the level and type of training required for volunteers and contractors who may have contact with detainees. Submitted with the facility's PAQ was supporting documentation of completed training for volunteers and contractors, i.e., signed acknowledgments of training received and training session sign-in sheets. The lead Auditor interviewed the facility's Training Officer and Volunteer Coordinator who are responsible for conducting volunteer and contractor training. The Auditor confirmed through copies of the PREA training documents provided with the PAQ and through an interview with the Training Supervisor that volunteers receive the same level of PREA comprehensive training that is provided to staff annually which exceeds the requirements of this standard. There were 286 approved volunteers on the list authorized to bring religious services into the facility at the time of the contingency audit phase. The lead Auditor interviewed one randomly selected volunteer, reviewed training records for two randomly selected volunteers and reviewed a Training/Activity Attendance Roster dated February 8, 2020, where 15 volunteers received training including PREA (Policy 14-2). While on-site, the lead Auditor observed service contractors at the facility and requested documentation that they had been advised of the facility's zero-tolerance for sexual abuse policy and the records were promptly provided for both workers.

### **§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): CoreCivic Policy 14-2-DHS provides that "during the intake process, all detainees shall be notified of the facility's zero tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing) about the facility's SAAP I Program. Such information shall include, at a minimum: the facility's zero tolerance policy for all forms of sexual abuse or assault; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS OIG, and the ICE OPR investigation process; information about self-protection and indicators of sexual abuse and assault; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." The policy further directs that "detainees with disabilities (including, but not limited to, those 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 and sexual harassment." Policy further directs that "the facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its program and activities." Of the detainees interviewed during the contingency phase, most reported they did not watch a PREA video while in intake. Half of the detainees stated they did not receive a handbook, or the handbook was provided but it was not in a language they could understand. Of the detainees interviewed during the contingency audit phase by the second Auditor, 14 were LEP and required language assistance. Two of the detainees indicated they were given the SAAP I information but not in a language they could understand. Due to a combination of the interviews being virtual and the use of a remote interpreter, the second Auditor was unable to discern if the detainees were referring to the HPC Detainee Handbook or the ICE National Detainee Handbook. During the on-site visit, 3 of the 11 detainees interviewed reported receiving the DHS Sexual Assault Awareness Information pamphlet while in intake. The second Auditor reviewed detainee files for the 11 detainees who were interviewed and found that 8 of the files did not indicate in what language the materials and training were provided to the detainee. One of the detainees interviewed during the contingency phase of the audit could not read or write but stated staff read the material to him with the use of an interpreter. During the contingency audit phase, the facility reported only one detainee with disabilities was housed at the facility during the interview portion of the audit and this detainee declined to be interviewed. There were no detainees with disabilities at the facility during the on-site visit for the Auditors to interview.

During the on-site visit, the Auditors toured the intake area. The second Auditor observed the processing of detainees and had informal discussions with two intake officers. The intake officer was bilingual (Spanish) and interviewed the Spanish speaking detainee; the Auditor observed while the intake officer completed the intake processing. The facility employs many bilingual staff and provided the Auditors with a spreadsheet indicating the

various languages spoken by staff who are used to interpret when needed to include English, Spanish, Yoruba, and ASL. In addition, the facility utilizes the Language Line if a staff person is not available, and the Auditors reviewed the log in intake where calls to the language service are recorded. While in intake, the Auditor noted the detainees in the holding tank were watching network programming. The intake officer explained that the detainees watched the PREA video earlier that morning. Interview with the Classification Coordinator indicates that the PREA video is played when detainees enter the holding cell and every day at 7:00 a.m. on the closed-circuit television station as a refresher and for those who may have been out of the holding cell during intake processing while the PREA message played. In addition, the HPC Detainee Handbook is uploaded to the detainee tablets in both English and Spanish. All detainee files reviewed by the second Auditor contained a signed Acknowledgement Form indicating they had received the DHS-prescribed "Sexual Assault Awareness Information" pamphlet, the ICE National Detainee Handbook, and that they received and understood the information provided.

(c): During the contingency phase, the Receiving & Discharge Checklists in each of the 11 detainee files reviewed indicated that the detainees were shown the orientation/PREA video and received the Facility's Detainee Handbook; in addition, the signed Sexual Abuse & Assault Prevention & Intervention Acknowledgement Form was in each detainee file reviewed indicating they have received of the CoreCivic/HPC Sexual Abuse and Assault Prevention & Intervention information, a copy of the ICE National Detainee Handbook, and that they "have read and reviewed the information contained in the video, brochure and handbook and understand the information contained within." Although these documents are signed by the detainee during intake, the interviews contradicted the finding of the file review. During the on-site visit, the Auditors interviewed 11 detainees and reviewed 13 institutional files. There were inconsistencies in the answers provided by the detainees during the interviews as to whether they received the DHS-prescribed Sexual Assault Awareness Information pamphlet, the HPC Detainee Handbook, or the ICE National Detainee Handbook; however, review of their detention files indicated they all signed that they received the documents listed and that they were afforded the opportunity to watch the orientation/PREA video.

**Recommendation:** The Auditor recommends that the Sexual Abuse & Assault Prevention & Intervention Acknowledgement Form be amended to include an area to notate when a staff interpreter or an interpreting service is used when delivering the detainee education, and to specify the language that was used, as well as to list the language of the written material provided to the detainee.

(d): CoreCivic Policy 14-2-DHS directs the facility to "post on all housing unit bulletin boards: the DHS-prescribed sexual abuse and assault awareness notice; the name of the facility PSA Compliance Manager; and information about local organizations that can assist detainees who have been victims of sexual abuse or assault including mailing addresses and telephone numbers." All detainees, except for the detainee housed in segregation, reported there were posters in the facility that provided information related to PREA. Two detainees reported the posters were not in a language they could understand. The Auditors observed the required notices posted on each housing unit during the on-site visit containing the name of the facility PSA Compliance Manager and contact information for the Family Time Crisis and Counseling Center.

(e): The Auditors observed the DHS-prescribed "Sexual Assault Awareness Information" pamphlet available in the intake area and posted in both English and Spanish on the housing units and in various other common areas of the facility. The lead Auditor's interview with the Quality Assurance Manager and the Classification Manager confirmed that the DHS-prescribed pamphlet is also available in 9 different languages: English, Spanish, Arabic, Chinese, French, Haitian Creole, Hindi, Portuguese, and Punjabi, and are available in PDF format on a shared drive for intake staff to print as needed. Detainee files reviewed contained signed acknowledgement statements indicating they received the pamphlet upon intake processing. As noted in the section (a), there were inconsistencies between the information obtained during interviews and the information the Auditors observed in the detainee files.

(f): The agency publishes the ICE National Detainee Handbook which includes information about reporting sexual abuse and it is readily available in the 11 languages identified in §115.16 narrative of this report. These handbooks are available in the HCDF intake area either through published document or available in PDF for printing by the intake officers when needed for specific languages. All detainee files reviewed, 25 total, contained an Acknowledgment form signed by the detainee indicating he/she has received the handbook, although the specific language was not indicated. During the Auditor's observation of the intake processes, intake officers indicated they were aware of how to obtain ICE National Detainee Handbooks in each of the 11 languages. During the facility tour, the Auditor observed a detainee intake and confirmed receipt of an ICE National Detainee Handbook and the DHS-prescribed "Sexual Assault Awareness Information" pamphlet in their language (Spanish).

### **§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): CoreCivic Policy 14-2-DHS states that "all investigations into alleged sexual assault must be conducted by specially trained, qualified investigators. This training covers interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordinating in the investigative process." This training also covers understanding the unique nature of investigating sexual abuse in confinement, the techniques for interviewing sexual abuse victims, the proper uses of Miranda and Garrity warnings, the proper techniques for the collection of physical evidence, understanding best practices for reaching investigative conclusions, and describing the level of evidence needed to substantiate both administrative and criminal findings. HCDF has one trained investigator, and she has received specialized training for conducting sexual abuse investigations through Corrections Corporation of America, Investigator Manager Training, as evidenced by a certificate dated July 28, 2010, which was reviewed by the lead Auditor. The Facility investigator revealed during her interview with the lead Auditor that she has been an investigator for 12 years and is very knowledgeable of investigative procedures. She has been trained in evidence collection and has taken the National Institute of Corrections (NIC) Sexual Investigator course in addition to the Investigator Manager Training noted above. The Auditor determined the curriculum meets the standard requirements in all material ways. In review of the investigation packets, the lead Auditor determined they were completed by the designated and trained Facility Investigator.

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 Auditors reviewed the ICE OPR Investigation Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; 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:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

**Notes:**

(a)(b)(c): Health care is provided to detainees through IHSC medical staff. IHSC Directive 03-01 requires all IHSC staff to "receive training on the agency directive, Sexual Abuse and Assault Prevention and Intervention (SAAPI), PREA standards and response protocol." The training is required during initial orientation and annually thereafter. The training includes how to detect and assess signs of sexual abuse, professional and effective response to victims of sexual abuse, cultural competency, reporting procedures, evidence preservation, and effective communication with Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender non-conforming detainees, Collaborative Multidisciplinary Team Approach, Mental Health and Medical Provider considerations for victims of sexual abuse, treatment protocols. During interview with the HSA, she indicated all staff are trained according to policy and receive the specialized training in medical and mental health care. The lead Auditor's interview with a Nurse Practitioner, Licensed Clinical Social Worker, and Physician indicated they have received training and were knowledgeable of their responsibilities. The lead Auditor reviewed the specialized PREA training rosters for 2019 and 2020 and concluded all health care staff have completed the required specialized training and basic training for the past two years. The facility provided documentation where the AFOD reviewed and approved Core Civic policy 14-02-DHS on March 3, 2020.

**§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): CoreCivic Policy 14-2-DHS states that "all detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger." The policy states that "each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly and that the screening shall consider whether the detainee has a mental, physical or developmental disability, the age of the detainee, the physical build and appearance of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has self-identified as LGBTI or gender nonconforming, whether the detainee has any convictions for sex offenses against an adult or child, whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety." Interviews with staff and detainees indicated that detainees remain in holding cells and are not placed into general population until they have been processed and interviewed. According to interviews with the PSA Compliance Manager and Classification Staff, each detainee is screened for the purpose of identifying those likely to be sexual aggressors or sexual abuse victims using the Sexual Abuse Screening Tool 14-2B-DHS. Certain "yes" responses on the Sexual Abuse Screening Tool provide indicators to the Classification Staff, which is then used to make housing decisions and inform of any special housing needs. The ICE Custody Classification Worksheet is also completed and the results from both instruments aid the facility in making housing decisions. During the on-site visit, the Auditors observed the risk assessment questionnaire is available on the computer and the completed risk assessment is automatically generated based on the detainee's answers entered by staff. When a highly vulnerable detainee is known or suspected to exist upon arrival, the detainee will be placed in a single cell in the intake area pending classification. The initial screening described above will be conducted and then additional information is captured when the detainee is interviewed by medical and entered into the IHSC Intake Screening, which is used in making an initial housing determination for a highly vulnerable detainee. Housing decisions for highly vulnerable detainees are made collaboratively with input from classification, medical, and security. It was further determined through interviews, and in accordance with CoreCivic Policy 14-2-DHS, that the initial classification process and initial housing assignment is completed within 12 hours of admission to the facility. Documentation submitted with the PAQ confirmed detainees are screened upon intake. All detainees interviewed during the contingency audit phase reported they were interviewed by staff upon arrival and remained in the intake area until they were classified. Most detainees reported they were not asked personal questions, i.e., sexual orientation, prior sexual abuse. During the contingency audit phase, 8 of the 22 detainees interviewed reported they were in intake longer than 12 hours. Twelve detainee files were reviewed by the lead Auditor, who found a completed ICE Custody Classification Worksheet for each of the detainees indicating they were questioned, observed, and their records were reviewed for any special vulnerabilities on the same date of their arrival; however, the completed form does not indicate a time. The lead Auditor also reviewed the completed Sexual Abuse Screening Tool 14-2B-DHS located in each file, which contained a date and time stamp for when the screening was administered, finding 8 had a completed Initial Screening Tool documented within 12 hours of their booking; the other 4 detainee's files indicated an Initial Screening Tool was conducted more than 12 hours from date and time of booking. During the on-site visit, all detainees interviewed reported they were separated from the general population during the intake process. Two detainees reported they were in intake for 18 hours; one detainee could not recall the amount of time spent in intake; eight detainees reported they were in intake for less than 12 hours. The Auditors reviewed these 11 detainee files and a completed risk assessment was available for each detainee and was completed within the required 12 hours.

(c)(d): According to interviews with the Classification Coordinator and intake staff during the contingency audit phase, the lead Auditor found that the screening process includes a review of any prior information about the detainee including any special vulnerabilities, when available, in addition to personally asking the questions from the Sexual Abuse Screening Tool 14-2B-DHS, which are consistent with the requirements of this standard. The lead Auditor reviewed the Sexual Abuse Screening Tool 14-2B-DHS and found that it considers whether the detainee has a mental, physical or developmental disability, the age of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has self-identified as LGBTI or gender nonconforming, whether the detainee has any convictions for sex offenses against an adult or child, whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety and takes into account prior convictions for violent offenses, institutional violence history, and current or prior convictions of sexual offense against a child or adult. During the on-site visit, the Auditors observed the risk assessment questionnaire is available on the computer and the completed risk assessment is automatically generated based on the answers entered. The risk assessment does not utilize a formal scoring system. Intake staff explained the detainees who answer affirmative to certain identified questions or are otherwise deemed at risk for victimization or perpetration of sexual abuse, a referral to the mental health provider is initiated immediately. The lead Auditor's interview with the Classification Coordinator confirmed that this is the process and that she is also notified of detainees who indicate a potential for victimization or perpetration so that the classification committee can meet with the detainee and determine appropriate housing.

(e): Reassessment of a detainee's risk level of victimization or abusiveness is conducted by the appropriate case manager between 60-and 90-days as per policy based on interviews with the Classification Coordinator and Detention Counselor. Examples of screening instruments provided with the PAQ demonstrated the facility conducts reassessments according to the required timeframes, to include the continued screening of a detainee at risk for vulnerability. Detainees are reassessed when additional information becomes available and after an allegation of sexual abuse according to interviews

with the Classification Coordinator and case managers, and a review of investigation files. The Auditor reviewed the completed detainee alleged abuser and victim reassessments for five closed investigations, and determined that they were completed in accordance with the PBNDS 2011 24-hour reclass requirement. The lead Auditor conducted a review of 12 detainee files and found 2 detainees were released prior to their 60-day review and 10 contained a completed 60-day review. In addition, one file contained documentation where the detainee was reassessed based on additional information becoming available. Files reviewed during the on-site visit indicated only one detainee had been at the facility long enough to warrant a 60-day review which was indicated in the records.

(f): CoreCivic Policy 14-2-DHS states that "detainees shall not be disciplined for refusing to answer or for not disclosing complete information in response to screening questions asked during the intake process." Interviews with the PSA Compliance Manager, intake staff, and Classification Coordinator indicate detainees are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the standard. No detainee indicated he/she had been disciplined for refusing to answer screening questions.

(g): CoreCivic Policy 14-2-DHS that "the facility shall implement appropriate protections on responses to questions asked pursuant to this screening limiting dissemination and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." Based on the lead Auditor's interviews with Facility Administrator, PSA Compliance Manager, and Classification Coordinator, information is disseminated only to the designated Unit Management Team and others on a need-to-know basis only. Information entered into the database is controlled by access levels and only approved designated users have access to this information. Detainee files are stored in a locked records area with restricted access as determined through interview with Classification Coordinator and confirmed during the on-site visit.

#### **§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): CoreCivic Policy 14-2-DHS states "the facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at the initial screening in the consideration of housing, recreation, work program, and other activities." In review of the 12 detainee files, none of the detainees were determined to either be a potential victim or potential aggressor; therefore, no special considerations were noted for housing. Interviews with the Classification Coordinator and the PSA Compliance Manager indicated that any detainees who are determined to be either potential victims or potential aggressors are referred to the PREA committee for interview and individual considerations for housing, recreation, work, and other activities. During the on-site visit, the second Auditor interviewed staff who reported they can place detainees at risk for sexual victimization in smaller housing areas or in bed assignments away from potential abusers and in view by security staff. As a last resort, detainees could be housed in segregation or in medical short-stay area if other more suitable arrangements cannot be made. The Classification Coordinator reported no detainees have been assigned to segregation or medical short-stay for this purpose during the audit period. During the on-site visit, the Classification Coordinator provided the Auditors with an Alert Roster that is populated when a detainee is identified as being at risk for sexual abuse or identified as a potential predator. This list is utilized by the Sexual Abuse Response Team (SART) and classification team to manage detainee assignments.

(b): There were no transgender or intersex detainees assigned to the facility during the contingency audit phase nor at the time of the on-site visit. Interview with the Classification Coordinator explained that detainees who identify as transgender or intersex would be referred to the transgender committee for additional screening and that medical/mental health would be consulted with immediately. Placement decisions would be made after consultation with medical and medical health and in consideration of the detainee's assessment of his/her safety needs. The Classification Coordinator stated during her interview that once a detainee is identified as transgender or intersex, she personally establishes and maintains communication with the detainee and ensures that decisions on housing and programming assignments take into account the detainee's self-assessment of safety needs, the effects of the placement on the detainee's health and safety, and that these decisions are reassessed at least every six months. There were no transgender or intersex detainees housed at HCDF during the audit period.

(c): Based on interviews with the Classification Coordinator, the PSA Compliance Manager, and other security staff, housing considerations for transgender/intersex detainees include housing that provides the detainee with the ability to shower separately from other detainees. They explained the transgender or intersex detainee would shower after the shower area was closed to other detainees in the housing area, or if necessary, detainees can shower separately in the Receiving and Discharge area (Intake) upon request.

#### **§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)(d)(e): CoreCivic Policy 14-2-DHS states "use of administrative segregation to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees considered at risk for sexual victimization will be placed in the least restrictive housing that is available and appropriate." In addition, "the facility will consult with the ICE FOD 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 30 days. If segregated housing is warranted, the facility will take the following actions: a supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. A supervisory staff member will conduct an identical review after the detainee has spent 7 days in administrative segregation, and every week after for the first 30 days and every 10 days thereafter. The facility shall notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to these opportunities is restricted, the facility shall document the reason, duration, and opportunity limited." No detainees have been placed in administrative segregation or protective custody due to sexual abuse vulnerability within the audit period as determined by interviews with the Facility Administrator, the PSA Compliance Manager, the Classification Coordinator, random security supervisors, and random officers who work segregated housing. The second Auditor interviewed one detainee who was assigned to segregation during the contingency audit phase. Staff reported his assignment was not related to sexual abuse. The detainee reports being gay and that he is in segregation because he is harassed in the general population and that he feels safe in segregation. The lead Auditor followed up with facility staff and determined that this detainee was classified on 05/18/20, 06/26/20, 08/17/20 and 11/13/20. Based on conversation with the PSA Compliance Manager and the Classification Coordinator and review of the documentation provided, the Auditor determined that this detainee was placed in segregation upon his request, and not for risk of sexual abuse. During the on-site visit, the Auditor requested an update on this detainee and found the segregation documentation states that the detainee was placed in segregation for "refusing housing due to COVID-19" and that he was returned to general

population upon his request on 08/28/20. The detainee was released from custody on 12/18/20. There were no detainees assigned to protective custody for risk of sexual victimization at the time of the on-site visit.

### **§115.51 - Detainee reporting.**

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

#### **Notes:**

(a)(b)(c): CoreCivic Policy 14-2-DHS requires that "detainees shall 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 facility shall provide instructions on how detainees may contact their consular official, the DHS OIG, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: submitting a request to meet with health services staff and/or reporting to a health services staff member during sick call; calling the 24 hour toll-free notification telephone number; verbally telling any employee, including the facility Chaplain; forwarding a letter (including anonymously), sealed and marked "confidential," to the Facility Administrator or any other employee; calling or writing someone outside the facility who can notify facility staff; and forwarding a letter to the CoreCivic PSA Coordinator at the following address: 5501 Virginia Way, Ste. 110, Brentwood, TN 37027. The detainee may also use any of the following reporting methods established by ICE: directly report to the DHS OIG complaint hotline toll-free telephone number at 1-800-323-8603; contact the ICE Detention and Reporting Information Line (DRIL) toll-free telephone number 1-888-351-4024 or 9116# (language assistance is available); tell an ICE ERO staff member who visits the facility; write a letter to the ICE OIC, ICE FOD or Assistant FOD using special mail procedures to ensure confidentiality; file a written formal request or emergency grievance to ICE; contact the ICE OPR JIC toll-free hotline number at 877-246-8253 or email [joint.intake@dhs.gov](mailto:joint.intake@dhs.gov)." The lead Auditor placed a call to all listed numbers and found them to be working and available in both English and Spanish and allowed for the option of speaking directly with a person. The facility provided copies of posters which are placed throughout the facility to make detainees aware of the various reporting procedures, including the list of speed dial numbers for various services and consulates. The HPC Detainee Handbook includes "Anonymous Call Instructions" that provide instructions to detainees how they may complete an anonymous call for reporting sexual abuse. These calls are placed using a speed dial system and can be placed to the DRIL, OIG Hotline, JIC, National Rape Hotline, State Sexual Abuse Hotline, and the Emergency Hotline. The Auditor confirmed this information through conversation with the Quality Assurance Manager. Almost all of the detainees interviewed were aware of how to report sexual abuse. Most detainees reported they would contact a staff member, use the hotline, or notify ICE officials to report sexual abuse. Fewer than half of the detainees were aware they could report incidents of sexual abuse anonymously. The HPC Detainee Handbook includes the zero-tolerance for sexual abuse and assault message and process for detainees to report allegations of sexual misconduct, advising all methods may be done anonymously. Interviews with the PSA Compliance Manager, security staff, including line staff and first-line supervisors, stated if they were to receive a report of sexual misconduct, they will immediately report it to their supervisor and then document it on a facility incident report. Staff, contractors, and volunteers were well educated on reporting methods and their responsibilities and requirements for reporting. In review of the five completed sexual abuse investigations, four allegations were reported to a security staff and the fifth was reported to healthcare staff by the alleged victim.

During the on-site visit, the Auditors observed all of the required notifications posted on the bulletin boards and on the walls in the housing units and in other common areas of the facility. Of the 11 detainees interviewed on-site, 7 reported this information is available on posters in the housing area and available in a language they can understand and 4 stated they did not recall seeing or hearing information about how to report sexual abuse or if the information was available, it was not in a language they could understand. The Auditor checked the OIG and DRIL line while on-site from the detainee phone system. The OIG operator confirmed they would accept a sexual abuse report anonymously. When the Auditor contacted the DRIL line, the operator would not accept a sexual abuse report unless the caller provided their A-number. The Auditor confirmed a second time that an A-number must be provided, and the Auditor terminated the call. The facility provides instructions in the detainee handbook for making an anonymous call to OIG or DRIL. The HCDF Quality Assurance Manager confirmed after the Auditor was unsuccessful at completing an anonymous call to the DRIL that he was able to utilize the instructions provided in the detainee handbook to successfully reach DRIL and did not have to provide an identification.

**Recommendation:** The Auditors recommend the facility post simplified step by step instructions, similar to the information in the handbook, at the detainee phones for making anonymous calls to OIG and DRIL. Additionally, if the agency intends for the DRIL to be used as an anonymous reporting method, they must ensure the DRIL will consistently accept anonymous reports and not require the detainee to provide any identifying information. Furthermore, the agency should ensure the ICE National Detainee Handbook and ICE Sexual Abuse and Assault Awareness Pamphlet reflect the same reporting information as it relates to the DRIL's ability to accept anonymous reports; the former simply provides it as a reporting mechanism while the latter states it will accept anonymous reports.

### **§115.52 - Grievances.**

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

#### **Notes:**

(a)(b)(c)(d)(e)(f): CoreCivic Policy 14-2-DHS states that "formal grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator or ADO. Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer, or other facility staff, family members, or legal representatives. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within 5 days of receipt and shall respond to an appeal of the grievance decision within 30 days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. The grievance process may be used to report a sexual abuse allegation according to the ICE National Detainee Handbook Section on Sexual Abuse and Assault Awareness, page 22, with the grievance process explained on page 16." There have been no sexual abuse grievances filed at facility during the audit period as confirmed through interviews with the PSA Compliance Manager and the Grievance Coordinator. Of the 33 detainees interviewed, 26 were aware they could request assistance to prepare the grievance and of these 26 detainees, the majority reported they could receive assistance from staff, a legal representative, or another detainee.

### **§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): CoreCivic Policy 14-2-DHS outlines the facility's procedures to provide outside confidential support services related to sexual abuse. This information is included on posters and in the facility's Detainee Handbook. The designated outside advocacy group for HCDF is Family Time Crisis and Counseling Center located at 1203 South Houston Ave., Humble, Texas 77388, 281-446-2615. The facility provided a copy of the MOU between the center and the facility. The lead Auditor's review of the five sexual abuse investigation files found documentation that victim advocacy services were offered to the victim after the incident was reported, although there was no documentation available to indicate that the detainees made contact with the Family Time Crisis and Counseling Center. All the detainee victims were no longer housed at HCDF. None of the detainees interviewed by the second Auditor were aware of the services of the rape treatment center. Interviews with the Classification Coordinator and the PSA Compliance Manager confirmed that a detainee victim will be allowed to contact the Family Time Crisis and Counseling Center at the phone number through a facility phone in a private setting which will be facilitated by a counselor. In addition, detainees can contact the Center directly, and without the assistance of a counselor, from the detainee phones by dialing the number, but the call is not toll-free and is subject to recording and monitoring.

(c): Upon intake, detainees receive educational information on the facility's zero-tolerance policy to include information on how to contact local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and hotline telephone numbers. National information is outlined in the ICE National Detainee Handbook and Speed Dial calls can be placed toll-free to RAINN at 391# and CRISIS Sexual Abuse Hotline at 580#. Of the detainees interviewed during the contingency audit phase, only half recall seeing information about local organizations that provide support services to victims of sexual abuse. Four of these detainees reported they were unable to understand the information because it was not presented in their language or they are unable to read. Over half of the detainees reported there are no addresses or phone numbers posted about these organizations. During the on-site visit, 3 of 11 detainees interviewed reported seeing the poster and/or hearing information about organizations that could provide support services to sexual abuse victims. These detainees reported the information was provided in Spanish and the poster provided a phone number to call. The Auditors observed the information for Family Time Crisis and Counseling Center posted on the bulletin boards in the detainee housing areas during the on-site visit in both English and Spanish.

(d): Detainees have been advised through the facility local handbook, telephone calls may be recorded and monitored in accordance with the facility's policy governing the monitoring of their communications. Calls to the outside confidential support services is subject to monitoring. Signs are posted next to the telephones stating that all calls are subject to being recorded and monitored.

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

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

**Notes:**

CoreCivic Policy 14-2-DHS establishes different methods of third-party reporting that may be used to report sexual abuse. These are the DHS OIG toll-free hotline 1-800-323-8603; OPR JIC toll-free hotline 1-877-246-8253 or email at [joint.intake@dhs.gov](mailto:joint.intake@dhs.gov). CoreCivic has established and published on their public website that staff and third parties may report allegations of sexual abuse/sexual harassment to: CoreCivic 24-hour Ethics and Compliance Hotline at 1-800-461-9330 or online at [www.CoreCivic.com/ethicsline](http://www.CoreCivic.com/ethicsline). In addition, the ICE DRIL line number of 1-888-351-4024 is available to the public, family members, attorneys, faith-based leaders, and non-governmental organizations to receive third-party reports of sexual abuse and is posted in the facility entry point. This information is published in the HPC Detainee Handbook, in the visitation area, and on posters in the housing units according to the information provided with the PAQ and was confirmed by the Auditor during the on-site visit. Interviews with the PSA Compliance Manager and shift supervisors confirm they are aware of the requirement to accept sexual abuse notifications from third parties. Interviews with detainees confirmed that they were aware of third-party reporting and that they were knowledgeable on how to report sexual abuse. A review of sexual abuse investigations files confirmed that the facility did not receive any sexual abuse allegations from a third-party within the audit period. The lead Auditor performed a test to each of the third-party reporting numbers and was provided the option to make a report.

### **§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): CoreCivic Policy 14-2-DHS requires "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. Employees are required to take all allegations of sexual abuse and assault seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff are required to promptly document any verbal reports." Interviews with the PSA Compliance Manager and all levels of staff, to include contract staff and volunteers, confirmed a high level of understanding of the protocols in place as it relates to staff reporting duties to include their ability to report outside of their normal supervisory chain of command, if needed. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed, and marked "Confidential," to the Facility Administrator; report to the CoreCivic 24-hour Ethics and Compliance Hotline at 1-800-461-9330 or online [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com). A review of the five sexual abuse investigations, where the detainees reported the allegation to staff, confirmed that staff immediately reported the allegations as required by the standard. CoreCivic Policy 14-2-DHS further states that "staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions." Interviews with all levels of staff, to include contract staff and volunteers, confirmed they are knowledgeable in their duty to not reveal any information related to a sexual abuse report to anyone other than to extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. The facility provided documentation where the AFOD reviewed and approved Core Civic policy 14-02-DHS on March 3, 2020.

(d): HCDF does not house juvenile detainees. The lead Auditor received no evidence the facility houses or has housed potentially vulnerable adult detainees within the audit period. Interviews with various staff as well as a review of the detainee roster by age demonstrated there were no juveniles housed at this facility. Interviews with the PSA Compliance Manager and Classification Coordinator confirms that all sexual abuse allegations are reported to ICE and the Houston Police Department, which satisfies the reporting requirement for an incident involving a vulnerable adult. There were no allegations reported during the audit period involving a vulnerable adult.

### **§115.62 - Protection duties.**

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

**Notes:**

CoreCivic Policy 14-2-DHS states "when it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee." The lead Auditor asked every employee this question during the interviews and every staff person confidently answered that they would immediately separate the detainee and take any necessary action to ensure the detainee's safety. In a review of the sexual abuse investigations completed during the audit period, the lead Auditor determined the facility took the appropriate action required to protect detainee victims.

### **§115.63 - Report to other confinement facilities.**

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

**Notes:**

(a)(b)(c)(d): CoreCivic Policy 14-2-DHS states "upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility, the Facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation." "A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred and the facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA) and notification shall be made to the ICE/FOD." HCDF has received no reports of detainee sexual abuse allegations occurring at another facility during the audit period. The lead Auditor's interviews with the Facility Administrator and the PSA Compliance Manager confirmed both are aware of the requirement to make notification of any report of sexual abuse that occurred while a detainee was housed at another facility to that facility's Facility Administrator within 72 hours of receiving the allegation. Notifications made to the Facility Administrator would be documented through email correspondence.

### **§115.64 - Responder duties.**

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

**Notes:**

(a)(b): CoreCivic Policy 14-2-DHS thoroughly explains the action any staff member is required to take in response to a sexual abuse allegation. "The first security staff member to respond to the report (or his/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. Alleged victims shall be immediately escorted to the Health Services Department, which is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if determined necessary for medical treatment. 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 alleged perpetrator not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking, or eating. 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." Interviews conducted by the lead Auditor concluded staff at all levels, both security and non-security, were very knowledgeable of first responder protocols. While most staff interviewed had never had to enact the protocol, they quickly recited the appropriate steps to take. The first responder was deemed to be a security staff in four of the five completed sexual abuse investigations; the fifth was reported to health care staff. In review of the five completed sexual abuse investigations, the lead Auditor found that first responder duties were performed according to the established procedures noted above.

### **§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 facility has developed a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse and it is outlined in CoreCivic Policy 14-2-DHS (sections L and M). The Sexual Abuse Incident Check Sheet (14-2C) is a comprehensive tool used to ensure all coordinated steps are followed and documented as to the date, time, and action taken and identifies responsibilities of staff first responders, medical and mental health practitioners, investigators, and facility leadership. The policy further outlines specific responsibilities of the response team, and individual responsibilities of the PSA Compliance Manager and Victim Services Coordinator. Based on interviews with the PSA Compliance Manager, the response team is comprised of the PSA Compliance Manager, Victim Services Coordinator, Facility Investigator, and representatives from medical, security, and mental health, to ensure a multi-disciplinary team approach.

(c)(d): Within the audit period, the facility had no substantiated incidents of sexual abuse that involved the detainee/victim being transferred to another facility, as evidenced by a review of the closed case files, and interviews with the Facility Administrator and the PSA Compliance Manager. CoreCivic Policy 14-2-DHS states "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 PSA Compliance Manager advised the lead Auditor that in the event a detainee transfers proper notifications per the standard, would be made to the receiving facility, unless the detainee victim requested otherwise.

### **§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:**

CoreCivic Policy 14-2-DHS states that "staff, contractors, and volunteers, suspected of perpetrating sexual abuse, shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Staff shall be subject to disciplinary, or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse rules, policies, or standards. Removal from their position is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Contractors or volunteers who have engaged in sexual abuse or assault are prohibited from contact with detainees. The facility will take appropriate remedial measures and considers whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards." Staff interviews confirmed that all staff understand the zero-tolerance policy and the serious implications for one who engages in this activity. None of the five investigative files, reviewed by the lead Auditor, involved staff, contractors, or volunteers. Interviews with the Facility Administrator, the PSA Compliance Manager, and the Human Resources Manager confirmed no

incidents have occurred within the audit period involving staff, contractors, or volunteers. The Facility Administrator confirmed during his interview that violations of policy are taken very seriously, and that staff, contractors, or volunteers would be terminated if a violation was substantiated.

#### **§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): CoreCivic Policy 14-2-DHS outlines the facility's procedures for protection against retaliation. "Staff, contractors, volunteers, and detainees shall 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. For at least 90 days following a report of sexual abuse, the facility will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation and such monitoring beyond 90 days if the initial monitoring indicates continuing need." Retaliation monitoring documents (14-2D DHS PREA Retaliation Monitoring Report) were included in the closed investigative files and reviewed by the lead Auditor. Documentation reflected the monitoring began as soon as the allegation was reported, inclusion of periodic status checks of detainees and a review of housing placements and any disciplinary actions. In all five sexual abuse cases, the alleged victim was monitored for retaliation according to the established policy, noting that four left the facility prior to the end date of the monitoring period. Interviews with the PSA Compliance Manager and the Classification Coordinator acknowledged these requirements and confirmed these practices are in place. Random staff interviews indicated broad-based knowledge of the facility's zero tolerance for retaliation. There was no staff monitoring required nor conducted during the audit period.

#### **§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): CoreCivic Policy 14-2-DHS dictates that "care shall be taken to place the detainee in a supportive environment that represents the least restrictive housing option possible and that victims shall not be held longer than five days in any type of administrative segregation, except in highly unusual circumstances, or at the request of the detainee. 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." It was determined during the contingency audit phase and through interviews with the Facility Administrator, the PSA Compliance Manager, multiple security supervisors, and random line officers who work in the segregated housing unit that there has been no detainee housed in segregation to protect them from sexual abuse at the HCDF during the audit period. In review of completed sexual abuse investigations, the lead Auditor saw no indication that a detainee was placed in segregation for protective measures and that both alleged victim and alleged perpetrator were reassessed and reclassified after the allegation was reported. During the on-site visit, there were no detainees in segregated housing for risk of sexual victimization or following a sexual abuse allegation.

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

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

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

**Notes:**

(a)(b): CoreCivic Policy 14-2-DHS states that "the Facility Administrator shall 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." The policy further states that "upon the conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Administrative investigations shall be conducted after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity." The lead Auditor's review of the investigative files determined the investigations to be prompt, thorough, objective, and conducted by a trained Facility Investigator. The files were organized and well documented.

(c): CoreCivic Policy 14-2-DHS directs "administrative investigations will include: preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview of alleged victims, suspected perpetrators, and witnesses; review of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documented written report which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigation facts and findings; retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five years." CoreCivic 14-2-DHS further states "discussions with ICE and local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation." The facility provided documentation where the AFOD reviewed and approved Core Civic policy 14-02-DHS on March 3, 2020. During the interview with the Facility Investigator, the lead Auditor found her to be very knowledgeable about the elements of both administrative and criminal investigations and was able to articulate the protocols and procedures she uses during independent and cooperative investigations. In addition, the review of five sexual abuse investigation files demonstrated the files were organized and thorough and inclusive of all requirements.

(e)(f): CoreCivic Policy 14-2-DHS dictates that "the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." Interviews with the AFOD, PSA Compliance Manager, and the Facility Investigator revealed an investigation would not terminate with the departure of the alleged abuser or victim from the employment or control of the facility or agency. Additionally, policy states that "facility employees will assist the local law enforcement by preserving the integrity of the evidence so that cases are not lost based on lack of evidence, improper technique, and/or lack of credibility". Interviews with the PSA Compliance Manager and Facility Investigator indicated a good and seamless working relationship with local law enforcement and ICE representatives. While there has been no case in the past 12 months warranting a criminal investigation, through interviews with the Facility Administrator and Facility Investigator, it is evident that the facility is prepared to work with external investigators for an uncompromised investigation and will remain informed of the progress of the case as it progresses.

All the five investigative cases reviewed by the lead Auditor were promptly referred to the Houston Police Department and the police department declined to investigate, which was documented in each case file.

#### **§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:**

CoreCivic Policy 14-2-DHS states that "the facility shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Upon review of five sexual abuse allegation investigative files, the lead Auditor determined investigations are completed in accordance with the standard. Interviews with the Facility Investigator and the PSA Compliance Manager verified the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

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

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

**Notes:**

CoreCivic Policy 14-2-DHS states that "the agency shall, following an investigation into a detainee's allegation of sexual abuse at the facility, the detainee shall 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." A review of the five sexual abuse investigation files confirmed that the investigations were conducted by the Facility Investigator, the detainee was still in custody at conclusion of the investigation, and the detainee was notified of the investigative findings, as noted on the PREA Allegation Checklist and on the 14-2E form, Detainee Allegation Status Notification form. All detainee notifications or attempted notifications shall be documented on the 14-2E form per Policy 14-2-DHS and requires the detainee's signature verifying the notification has been received. The alleged victims in all five cases were notified of the investigation results on the 14-2E, although two of the five detainees refused to sign the form. Interviews with the Facility Investigator, the PSA Compliance Manager, and the Classification Coordinator further acknowledged this requirement and confirmed these protocols are in place for reporting to the detainee once a case is closed.

#### **§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)(c)(d): CoreCivic policy 14-2-DHS states "employees shall be subject to disciplinary sanctions up to and including termination for violating 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. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known." Although staff are subject to discipline for violations of the department's sexual abuse policies and termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse, no staff have been terminated, resigned, or received sanctions for violations of sexual abuse policies within the audit period. This information was obtained through interviews with the Facility Administrator, the PSA Compliance Manager, the COR, and the Human Resources Manager.

(b): The facility provided documentation where the AFOD reviewed and approved Core Civic policy 14-02-DHS on March 3, 2020.

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

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

**Notes:**

(a)(b)(c): CoreCivic Policy 14-2-DHS states "any contractor or volunteer who is suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation and further, if found to have engaged in this conduct, shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall report such incidents to the ICE FOD regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant bodies, to the extent known." The facility had no incidents where contractors or volunteers violated any of the sexual abuse policies during the audit period. This was confirmed through interviews with Facility Administrator, PSA Compliance Manager, Human Resources Manager, and Volunteer Coordinator.

#### **§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)(e)(f): CoreCivic Policy 14-2-DHS states that "a detainee shall 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. Sanction imposed shall be 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. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider 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." Policy further directs that "a detainee may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact. Detainees who deliberately allege false claims of sexual abuse can be disciplined. 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 the investigation does not establish evidence sufficient to substantiate the allegation. The facility may contact law enforcement to determine if a deliberately false accusation may be referred for prosecution." In the five completed investigation files reviewed by the lead Auditor, four were unfounded and one was unsubstantiated. The five closed investigation files documented that no disciplinary action was taken against either detainee. HCDF has issued no disciplinary sanctions for detainees engaged in sexual abuse during the audit period as confirmed by interviews with the Facility Administrator, PSA Compliance Manager, and the disciplinary hearing officer.

### **§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): CoreCivic Policy 14-2-DHS states "if the assessment pursuant to 115.41 indicates the 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 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 72 hours after the referral." IHSC Directive 03-01 states "the health care provider collaborates with the clinical director and HSA to refer detainees with acute treatment needs for a medical evaluation. All suspected assault and abuse must be referred to a behavioral health provider, physician, or qualified health care provider for a mental health evaluation and transfers the victim to an outside facility for appropriate level of care and assessment if no medical or mental health staff are available to evaluate and assess." The Directive further states that "the behavioral health provider will complete the mental health assessments within 72 hours of referral, conduct mental health evaluations of all known detainee-on-detainee sexual abusers, and document the evaluation in the electronic health records." Three detainees who reported a history of sexual victimization were interviewed during the contingency audit phase. Two detainees reported they were seen by mental health staff; one to three months after reporting the prior sexual victimization. One detainee reported being seen by mental health staff on a regular basis. The third detainee did not recall who asked about the prior victimization, but reported being seen once by mental health staff, but was never asked about the prior victimization. Interviews with the HSA and other medical and mental health care staff, Classification Coordinator, PSA Compliance Manager, and Facility Administrator confirmed, if a referral for medical follow-up is initiated, the detainee will receive a health care evaluation no later than two working days from the initial assessment, and if a referral for mental health follow-up is initiated, the detainee will receive a mental health evaluation no later than 72 hours. The facility had no identified prior victim's files for the Auditor's to review demonstrating that a detainee was referred for a mental health or medical follow-up resulting from the intake. During the on-site visit, the facility provided documentation for three detainees who reported a history of perpetrating sexual abuse during the intake risk screening, which resulted in a referral to the Health Service Department on the same day by email. The Health Service Department confirmed medical records reflected all three detainees were seen by a mental health provider within 24 hours of receiving the referral and verified through the Auditor review of the electronic files.

### **§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): CoreCivic Policy 14-2-DHS states "detainee victims of sexual abuse and assault shall 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. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." According to the PAQ and submitted documentation, the facility has not had to send a detainee out for emergency medical assistance for PREA/sexual assault related injuries or treatment in the audit period. Interview with medical staff confirmed detainees will receive timely emergency access to medical and mental treatment without financial cost to the detainee and will have unimpeded access to emergency medical and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Medical staff further acknowledge that victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee. IHSC Directive 03-01 states "IHSC provides access to emergency medical and mental health services for detainees who are victims of sexual abuse. If no medical or mental health staff are available to evaluate and assess, staff will coordinate the detainee's transfer to an outside facility for appropriate level of care and assessment. Care may include forensic medical evaluation involving the collection of evidence, using a kit approved by the proper authority, if necessary." The Directive further states that "timely, unimpeded access to treatment and services will be provided by IHSC including crisis intervention services (contraception, sexually transmitted infections and other infectious diseases, testing, and prophylactic treatment) to all victims in accordance with NCCHC 2018 standards; and pregnancy tests, for female detainees who experienced vaginal penetration by a male abuser while incarcerated." The lead Auditor reviewed the five closed investigative files, and none of the alleged victims qualified for emergency medical treatment, although every alleged victim and known alleged perpetrator was taken directly to medical for an examination upon facility becoming aware of incident. Interviews with the HSA and other medical and mental health care staff, Classification Coordinator, PSA Compliance Manager, and Facility Administrator confirmed, all allegations of sexual abuse are directly taken to medical for an examination. None of the investigation files reviewed indicated a need for crisis intervention services or pregnancy test. There were no new cases reported since the contingency audit phase. Documentation reviewed in the five sexual abuse investigation files demonstrated a detainee was seen by both medical and mental health staff, in accordance with the requirements of the standard. A review of one medical file record documented the alleged victim was referred to medical/mental health and was evaluated by mental health within 24 hours and was offered counseling for emotional support.

### **§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)(f): "CoreCivic Policy 14-2-DHS states that "the facility shall provide evaluation and treatment of such sexual abuse victims to 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. All treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care." IHSC Directive 03-01 states "IHSC will provide ongoing mental health care, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer, placement in other facilities or release from custody." Both the medical and mental health staff interviews confirmed that detainee treatment is immediate, based on their professional opinion, and consistent with community level of care, including additional follow-up if necessary. The evaluation and treatment of such victims shall include, as appropriate, 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. A review of one alleged victim's medical file demonstrated that a referral to medical/mental health was made, and the detainee was evaluated by mental health within 24 hours and offered counseling for emotional support; the file further indicated the detainee is eligible to receive continuation of services. Detainees are not charged for treatment services based on the interview with the HSA.

(d): IHSC Directive 03-01 states "IHSC provides pregnancy tests for female detainees who experienced vaginal penetration by a male abuser while incarcerated and provides timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." CoreCivic Policy 14-2-DHS supports these same provisions. All five closed investigation files reviewed by the lead

Auditor confirmed no allegations of female vaginal penetration by a male abuser. The HSA confirmed during her interview that sexual abuse victims who have been penetrated vaginally by a male abuser will be provided with pregnancy tests and that a nurse or nurse practitioner will provide the comprehensive information about and timely access to lawful pregnancy-related medical services.

(e): IHSC Directive 03-01 states "IHSC provides access to emergency medical services for detainees who are victims of sexual abuse including crisis intervention services (contraception, sexually transmitted infections and other infectious diseases, testing, and prophylactic treatment) to all victims in accordance with NCCHC 2018 standards. CoreCivic Policy 14-2-DHS supports these same provisions." It should be noted there were no detainees who required the above-mentioned treatments during the audit period. This was confirmed through interviews with the HSA and other medical staff and by review of the five closed investigation files.

(g): CoreCivic Policy 14-2-DHS and IHSC Directive 03-01 provide for a mental health evaluation and provide treatment within 60 days of notification of such recent and history of abuse and/or assault and states the facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and abuse and/or assault for all known sexual abusers. Of the closed investigation files, none were substantiated. Interviews with mental health staff indicated that known abusers are evaluated and offered treatment services. There were no new cases reported since the contingency audit phase.

#### **§115.86 - Sexual abuse incident reviews.**

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

#### **Notes:**

(a)(b)(c): CoreCivic Policy 14-2-DHS states "the Facility Administrator will 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 days of the conclusion of the investigation. The incident review team shall include the Facility Administrator, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or gender non-conforming identification, status; or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The facility shall implement the recommendations or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the FOD or his or her designee, for transmission to the ICE PSA Coordinator. The facility shall also provide any further information regarding such incident reviews as requested by the ICE PSA Coordinator." CoreCivic Policy 14-2-DHS further states, and was corroborated by the Auditor's review of the facilities annual review report (PREA-Annual Review 2019, dated December 30, 2019), that "the facility conducts an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts, including preparation of a negative report if the facility does not have any reports of sexual abuse during the reporting year." Interviews with the Facility Administrator, PSA Compliance Manager, Captain, Classification Coordinator, and Health Services Representative support the above-mentioned procedures. The lead Auditor reviewed the Sexual Abuse Incident Review Reports for the five closed investigations and found the reports to be complete, thorough, and well-documented. The reviews were conducted on the same day as the closing of each investigation. A copy of the email with original submission was provided to indicate that the Sexual Abuse Incident Review Report was prepared and submitted to the Facility Administrator, and the ICE/COTR, who then notifies the agency PSA Compliance Manager within 30 days of completion on the unsubstantiated case. No recommendations for changes or improvements were made as a result of the review. The facility provided the PREA Annual Review 2019 which was the most current as of the audit period. This annual report is distributed to the Facility Administrator and the ICE FOD.

#### **§115.87 - Data collection.**

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

#### **Notes:**

(a): CoreCivic Policy 14-2-DHS states "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 maintained in appropriate files in accordance with these detention policies CoreCivic Policy 1-15, Retention of Records." The Facility Investigator confirmed during her interview that the facility maintains these documents in her office, under lock and key, with access on a need-to-know basis only. During the on-site visit the lead Auditor observed the case records associated with claims of sexual abuse secured in a locked filing cabinet in the Facility Investigator's office and confirmed that keys to her office are highly restricted.

#### **§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 given full access to all areas of the facility, full access to view CCTV live-views and recorded footage, and full access to observe facility processes and procedures.

(e): Much of the relevant documentation was provided by the facility during the contingency audit phase. During the on-site visit, any outstanding documentation noted in the provisional report was provided as well as additional documentation requested by the Auditors.

(i): Interviews with detainees conducted remotely through WebEx were in private during the provisional contingency audit phase and a small sampling was conducted during the on-site visit. The facility provided appropriate space for both Auditors to conduct private interviews with detainees.

(j): Audit announcement notices were posted prominently on every housing unit and in common areas to include entrances, visitation area, and intake areas as required. These notices provided information on the detainee's right to correspond confidentially with the Auditors. No correspondence was received.

### **AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

[Update Outcome Summary](#)

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

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

*Sharon Ray Shaver*

8/12/2021

**Auditor's Signature & Date**

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

8/12/2021

**Assistant PREA Program Manager's Signature & Date**

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

8/12/2021

**PREA Program Manager's Signature & Date**