

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Elisabeth Copeland/Barbara King	Organization:	Creative Corrections, LLC
Email address:	[REDACTED]	Telephone number:	785-294-[REDACTED]

AGENCY INFORMATION

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

Name of Field Office:	San Antonio Field Office
Field Office Director:	Daniel Bible
ERO PREA Field Coordinator:	[REDACTED]
Field Office HQ physical address:	1777 N. E. Loop 410 Suite 1400, San Antonio, TX 78217
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Laredo Processing Center		
Physical address:	4702 E Saunders Street, Laredo, TX 78041		
Mailing address: (if different from above)	Same as above		
Telephone number:	956-727-4118		
Facility type:	DIGSA		
Facility Leadership			
Name of Official/Officer in Charge:	Orlando Perez	Title:	Warden
Email address:	[REDACTED]	Telephone number:	956-727-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	[REDACTED]	Title:	Chief of Security
Email address:	[REDACTED]	Telephone number:	956-727-[REDACTED]

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the Laredo Processing Center (LPC), Laredo Texas was conducted on February 12 – 14, 2019, by Elisabeth Copeland, PREA Auditor contracted through Creative Corrections, LLC. This was the first PREA audit for LPC. LPC is an Immigration and Customs Enforcement (ICE) contract adult facility, operated by CoreCivic with designed capacity of 404 beds. The facility houses adult female detainees to hold, process, and prepare individuals pending the results of judicial removal review. The purpose of this audit was to determine compliance with The Department of Homeland Security (DHS) PREA standards.

The point of contact established for LPC was through the External Reviews and Analysis Unit (ERAU) Team Lead [REDACTED]. [REDACTED] provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documentation approximately 10 days prior to the on-site portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with information included on the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records and curriculum, facility layouts and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was well organized and provided a picture of PREA implementation at LPC.

An entry-briefing, led by ERAU Team Lead [REDACTED] was conducted shortly after arrival at the facility on February 12, 2019, day one of the on-site review. Those in attendance at the entry-briefing were as follows:

[REDACTED]	ERAU
[REDACTED]	Assistant Field Office Director (AFOD)
[REDACTED]	Quality Assurance Manager (QAM), LPC
[REDACTED]	Supervisory Detention and Deportation Officer (SDDO), ICE/Enforcement and Removal Operations (ERO)
[REDACTED]	Chief of Security/Prevention of Sexual Assault (PSA) Compliance Manager, LPC
[REDACTED]	Deportation Officer (DO), ICE/ERO
Orlando Perez	Warden, LPC

Once the introductions were given, the Auditor introduced herself and provided an overview of the audit process.

Immediately following the entry-briefing, the Warden led the Auditor, the ERAU Team Lead, and other administrative staff on a tour of the facility. All areas of the facility were toured to include intake, sally port, kitchen, dining room, barbershop, housing units, laundry, and medical, outside recreation, commissary, and visitation. LPC is a low security level facility housing 304 adult female detainees. LPC has [REDACTED] security staff, [REDACTED] medical staff, [REDACTED] mental health staff, and [REDACTED] investigator. The facility consists of one building which encompasses seven open bay dorms, two medical beds, and four segregation cells. Of the eight housing units; three housing units can house up to 72 detainees; three housing units can house up to 36 detainees; and one housing unit can house up to 80 detainees. The segregation unit has four single occupancy cells. Each dorm contains a shower area and restroom areas that are blocked off by a half wall. The showers are single occupancy and are blocked off by curtains for privacy. Detainees are instructed to dress and undress behind the curtain while showering. To ensure privacy while using the restroom, the Auditor approached the half wall from various angles and could only see inside the toilet area until the Auditor was right at the wall.

During the tour of all housing units, cross-gender announcements were made by LPC staff. These announcements were made in English and in Spanish and consisted of "male on the floor." These announcements are documented in a housing log book. The Auditor reviewed the housing log book and viewed documentation of cross-gender announcements as well as unannounced supervisory rounds.

The housing units contained audit notices, PREA posters highlighting reporting methods for sexual abuse and assault as well as zero tolerance. The bulletin boards also contained victim advocacy information which is printed on a blue sheet. The Auditor was advised officers are instructed to check the bulletin board on their security rounds to ensure this information is always present. At each detainee phone, was the Keep Detention Safe poster. This poster contained zero-tolerance information as well as instructions on how detainees can make an anonymous sexual abuse and/or sexual harassment report via the phone to outside sources and to the PSA Compliance Manager.

Immediately following the tour, the Auditor began interviewing both staff and detainees. The Auditor was provided an unoccupied office to conduct private interviews. This office also contained a phone to contact interpretive services as needed. Interview sampling of staff and detainees were selected randomly by the Auditor from facility staff and detainee rosters. The detainees interviewed were randomly selected and included representative samples from each housing unit. The staff interviewed were randomly selected and included representative samples from each shift. The Auditor selected a total of 26 detainees to be interviewed which consisted of 22 limited English proficient (LEP) detainees who spoke Mandarin and Spanish and 1 detainee who identified as lesbian. LPC had no detainees onsite who identified as disabled, transgender, or had been placed in the segregation unit due to sexual abuse vulnerability. While the Auditor had selected five detainees who had reported a history of sexual abuse, no detainees interviewed wanted to speak about this topic with the Auditor. Spanish and Mandarin interpretive services were used for LEP detainee interviews. The interpretive service used for those detainees who were LEP was Language Line Solutions through contract with Creative Corrections. In addition, the Auditor interviewed [REDACTED] staff including [REDACTED] random staff representing all shifts and [REDACTED] designated staff. Designated staff interviews included: Warden, PSA Compliance Manager, Human Resource Manager, Grievance Officer, Training Officer, Mental Health Staff, Classification Supervisor, Intake Staff, Investigator, two Medical Personnel, one Contractor and one Volunteer.

LPC reported three allegations of sexual abuse that occurred during the review period. At the time of the audit, two cases remained open and a finding had not been determined. Due to these cases remaining open, the Auditor was unable to review it. However, the Auditor could review the one that was closed during this review period. It included one substantiated detainee-on-detainee sexual harassment case.

During the detainee interviews, one incident occurred that should be mentioned as this is a reflection of the facility's culture of sexual safety for detainees. During one interview, a detainee shared several women in housing unit were trying to get her removed due to her sexual orientation. She shared with the Auditor this was making her feel uncomfortable. With her permission, the Auditor notified LPC management. The Housing Unit Manager immediately contacted the detainee and completed a risk reassessment and conducted an interview with the detainee to gauge her feelings on her personal safety. The detainee chose to remain in the housing unit. This quick action by LPC demonstrates this facility's commitment to keeping detainees in their custody free from sexual abuse.

Due to unforeseen circumstances, the original Auditor (Lisa Copeland) was unable to complete all areas of the post audit phase to finalize the audit report. For this reason, a second certified PREA Auditor (Barbara King) with Creative Corrections, LLC finalized the audit report process with an additional interview with the PSA Compliance Manager to clarify details within the report.

SUMMARY OF AUDIT FINDINGS:

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

On Thursday, February 14, 2019, (day three), an exit-briefing was conducted. The exit-briefing was opened by the ERAU Team Lead [REDACTED] and then turned over to the Auditor for an overview of the on-site findings and close-out summary. Those in attendance for the exit-briefing were as follows:

[REDACTED]	ERAU
[REDACTED]	AFOD
[REDACTED]	QAM, LPC
[REDACTED]	SDDO, ICE/ERO
[REDACTED]	Chief of Security/PSA Compliance Manager, LPC
[REDACTED]	DO, ICE/ERO
Orlando Perez	Warden, LPC
[REDACTED]	DO, ICE
[REDACTED]	Shift Supervisor, LPC

During the exit-briefing, the Auditor discussed her observations made during the on-site review. The Auditor observed that staff were visible and active in the direct supervision of the detainees. Staff were also knowledgeable of the coordinated response. The detainees knew their rights and how to report sexual abuse. The group was advised that further review of the policies and procedures as well as the notes from the tour and interviews needed to be reviewed by the Auditor before a determination of compliance or non-compliance could be determined.

Of the 41 standards reviewed, the Auditor found the LPC met 39 standards, had one standard (115.21) that did not meet compliance, and had one standard (115.14) that was non-applicable. As a standard practice while onsite, the Auditor reviews random files to support compliance. While onsite, the Auditor reviewed [REDACTED] human resource files for background checks, [REDACTED] staff training files for PREA training, [REDACTED] total detainee files for detainee orientation to verify an initial risk assessment had been completed. Of the [REDACTED] detainee files reviewed; 4 detainee files had a risk reassessment that had been completed between the 60 – 90 days as required. The auditor also reviewed the one completed investigative file closed in 2018.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	1
Number of standards met:	38
Number of standards not met:	1
Number of standards N/A:	1

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning. If additional space for notes is needed, please utilize space provided on the last page.

§115.11 – Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

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

Notes:

(c) LPC has a written policy mandating zero tolerance toward all forms of sexual abuse. CoreCivic's policy DHS-14-2, Sexual Abuse Prevention and Response, dated November 3, 2014 and adopted by LPC on February 28, 2015 mandates zero tolerance towards all forms of sexual abuse. "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse...This policy outlines CoreCivic's approach to prevention, detecting, and responding to such conduct..."

(d) LPC has designated a PSA Compliance Manager who is responsible for overseeing all aspects of the facility's efforts to comply with the zero-tolerance policy DHS-14.2. LPC's organizational chart shows the PSA Compliance Manager is also the Chief of Security and reports directly to the Warden.

The PREA Compliance Manager reports, "I feel like I have enough time and authority to do my job. I look through policies and look for discrepancies. I make sure all allegations are investigated. I am also the point of contact for ICE."

§115.13 – Detainee supervision and monitoring.

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

Notes:

(a)(b) CoreCivic's policy DHS-14.2 ensures the supervision requirements and staffing levels at LPC. This policy states, "...Each facility will ensure sufficient supervision of detainees including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse... The facility shall maintain a Policy Manual that includes comprehensive detainee guidelines to determine and meet the facility detainee supervision needs. These guidelines shall be approved by the ICE/ERO and shall be approved annually." The Warden explained, [REDACTED] We also use a PREA staffing in addition to this to let supervisors know what positions can't be moved when detainees are present. We review this annually and send it up to corporate and ICE for approval." LPC last reviewed their supervision guidelines in December 2018. These guidelines were approved by ICE.

(c) The Auditor reviewed LPC's PREA Staffing Plan Assessment dated September 9, 2018. This assessment covers the facility's composition, a staffing plan review list, and video monitoring. Samples of staffing schedules for all shifts, as well as the layout of LPC's video monitoring capabilities demonstrates enough supervision. LPC has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for each respective area of the facility. The Warden shared, [REDACTED]. The PSA Compliance Manager stated, "We have a staffing plan. This plan requires [REDACTED] We have no judicial findings and try to have at least [REDACTED] staff person at each post." He added the unofficial staff ratio is [REDACTED]

During the tour the Auditor noted [REDACTED] However, there is a [REDACTED] It was manned by [REDACTED] to [REDACTED] officers. Each unit has a large window facing the officer station. While at the station, officers can see into the housing units. The addition of [REDACTED] completes the supervision requirements at LPC. While onsite the Auditor also discussed concerns with the Warden regarding the [REDACTED] in the housing units. [REDACTED] The Warden advised the facility is in the process of bidding for [REDACTED] cameras. The Auditor reviewed several email strings discussing the situation with cameras and viewed a purchase order to obtain the [REDACTED] cameras. During the review of the closed investigation the Auditor determined there were no findings of inadequate staffing levels. The PSA Compliance Manager noted in the interview the incident review team identified the need for [REDACTED]. He indicated there was a change in supervision protocols to address the [REDACTED] until the [REDACTED]. Supervision rounds were conducted every [REDACTED] and have been changed to [REDACTED]. [REDACTED]

(d) LPC's post orders for supervisors require [REDACTED]. During the tour of all housing units, the Auditor ask how [REDACTED] were documented and was advised each housing pod had a housing log book for documentation. The Auditor reviewed random housing books and viewed documentation of [REDACTED] from various shifts. Supervisors are required to [REDACTED] This was determined to be in compliance.

Staff at LPC are prohibited from alerting others when supervisors are [REDACTED]. Supervisors report there has not been an instance where staff have alerted others of [REDACTED]. They advise this is part of [REDACTED] and all staff are aware these occur. Supervisors advise staff are made aware of this requirement during training.

LPC's upper-level supervisors are very active and visible throughout the facility. This adds to the strength of direct supervision the facility provides to the detainees.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard does not apply to LPC as they reported they do not house juvenile detainees at this facility. The interviews with staff and detainees along with the on-site review supports this reporting. In addition, the Auditor viewed the Housing Plan Guideline which states, "Laredo Processing Center houses only adult detainees."

§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) This does not apply to LPC as this facility only houses adult female detainees.

(c) CoreCivic's policy DHS-14.2 states, "Cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. If required, a cross-gender pat-down search must be authorized by the ICE/ERO AFOD..." All staff interviewed reported that cross-gender pat-search of the detainees is not allowed unless approved by ICE. Interviews with intake staff revealed detainees are not pat-searched upon admission to the facility. They do go through a metal detector to determine if there is anything on their person.

LPC's staffing plan ensures a [REDACTED]. LPC line-staff and supervisors advised there would be no circumstances in which a male officer would pat-down search a female detainee. CoreCivic policy DHS-14.2 defines exigent circumstance as "temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or order of a facility or security of any person."

LPC reported zero cross-gender pat-searches have occurred between the reporting period of January 2018 and January 2019. While onsite, the Auditor observed detainees lined up to enter the recreation yard. Female officers were present to conduct pat-down searches of the detainees before they left the building.

(d) CoreCivic's policy DHS-14.2 states, "All cross-gender pat searches will be documented in a log book." LPC reported zero cross-gender pat-searches have occurred between the reporting period of January 2018 to January 2019.

Interviews with staff reveal cross-gender pat searches are not allowed at LPC. Interviews with the female detainees also supported this finding as the female detainees reported they have not been pat searched by male staff.

(e)(f) CoreCivic's policy DHS-14.2 states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted. If a strip search or body cavity search of any detainee does occur, the search shall be documented on the 5-1B Notice to Administration (NTA)." All line-staff and supervisors interviewed reported that strip and body cavity searches are not allowed. They also shared they have never been asked to witness this type of search. Interviews with the female detainees also supported this finding.

LPC reported zero strip searches or visual body cavity searches have occurred between the reporting period of January 2018 and January 2019.

(g) CoreCivic's policy DHS-14.2 also states detainees be able to shower, perform bodily functions, and change clothing without being viewed by staff, 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 movements."

Each dorm contains a shower and restroom areas blocked off by a half wall. The showers are single occupancy and are blocked off by curtains for privacy. Detainees are instructed to dress and undress behind the curtain while showering. To ensure privacy while using the restroom, the Auditor approached the half wall from various angles and could only see inside the toilet area until the Auditor was right at the wall. Interviews with the detainees revealed they felt they had adequate privacy to shower, change clothes, and use the restroom. They felt the staff was very respectful of their personal privacy.

CoreCivic's policy DHS-14.2 also states, "Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." During the tour of all housing units, cross-gender announcements were made by LPC male staff. These announcements were made in English and Spanish and consisted of "male on the floor." These announcements are documented in a housing log book. The Auditor reviewed the housing log book and viewed documentation of cross-gender announcements as well as unannounced supervisory rounds. Interviews with line-staff shared that this announcement is always made. Interviews with the detainees reveal they can hear the announcements and can see male staff enter the dorms.

(h) This subsection is not applicable as LPC is not a family residential center.

(i) Language in CoreCivic's policy DHS-14.2 mirrors the standard and supports this practice. It states, "Searches or physical examination of a transgender or intersex detainee for the sole purpose of determining the detainee's genital status is prohibited. If the detainee's genital status is not known, it may be determined during conversation with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Interviews of both security and medical staff support that LPC does not search or physically examine detainees for the sole purpose of determining detainee's genital characteristics. LPC line-staff and supervisors advise this type of search is prohibited. The PSA Compliance Manager stated the detainee's gender is determined through the intake risk screening process with the detainee. The detainee provides that information to the intake staff. This information is also reviewed by the intake staff on the ICE Form 203 that is provided by ICE when delivering the detainee to the facility as part of the intake process. Medical also asks the gender question during the medical screening.

(j) CoreCivic's policy DHS-14.2 states, "All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. Interviews with staff revealed that male staff would use the backs of their hands if they were ever required to conduct a pat-search. Staff was also quick to point out that ICE had to approve such measures before it happened. The Auditor reviewed "Search Procedures" curriculum which was delivered at this facility. This curriculum covers how to conduct a pat search and includes information on cross-gender pat searches and how to pat search a transgender detainee. The Auditor also reviewed training records for five staff and found each staff person received annual pat search training.

§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) The LPC ensures that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse. This is done in accordance with CoreCivic's policy DHS-14.2.

When interviewing intake staff, the Auditor was told that if they had a detainee arrive who could not hear they would use the TTY telephone that was available in the Unit Manager's Office. The intake and line-staff also advised if the hard of hearing or deaf detainee could read English or Spanish, they would write out the information the detainee would need. The Auditor was advised this information was also found in the LPC's Detainee Handbook and Posters (Break the Silence) in the housing units. The Auditor was able to confirm this information shared by intake staff by viewing the information intake staff gives to detainees. This information is also posted on the walls in the intake area and in the housing units.

During the tour of the intake, intake staff demonstrated how the process would be done. Each intake officer had their own desk, which includes a telephone for staff to access Language Line Solutions. Intake staff advised they would use Language Line Solutions if a detainee came in and spoke a language other than English or Spanish. All staff who work in intake are bilingual. Intake staff speak both English and Spanish. The Auditor spoke with a detainee who spoke Mandarin. Through the interpretive services provided by the facility, this detainee reported she was made aware of the zero-tolerance policy at the facility and felt comfortable that she could make a report of sexual abuse if she needed to the facility with no problems.

Intake staff also shared that if a detainee had low vision or was blind, they would read all information to the detainee and check with the detainee to make sure they understood the information that was read to them. This would also occur if the detainee reported they were unable to read. For those detainees who displayed low cognitive behaviors or behaviors that may require psychiatric interference, intake staff reported they would immediately contact medical staff to assist with the intake process. It should be noted that medical staff do have an office in the intake area and can immediately be available for detainees either at the staff request or the request of the detainee.

During the on-site portion of this audit, LPC had no detainees who were hard of hearing or deaf or visually impaired.

(b) CoreCivic's policy DHS-14.2 also states LPC shall ensure meaningful access to all aspects of ICE/ERO's and the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are LEP, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively, and expressively, using any necessary specialized vocabulary. LPC has a Quick Reference Guide: How to Access an Interpreter. These instructions are for staff and provide information on how to contact Language Line Solutions. LEP detainees advised they have translated materials available to them and know how to report sexual abuse. These materials consisted of flyers, handbooks, and posters. Intake staff shared if a detainee spoke a language other than English or Spanish, interpretive services would be used to read intake materials to the detainee. It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the detainee. The Auditor viewed the pamphlet "Preventing Sexual Abuse and Misconduct" in the facility. This pamphlet is available in English and Spanish. Intake staff reported the PREA orientation video is provided in English and Spanish.

Each intake officer had their own desk, which includes a telephone for staff to access Language Line Solutions. Intake staff advised they would use Language Line Solutions if a detainee came in and spoke a language other than English or Spanish. All staff who work in intake are bilingual. Intake staff speak both English and Spanish. The Auditor spoke with a detainee who spoke Mandarin. Through the interpretive services provided by the facility, this detainee reported she was made aware of the zero-tolerance policy at the facility and felt comfortable that she could make a report of sexual abuse if she needed to the facility with no problems.

(c) CoreCivic's policy DHS-14.2 states, "In matters relating to allegations of sexual abuse, translation services shall be provided by someone other than another detainee, unless the detainee expresses a preference to another detainee to provide interpretation and ICE/ERO determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." The interviews with staff supported the practice of this policy. Staff reported they would immediately take the detainee to medical and use interpretive services in that location to allow for privacy.

In reviewing the closed investigative file, the Auditor did not find evidence of interpretation services utilized by staff. Further review found the victim spoke Spanish and was able to communicate with bilingual staff.

§115.17 – Hiring and promotion decisions.

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

Notes:

(a)(b) CoreCivic's policy DHS-14.2 outlines LPC's practice of declining to hire or promote anyone who may have contact with detainees and decline to enlist 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; who has been convicted of engaging in or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. All applicants and employees who may have direct contact with detainees shall be asked about previous misconduct. The Human Resources (HR) Director stated, "We can disqualify a person from being hired or promoted based on the outcome of the case." She added "All potential hires and employees up for promotion must sign an acknowledgement form stating they have not engaged in sexual abuse."

The HR Director provided the employment files for ■ staff members interviewed while onsite. Of these files, the Auditor verified all files had a signed acknowledgement form.

5 Code of Federal Regulations part 73 states, "§731.202 Criteria for making suitability determinations: (a) General. OPM, or an agency to which OPM has delegated authority, must base its suitability determination on the presence or absence of one or more of the specific factors (charges) in paragraph (b) of this section. (b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action: (1) Misconduct or negligence in employment; (2) Criminal or dishonest conduct..." This regulation applies to ICE employees and contractors.

All potential ICE employees and contractors must complete the self-declaration form titled, "Department of Homeland Security, 6 Code of Federal Regulations Part 115 (Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities)." This self-declaration form

asks potential employees and contractors about any prior sexual abuse allegations they may have had in the past. These questions are also asked directly to the employee and contractor during their personal interview as part of the required background investigation.

While on-site, the Auditor requested to view the HR files of the ■ staff persons interviewed. These files were found to have CoreCivic background checks completed on everyone. The Auditor also viewed one file of a volunteer and found a background check had been completed on this individual also. The 14-2H-DHS Self-Declaration of Sexual Abuse form was also present in all files.

All employees and contractors at LPC and ICE employees who have contact with detainees have been vetted and completed the required background checks. The Auditor reviewed ■ human resource files for employees of LPC and found background checks have been completed as required. The Auditor also contacted the Hiring Center for DHS and submitted the names of five ICE employees and ■ facility staff who have contact with detainees and found each employee had the required background check completed within the appropriate timeframe.

(c) CoreCivic's policy DHS-14.2 also outlines the hiring practices LPC must follow when completing background checks on new hires and current employees. The policy states background checks must be done at least every 5 years. The HR Director stated, "Background checks are done as part of the pre-employment process as well as done every 5 years on current employees." Of the ■ files reviewed by the Auditor, all files met the requirements of this standard. This includes background checks conducted by CoreCivic for employees who have been employed for at least 5 years.

ICE Directive 6-7.0: ICE Personnel Security and Suitability Program, effective date February 4, 2008 states, "Investigations conducted on job applicants and employees that serve as the basis for determinations of suitability for employment and eligibility for assignment to, or retention in, sensitive national security positions. These investigations focus on an individual's character and past conduct that may have an impact on the integrity and efficiency of the service. Types of investigations and histories covered: Background Investigation (BI): Consists of a National Agency Check (NAC); a personal Subject Interview and source interviews; employment - 5 years; education 5 years/most recent degree; residence - 3 years; law enforcement agency checks - 5 years; and credit check - 5 years. Child Care National Agency Check and (written) Inquiries: An enhanced National Agency Check with Inquiries (NACI) that, to meet special investigation requirements for those in child care provider positions, searches records of State Criminal History repositories of the state where the subject resides..."

(d) ICE Directive 6-8.0: ICE Suitability Screening Requirements for Contractual Personnel, effective date May 29, 2011 states, "Investigations conducted on contractor personnel that serve as the basis for determinations of suitability for employment and eligibility for access to ICE facilities and sensitive information. These investigations focus on an individual's character and past conduct that may have an impact on the integrity and efficiency of ICE. Types of investigations are as follows... Background Investigation (BI): Coverage period is 10 years. Consists of a National Agency Check (NAC) (see Section 5.13(5) below); a personal Subject Interview and source interviews; employment (5 years); education (5 years and most recent degree); residence (3 years); law enforcement agency checks (5 years); and a credit check (5 years). Child Care National Agency Check and (written) Inquiries: An enhanced National Agency Check with Inquiries (NACI) (see Section 5.13(6) below) that, to meet special investigation requirements for those in child care provider positions, searches records of State Criminal History repositories of the state where the subject resides..."

While on-site, the Auditor requested to view the HR files of the ■ staff persons interviewed. These files were found to have CoreCivic background checks completed on everyone. The Auditor also viewed ■ file of contractors/volunteers and found the background check had been completed on this individual also. The 14-2H-DHS Self-Declaration of Sexual Abuse form was also present in all files. The Auditor also contacted the Hiring Center for DHS and submitted the names of ■ ICE employees and ■ facility staff who have contact with detainees and found each employee had the required background check completed within the appropriate timeframe.

(e) CoreCivic's policy DHS-14.2 states, "To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or provision of materially false information." Interview with the Human Resource Manager revealed a job offer would be withdrawn and employees would be terminated if it is found they failed to provide information on past misconduct or false information regarding past sexual abuse. The HR Manager advises this also applies to contractors and volunteers.

(f) CoreCivic's policy DHS-14.2 states, "Unless prohibited by law, CoreCivic shall provide information of 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." The HR Director advised that these requests would be forwarded to CoreCivic's legal department for response.

§115.18 – Upgrades to facilities and technologies.

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

Notes:

(a)(b) LPC expanded the facility by adding a new laundry room and updated their video monitoring systems in January 2017. The Auditor reviewed the PREA Physical Plan Considerations. This form was completed when LPC was planning the laundry room. This form discussed ■. During work hours, the laundry room will contain ■ male supervisor and two female detainee workers. The Auditor also reviewed an email chain discussing the planning of this addition.

During the tour of the facility, the Auditor toured the laundry room. The ■ and had ■. While onsite the Auditor also discussed with the Warden regarding the ■. The Warden advised the facility is in process of bidding for ■. The Auditor viewed several email strings discussing the situation with ■ and viewed a purchase order to obtain ■.

§115.21 – Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(e) CoreCivic policy DHS-14.2 outlines the use of uniform evidence protocol that maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This includes separating the victim from the abuser, preserving and collecting evidence, medical and mental health assessments, notifications and follow-up services for victims.

The Auditor reviewed the one closed investigative file and found the uniform evidence protocol was followed according to policy and DHS PREA standards.

The Auditor reviewed the Memorandum of Understanding (MOU) with the Laredo Police Department dated May 16, 2017. The MOU states Laredo Police Department will assist LPC with any civil disturbances and investigations. This relationship was confirmed during the interview with the PSA Compliance Manager and the Administrative Investigator at LPC. The MOU with the Laredo Police Department does not address following the requirements of this standard. This lack of language in the MOU causes this standard to be non-compliant.

CORRECTIVE ACTION: LPC must demonstrate they have requested Laredo Police Department to follow the requirements in standard 115.21.

During the review of the closed sexual abuse case, the Auditor found that the collection of evidence and interviews conducted followed the DHS PREA Standards.

(b)(d) CoreCivic's policy DHS-14.2 has language that mirrors this standard. LPC has a MOU with the Rape Crisis Center. This MOU is dated March 2, 2015. Information on how to contact the Rape Crisis Center is also located in all housing units. The Rape Crisis Center provides crisis victim advocacy services to the detainee, which includes support services at the hospital during a forensic examination and a 24 hour a day anonymous hotline for crisis intervention services provided through phones in the facility.

(c) CoreCivic's policy DHS-14.2 also requires all victims of sexual abuse to have access to forensic medical examinations whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. The HSA and other medical personnel interviewed advised that this facility would transfer all detainees to the Laredo Medical Center. However, the PSA Compliance Manager advised this hospital currently does not have SANE's on staff. While the Laredo Medical Center is getting staff certified, the Rape Crisis Center directed the PSA Compliance Manager to a Specialty and Transplant Hospital in San Antonio who does have a SANE LPC can utilize. The PSA Compliance Manager provided the Auditor with a copy of an email chain outlining LPC's attempt to locate a SANE who can be utilized by the facility.

There have been zero SANE/SAFE or forensic exams in the past 12 months. The PSA Compliance Manager stated there was no need to send a detainee for a forensic exam based on the type of allegation.

§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) CoreCivic's policy DHS-14.2 is the facility's protocol to ensure each allegation of sexual abuse is investigated by the LPC and the Laredo Police Department. LPC conducts only administrative investigations. CoreCivic's policy directs the facility to ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all investigations of sexual abuse. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon the conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted only after consultation with ICE/ERO and the assigned law enforcement agency conducting any criminal investigation. The PSA Compliance Manager stated that ICE is notified right away when any allegation is reported. ICE has not completed an investigation to date, all have been completed by the facility per the direction of ICE. Once the report is completed, the report is shared with ICE.

The Laredo Police Department conducts criminal investigations of sexual abuse at LPC. They are contacted by the Facility Investigator on every allegation LPC receives. The Laredo Police Department will make a determination if the allegation is criminal based. If criminally based, the Laredo Police Department will investigate. The Laredo Police Department assigns an investigation number to all cases and that information is shared with the facility.

An administrative investigation was conducted on the one investigation the Auditor reviewed. This case involved detainee-on-detainee sexual harassment. The administrative investigation was done according the requirements of this standard and found substantiated. While the Laredo Police Department was contacted, the police department elected not to open a criminal investigation for this case.

(b) LPC's uniform protocol, located in CoreCivic's policy DHS-14.2, addresses the investigative responsibilities of LPC, outside entities, and ICE. The record retention schedule for LPC includes PREA Incident Reports (including entire incident packet – PREA) is for 10 years and PREA investigative files are kept 5 years after the detainee is released or post-employment of the alleged abuser. This was confirmed through interviews with the warden. The PSA Compliance Manager outlined the responsibilities of the investigative agencies. It was stated that the facility always notifies ICE and the Laredo Police Department when any allegation is made. Both those agencies decide if an investigation will be conducted by the agency. The agencies will conduct the criminal investigations when warranted. As of this report, ICE or Laredo Police Department have not investigated an allegation. The Laredo Police Department will assign a case number that is shared with the facility. The facility will conduct an administrative investigation and share the outcome and report with ICE when completed.

(c) CoreCivic's investigative protocols are located on their website at: <http://www.corecivic.com/facilities/laredo-processing-center>. The investigative protocol for all ICE detention facilities is posted on the ICE website at www.ice.gov/prea.

(d)(e)(f) CoreCivic's policy DHS-14.2 also directs the prompt removal of a detainee, staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the ICE/ERO AFOD who will then in turn notify the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General (OIG), and appropriate ICE Field Office Director. All allegations are also referred to the Laredo Police Department. This referral is made by the PSA Compliance Manager. Interviews with the Warden, the PSA Compliance Manager and the Facility Administrative Investigator confirmed this practice at LPC.

The review of the investigative file also confirmed this practice. In the case of the detainee-on-detainee sexual harassment, the alleged aggressor was transferred to another facility by ICE as a result of the incident. The administrative investigation was completed and found substantiated.

§115.31 – Staff training.

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

Notes:

(a)(b)(c) CoreCivic's policy DHS-14.2 states, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in the training for all new employees and shall also be included in the annual refresher training thereafter." The policy goes on to state, "Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file using the 14-21-DHS Policy and Training Acknowledgement form."

The Auditor reviewed the PREA Overview curriculum dated January 6, 2017 and found all the elements listed under 115.31(a).

While on-site, the Auditor requested the training records of five staff members interviewed. The Auditor was provided individual electronic printouts of training these staff members have received. The Auditor also reviewed files and found the 14-21-DHS Policy and Training Acknowledgement form for these employees. The Auditor also found staff received initial PREA training within one year of May 6, 2014. The Auditor found through staff interviews, staff retained knowledge from this training and were able to provide examples of each topic discussed to the Auditor.

Interviews with staff supported the Auditor's findings that annual refresher training is conducted through the e-courses in the Performance and Learning Management System (PALMS) and is also delivered through emails at this facility. Staff stated these emails are reminders on zero-tolerance, cross-gender announcements, etc.

§115.32 – Other training.

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

Notes:

(a) CoreCivic's policy DHS-14.2 states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under facility's sexual abuse prevention, detection, intervention and response policies and procedures. An interview with the Training Supervisor revealed contractors and volunteers receive the same training as employees. The Auditor reviewed the PREA Overview curriculum dated January 6, 2017 and found all elements listed under 115.31(a). This is a classroom training delivered at LPC.

(b)(c) The Training Supervisor advised all contractors and volunteers, no matter the level of contact with detainees are provided the same training. CoreCivic's policy DHS-14.2 states, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in the training for all new employees and shall also be included in the annual refresher training thereafter." The policy goes on to state, "Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file using the 14-21-DHS Policy and Training Acknowledgement form."

Interviews with training manager and warden at LPC also revealed the contractors and volunteers receive the same PREA training that full-time employees receive. While onsite, the Auditor reviewed the training records for the one contractor and one volunteer interviewed. These training records supported this practice. These two files contained the signed 14-21-DHS Policy and Training Acknowledgement form.

§115.33 – Detainee education.

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

Notes:

(a)(f) CoreCivic's policy DHS-14.2 contains all the elements listed in 155.33(a). The Auditor also reviewed LPC's Detainee Handbook, revised April 25, 2018 and found these same elements listed on pages 15-18. The LPC Detainee Handbook and the ICE National Detainee Handbook is provided to all detainees during the intake process. The ICE National Detainee Handbook provides numerous ways for the detainee to report including reporting to facility staff, reporting to ICE staff, writing a grievance, calling the ICE toll free hotline, calling or writing the DHS Office of Inspector General, and calling or writing the consular official.

(b)(c) CoreCivic's policy DHS-14.2 mirrors language in this standard. The Auditor also reviewed a memo dated March 28, 2018 providing authorization to CoreCivic to utilize the ICE provided language line. The Auditor was provided copies of the detainees signed acknowledgments that acknowledged receiving information on the how to report sexual abuse or assault, treatment and counseling, and self-protection while in confinement of all detainees interviewed. Detainees also confirmed they received this information during intake/orientation. They were also able to tell the Auditor the various ways they could report a sexual abuse allegation. Intake staff advised if a detainee could not hear or was hearing impaired they would use the TTY telephone that was available in the Unit Manager's Office to answer any questions the detainee may have in regard to LPC's Detainee Handbook. Intake staff also stated this device would be used for all of the detainee's orientation at LPC. The staff also advised LPC's Detainee Handbook is available in English and Spanish. The Auditor was advised LPC had written information in Mandarin. This was confirmed when the Auditor interviewed a Chinese detainee and she brought all of her orientation written materials with her. The Auditor looked at the information and it appeared to be written in Mandarin. The Auditor also reviewed the Orientation PowerPoint that is given to all detainees which also included information on how to report sexual abuse or assault.

Intake staff shared that if a detainee had low vision or was blind, they would read all information to the detainee and check with the detainee to make sure they understood the information that was read to them. Intake staff would also read all information to the detainee if the detainee reported they were unable to read. For those detainees who displayed low cognitive behaviors or behaviors that may require psychiatric interference, intake staff reported they would immediately contact medical staff to assist with the intake process. It should be noted that medical staff do have an office in the intake area and can immediately be available for detainees either at the staff request or the request of the detainee.

(d)(e) CoreCivic's policy DHS-14.2 mirrors language in this standard. During the tour of this facility, the Auditor found the DHS prescribed sexual assault awareness notice; the name of the PSA Compliance Manager and the contact information for the Rape Crisis Center on all housing bulletin boards. The DHS Sexual Assault Awareness pamphlet was also posted on the housing bulletin boards. All this information was posted in English, Spanish, and Japanese. This pamphlet included information on how to report, outside telephone numbers for reporting to OIG and ICE Detention Reporting and Information Line. The PSA Compliance Manager through the interview stated detainees that speak other languages than English, Spanish, and Japanese are provided this information at intake through the translation line. If the detainee has questions once housed, the Language Line would be used by staff to answer any questions for the detainee or provide further information.

§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's policy DHS-14.2 states, "The facility shall provide specialized training on sexual abuse and effective cross agency coordination to facility investigators who conduct administrative investigations into allegations of sexual abuse at immigration detention facilities. 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 for prosecution referral, and information about effective cross-agency coordination in the investigation process..." This same policy also states, "Documentation of completed training shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records."

At the time of the onsite portion of the audit, LPC only had [REDACTED] trained Facility Investigator for administrative investigations. The Facility Investigator was able to articulate what she learned in training to support compliance of this standard. The Auditor was provided a certificate of completion for the following course: PREA: Investigations Protocols. This course was created by the PREA Resource Center and meets all the requirements for this standard.

The investigation reviewed was an administrative investigation completed by the LPC trained Facility Investigator. There was documentation in the file showing ICE declined the investigation. The Laredo Police Department also declined to investigate.

§115.35 – Specialized training: Medical and mental health care.**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)**Notes:**

(a)(b)(c) CoreCivic's policy DHS-14.2 states, "In addition to the general training provided to all employees, all full- and part-time Qualified Health Care Professional and Qualified Mental Health Professional, who work in the facility shall receive specialized medical training as outlined below: 1) How to detect and assess signs of sexual abuse; 2) How to respond effectively and professionally to victims of sexual abuse; 3) How and to whom to report allegations or suspicions of sexual abuse; and 4) How to preserve physical evidence of sexual abuse." This same policy also states, "ICE/ERO shall review and approve the facility's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse."

LPC reported all medical staff and mental health staff are CoreCivic employees and are required to take the same PREA course as other staff at LPC. The Auditor interviewed [REDACTED] medical staff and [REDACTED] mental health staff person. All [REDACTED] reported they received PREA training through this facility. The curriculum is titled: PREA Specialty Training for Medical and Mental Health Staff. The Auditor was able to view training records for all [REDACTED] medical staff and found verification this training was received. The facility exceeds the standard by providing specialized training to all the facility medical staff which is not required by the standard unless the staff is agency medical staff.

Medical staff at LPC do not perform SANE/SAFE exams. If a detainee needs a forensic exam, they are transferred to Specialty and Transplant Hospital for a SANE exam.

The Auditor also reviewed a memo from ICE/ERO approving LPC's policy and procedure regarding this required training.

§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 DHS-14.2 states all detainees shall be screened upon arrival at LPC 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. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility. Interviews with intake staff supported this practice by stating: "We have 12 hours to complete intake before they are moved to general population." Interviews with detainees also supported this practice. They advised they were not placed in general population until they completed talks with intake and medical. There were no transgender or intersex detainees onsite during this portion of the audit process. The auditor reviewed the initial assessments of all detainees interviewed as part of this audit and confirmed they were completed within 12 hours of intake.

(c)(d) The Auditor reviewed the Sexual Abuse Screening Tool and found that all elements for 115.41(c) and 115.41(d) were included in the assessment. The Sexual Abuse Screening Tool is a scored instrument. Based on scoring, a detainee can be classified as HOUP (Predator), HOUPP (Potential Predator), HOUPV (Potential Victim) and HOUV (Victim). These classifications are then used to determine housing assignments. (See 115.42)

The initial assessment is completed during the first 12 hours at the facility by intake staff. While on-site, the Auditor requested copies of the initial assessment of all detainees interviewed. These assessments were found to follow this portion of the standard. It should also be noted the information in this assessment is also a part of CoreCivic's policy DHS-14.2.

(e) CoreCivic's policy DHS-14.2 also requires a reassessment of risk of victimization and abusiveness to be completed on all detainees who are still at the facility 60 – 90 days after admission and at any time when warranted based on receipt of additional information, relevant information, or following an incident of abuse or victimization. The average length of stay at LPC is 15.62 days. Of the 26 detainees interviewed, four detainees had been at the facility longer than 60 – 90 days. The Auditor was provided copies of these detainees' initial assessment and found the reassessments were completed as required by this standard.

(f) CoreCivic's policy DHS-14.2 mirrors the language found in the standard. Interviews with intake personnel and administrative staff supported the practice of not disciplining detainees for refusing to answer or disclosing complete information in response to questions asked on the 14-2B-DHS Assessment Questionnaire Information form (Sexual Abuse Screening Tool). Intake staff advised they have never had a detainee refuse to answer questions during intake or during the risk assessment. The intake staff advised if they are unable to get answers from a detainee, they would conduct a file review and housing placement would be based on the information they gathered from the file.

(g) CoreCivic's policy DHS-14.2 mirrors the language found in the standard. Intake staff reported, "We don't talk about what we find during the assessment. Once it is entered into the computer, only intake staff and medical personnel have access to this." It was confirmed through the interview with the Warden and the Facility Investigator.

§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's policy DHS-14.2 states, "The facility shall use the information obtained from the 14-2B-DHS conducted at the initial screening in the assignment of housing, recreation, voluntary work, programs and other activities. Individualized determinations shall be made on how to ensure the safety of each detainee." The Auditor reviewed four initial risk assessments and found each determination was based on individualized information. The risk assessment is used for housing determinations as LPC does not have programs or activities.

Intake staff, line-staff and supervisors advised the majority of the population at LPC had been victims of previous sexual abuse. When asked how they would house a detainee that was determined to be aggressive sexually toward other detainees, intake staff, line-staff and supervisors advised their screening tool would help determine placement. LPC has four levels of classification for housing: HOUP (Housing P, Predator); HOUPP (Housing PP, Potential Predator); HOUPV (Housing PV, Potential Victim) and HOUV (Housing V, Victim).

(b)(c) CoreCivic's policy DHS-14.2 states, "In deciding whether to house a transgender or intersex detainee in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and an assessment of the effect of placement and shall consider on a case-by-case basis whether such placement would ensure the detainee's healthy and safety. The facility should not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. Consideration of a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Placement and programming assignments for each transgender and intersex detainee shall be reassessed at least twice a year to review whether any threats to safety were experienced by the detainee." Intake staff advised if a detainee identified as transgender or intersex, they would not be housed separately. Intake staff advised if the detainee felt comfortable, they would be placed in the housing units. The PSA Compliance Manager stated that a transgender or intersex detainee would be asked how they felt about their safety when determining housing placement. If the detainee has concern for their safety, they can request to be placed in administrative housing for their safety. If a detainee is placed in administrative housing, the facility would notify ICE immediately. The PSA Compliance Manager indicated that the facility has not housed a transgender or intersex detainee. There have been no transgender or intersex detainees at LPC from January 2018 to January 2019. There were no historical files available to confirm this process.

This same policy also states, "Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." At LPC, transgender and intersex detainees would be given the opportunity to shower in the intake area. Interviews with staff reveal transgender and intersex, if requested, would be taken to the intake area for a shower or to medical.

§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's policy DHS-14.2 states, "Detainees vulnerable to sexual abuse and assault should be assigned to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. Staff shall document detailing reasons for placement of an individual in administrative segregation or the basis of vulnerability to sexual abuse and assault."

This same policy also states, "If involuntary segregated housing is warranted, the facility will take the following actions: A supervisory staff member shall conduct a review within 72 hours of the detainee's placement in segregation to determine whether segregation is still warranted; A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days and every 10 days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in segregation based on vulnerability to sexual abuse or assault."

LPC has not placed a detainee in protective custody for sexual abuse vulnerability since September 1, 2016.

The Warden advises if there ever is a detainee who needed protective custody, they would be placed in the segregation unit. This unit has four single occupancy cells. He added they would do their best to ensure the detainee is not housed there long. They would attempt to locate other arrangements. While LPC does not offer programs, detainees placed in protective custody would still have access to visitation, including counsel and recreation and access to a phone. The phones located in this unit are portable and can be wheeled right to the cell for a detainee to use.

The Warden also stated even though they have 72 hours to notify ICE, this notification would be done immediately after a detainee is placed in the segregation unit.

The procedures at LPC were developed in consultation with the ICE Enforcement and Removal Operations Field Office Director.

§115.51 – Detainee reporting.

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

Notes:

(a) CoreCivic's policy DHS-14.2 states, "Detainees shall be encouraged to immediately report pressure, threats or instances of sexual abuse 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." LPC provides multiple ways for detainees to privately report sexual abuse. Detainees at LPC can report directly to a staff person, tell a family member, contact their consulate, and make reports to the DHS OIG office and through the ICE Detention Reports and Information Line, or write a letter to the Warden. Interviews with staff and detainees revealed knowledge on how to report a sexual abuse incident. During the tour this information was found posted on the housing bulletin boards. This information is also found in the detainee's handbook. The Auditor also found consulate contact information posted near every detainee phone.

The Auditor reviewed one closed investigative file and found the detainee self-reported the allegation to an LPC staff member.

(b) LPC provides a way for detainees to report abuse to a public or private entity or office that is not a part of ICE/ERO or CoreCivic, and that is able to receive and immediately forward detainee reports of sexual abuse to facility officials, allowing the detainees to remain anonymous upon request.

Detainees at LPC can report allegations of sexual abuse or assault outside of LPC to the DHS Office of Inspector General, the National Sexual Assault Hotline, or the Rape Crises Center. During the tour, the Auditor found information on housing unit's bulletin boards and posters near detainee phones with information on how to make an anonymous call to report sexual abuse. The facility advised that these calls are at no charge to the detainee. The facility has provided phone numbers for all reporting methods including consular, hotline to the facility PSA Coordinator, reporting hotlines, ICE phone numbers, and victim advocacy groups on laminated pages that are attached to all housing unit phones. These pages also contain instructions on how to make an anonymous report. The reporting numbers are also provided in the facility's handbook.

The Auditor tested phones in every housing unit and the segregation unit and was able to contact the numbers posted on the Keep Detention Safe poster. This poster included the phone number for the ICE Community and Detainee Hotline, ICE Joint Intake Center and LPC's PSA Compliance Manager. The Auditor was also able to contact these numbers without giving her name.

(c) CoreCivic's policy DHS-14.2 directs employees to take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. It also directs staff to promptly document any verbal reports and to respond supportively and non-judgmentally. Interviews with line-staff supported this practice. Staff reported they would notify a supervisor immediately if they received a report and would make sure the victim remains safe. They advised they would document this information in the facility's internal computer network. The only staff with accessibility to the files are the Warden, Administrative Duty Officer, PSA Compliance Manager, and the Quality Assurance Manager. Detainees were asked if they felt staff would take reports seriously. All detainees responded with a yes.

§115.52 – Grievances.

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

Notes:

LPC reported they have received no grievances relating to sexual abuse or assault in the past 12 months.

(a) CoreCivic's policy 14.5, "Inmate Grievance Procedures" effective 3/14/2017 has language that mirrors this subsection of the standard. In addition, information on filing a formal grievance relating to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint is also located in LPC's Detainee's Handbook.

(b) CoreCivic's policy 14.5 does not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. An interview with the grievance officer supported this practice. This was also found in LPC's detainee handbook.

(c) CoreCivic's policy 14-5 states, "After receiving an emergency grievance alleging that a detainee is subject to an immediate threat to detainee health, safety, or welfare related to sexual abuse, the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) shall be immediately forwarded to an Administrative Detention Officer (ADO) level employee who can initiate immediate corrective action as needed." During the tour, the Auditor found "grievance boxes" in each hallway. The grievance officer advised that these boxes are checked every day for immediate action by her. The grievance officer reported immediate action is not to exceed 24 hours.

(d) CoreCivic's policy 14-5 mirrors the language found in this subsection. Interviews with the grievance officer and PSA Compliance Manager supported the practice of bringing emergency grievances related to sexual abuse immediately to the attention of proper medical personnel. They advised medical would see the detainee immediately.

(e) CoreCivic's policy 14-5 also states, "A final decision on the grievance alleging sexual abuse shall be provided to the detainee within 5 days of receipt. A decision on an appeal of the final decision shall provide a response to the detainee within 30 days. Facilities shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the facility ICE/ERO AFOD to forward to the appropriate ICE/ERO FOD at the end of the grievance process." The grievance officer reported that in the past 12 months there have been no grievances filed relating to sexual abuse.

(f) Interviews with line-staff revealed they would ask a supervisor if they could assist a detainee with preparing a grievance. They did share that a detainee could ask another detainee for assistance. They also advised an attorney, or a family member can also help a detainee file a grievance. Detainees advised that if they needed assistance, they would ask their case manager or a friend to help.

RECOMMENDATION: While allowing a detainee to ask for assistance in filing a grievance appears to be the practice at this facility, staff were hesitant on how to respond to this question. It is recommended that this information be included in policy 14-5 and that staff be educated on the update to this policy.

§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) LPC maintains a MOU with a community service provider that provides victim advocacy and confidential emotional support for detainee victims of sexual abuse. This provider is The Rape Crises Center in Laredo. Interviews with PSA Compliance Manager, warden and medical personnel supported the relationship the facility has with this community provider.

In reviewing the investigative closed case, the Auditor found that victim advocate services were offered; however, they were not requested by the victim.

(b) CoreCivic's policy DHS-14.2 states the Victim Services Coordinator is part of the Sexual Abuse Response Team. The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The PSA Compliance Manager indicated the facility's psychologist is the Victim Services Coordinator. As part of the facility's Sexual Abuse Response Team the Victim Service Coordinator will attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim and ensure that detainees are aware they may access additional victim resources through community victim resource agencies. The facility has an MOU with the Rape Crisis Center for providing victim advocacy and confidential emotional support for detainees. The PSA Compliance Coordinator stated the Rape Crisis Center has not provided services to date. There has not been an instance where the facility needed to contact them for services.

(c) Language in CoreCivic's policy DHS-14.2 mirrors the language in subsection 115.53(c). Information on community resources are posted in the housing units. These posters contain mailing address and phone number for the Rape Crisis Center. Interviews with the detainees revealed that while they were aware that information is posted, they would contact the facility's mental health department for services.

RECOMMENDATION: The facility should also include the information for the Rape Crisis Center in the LPC Detainee Handbook.

(d) Language in CoreCivic's policy DHS-14.2 mirrors the language in subsection 115.53(d). The Detainee Handbook states, "Any reports of sexual abuse or assault will be forwarded to the appropriate authorities in accordance with mandatory reporting laws..." The Auditor was able to locate how LPC notifies detainees to what extent communication may be monitored and to the extent information would be forwarded to authorities. This notification is in LPC's Detainee Handbook

§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's policy DHS-14.2 states, "In addition to reporting incidents directly to facility staff through internal reporting methods, LPC employees and/or third parties may report incidents to any of the following..." This includes contacting the Joint Intake Center (JIC) or the Office of Inspector General (OIG) or they can directly contact the Laredo Police Department.

LPC has established more than one method for third parties to report incidents of sexual abuse. These methods include contacting the facility directly or through the website. The Auditor reviewed the ICE website (www.ice.gov/prea) and the CoreCivic website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. These methods were also posted in the living units.

§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) Language in CoreCivic's policy DHS-14.2 mirrors the language in subsection 115.61(a). The Auditor reviewed a memo from the Contracting Officer Representative/Deportation Officer (COR/DO) approving policy DHS-14.2. Staff said they can call the hotlines listed on the poster (Keep Detention Safe), report to the PSA Compliance Manager or report it directly to the warden.

The Auditor reviewed the closed investigative case from 2018 and found that staff at LPC followed reporting procedures in this case. The Auditor found notifications began 15 minutes after the officer received the initial report. Notifications included the supervisor, medical, the investigator, the Laredo Police Department, Joint Intake Center and the PSA Compliance Manager.

(b) CoreCivic's policy DHS-14.2 states, "All reports of sexual abuse will be reported to the Warden, PREA Compliance Manager or PSA." Interviews with line-staff revealed they would immediately notify the highest-ranking official in the facility of any sexual abuse allegations. The line-staff reported this would include shift supervisor or higher if the shift supervisor was not available.

(c) Language in CoreCivic's policy DHS-14.2 mirrors the language in subsection 115.61(c). Interviews with line staff revealed that confidentiality is required. They reported that only those who need-to-know are informed of the allegation. They also reported they would keep the victim with them until they are notified otherwise.

(d) This subsection is non-applicable as LPC does not house juveniles or vulnerable adults as defined under a State or local vulnerable persons statute. However, it should be noted that any sexual abuse allegation at this facility is immediately reported to the ICE/ERO and the Laredo Police Department for investigation as outlined in 115.71.

§115.62 – Protection duties.

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

Notes:

Language in CoreCivic's policy DHS-14.2 mirrors the language in this standard. Interviews with line-staff revealed they would immediately notify their supervisor if they received information of a detainee in imminent danger of sexual abuse. They also advised after removing the victim from the area, they would keep "an eye" on the potential victim pending orders from their supervisor.

§115.63 – Report to other confinement facilities.

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

Notes:

(a)(b) CoreCivic's policy DHS-14.2 states, "If the allegation of sexual abuse involves events that took place while the alleged detainee victim was confined at another facility, the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken: Contact the facility head or appropriate office of the facility where the alleged abuse takes place as soon as possible, but not later than 72 hours after receiving the allegation..."

The Warden stated, "I would immediately contact that facility warden to start the investigation and collect information." The Warden also advised that there have been no reports of sexual abuse occurring at another confinement facility in the past 12 months. An interview with the Facility Investigator and the PSA Compliance Manager also supports this practice and report.

(c) CoreCivic's policy DHS-14.2 states, "All such contacts (with other confinement facilities) and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, the name and position of the individual notified and the date of the notification." Interviews with LPC supervisors confirmed this practice.

(d) CoreCivic's policy DHS-14.2 also states, "In the event that an allegation is received from another facility that an incident of sexual abuse occurred at the LPC, the allegation shall be documented, and the name and title of the other facility's reporting personnel obtained. The information shall be forwarded to the Facility Investigator who shall determine whether the allegation has already been addressed. If so, further investigation does not need to occur. If the allegation has not been investigated, the Facility Investigator shall open an investigation and make all notifications required by

this policy to include notification of the Laredo Police Department and the ICE/ERO AFOD who will notify the ICE/ERO FOD. The report and investigation shall be documented on the 5-1-IRD.”

Interviews with the Warden and Facility Investigator supported this practice. Both advised that if the reported allegation had not been investigated previously, a new investigation would be opened. They also advised that they have not received any reports from other facilities in the past 12 months or made a report to another facility.

§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’s policy DHS-14.2 ensures the first staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlined in section (a) of this standard.

Interviews with line-staff supports this practice. They were very knowledgeable of their first responder duties and were able to show the Auditor their PREA Response Cards.

This same policy also addresses non-security staff as first responders. It states, “If the first 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.” When the Auditor asked medical personnel and mental health staff how they would report sexual abuse, they advised they would keep the victim with them and immediately notify the supervisor on duty.

The Auditor reviewed one closed investigative case from 2018 and found first responder practice was followed in the case.

§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) CoreCivic’s policy DHS-14.2 outlines LPC’s 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. The plan included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations at LPC.

Interviews with line-staff showed high knowledge of the coordinated response. Each knew their role and advised that immediate action would be taken once any reports of any allegations were received.

(c)(d) CoreCivic’s policy DHS-14.2 states, “If a victim of sexual abuse 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 Warden reported LPC has not transferred any victims of sexual abuse to another facility covered by 6 CFR part 115, subpart A or B or non-DHS facilities.

§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’s policy DHS-14.2 requires all employees, contractors, and volunteers suspected of perpetrating sexual abuse be removed from all duties pending the outcome of an investigation. Interviews with the Warden and Human Resource Director confirmed this practice. They advised employees would either be reassigned duties away from detainees or placed on administrative leave pending the investigation. If staff is placed on administrative leave, they would not be allowed back into the facility until the investigation is completed. They also reported contractors and volunteers would not be allowed back in the facility pending the outcome of an investigation.

§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) CoreCivic’s policy DHS-14.2 mirrors the language in subsection 115.67(a) and 115.67(b). An interview with the Warden revealed, “We separate the victim from the abuser.” This same policy designates the PSA Compliance Manager as the person who is responsible for monitoring retaliation. The PSA Compliance Manager reported retaliation monitoring happens at 30/60/90 days and is documented on the PREA Retaliation Monitoring Form. He stated monitoring would include interviewing the victim and witnesses (if any), checking on housing assignments and if there were any disciplinary write ups. He advised he would also monitor staff. Staff monitoring includes interviewing the staff person and making sure there has not been a change in shift or duty assignments.

(c) CoreCivic’s policy DHS-14.2 also supports the language in subsection 115.67(c). The PSA Compliance Manager reported if the monitoring for retaliation goes past 90 days, the same information is checked as it was during the 30/60/90-day checks. He stated if retaliation is found to be occurring, he advised the facility would separate the victim from those who were engaging in the retaliation. He also stated an investigation would also be opened.

LPC documents monitoring for retaliation on the 14-20 PREA Retaliation Monitoring Report (30/60/90) form. While on-site the Auditor reviewed one closed investigative file and found that retaliation monitoring had been attempted. In the case of the detainee-on-detainee sexual harassment, the victim was released before the first 30-day check in.

§115.68 – Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) CoreCivic’s policy DHS-14.2 states, “Victims shall not be held for longer than five (5) days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee.” The same policy also directs staff of LPC to reassess a detainee for risk of victimization “when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the detainee’s risk of victimization and abusiveness.” LPC has not placed a detainee in protective custody for sexual abuse vulnerability since September 1, 2016.

The PSA Compliance Manager and the Warden report LPC does it best to keep victims in housing units. The PSA Compliance Manager states the first step would be to place the perpetrator in another housing unit. He stated that moving the victim to administrative segregation would be the last resort.

The Warden advised if there ever is a detainee who needs protective custody after making an allegation and other options for housing have been exhausted, they would be placed in the segregation unit. This unit has four single occupancy cells. He added they would do their best to ensure the detainee is not housed there long. They would attempt to locate other housing arrangements. Detainees placed in post-allegation protective custody would still have access to visitation and access to a phone. The phones located in this unit are portable and can be wheeled right to the cell for a detainee to use. The Warden also states even though they have 72 hours to notify ICE, this notification would be done immediately after a detainee is placed in the segregation unit.

The PSA Compliance Manager also reports the victim would be reassessed for risk of sexual victimization before being moved back to population. Interviews with intake staff support this practice.

The procedures at LPC were developed in consultation with the ICE Enforcement and Removal Operations Field Office Director.

§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's policy DHS-14.2 mirrors the language in subsection. It states, "The facility administrator shall ensure that an administrative investigation and referral for a criminal investigation where appropriate, are completed for all allegations of sexual abuse." An interview with the facility investigator reveals she completes an administrative investigation on every allegation. This includes those allegations the Laredo Police Department and Office of Professional Responsibility (OPR) choose not to investigate. She states all investigations are prompt, thorough and objective.

CoreCivic's policy DHS-14.2 also states all investigations will be conducted by a trained investigator. At the time of the onsite portion of the audit, LPC only had one trained Facility Investigator for administrative investigations. The Facility Investigator was able to articulate what she learned in training to support compliance of this standard. The Auditor was provided a certificate of completion for the following course: PREA: Investigations Protocols. This course was created by the PREA Resource Center and meets all the requirements for this standard.

The PSA Compliance Manager reported that the facility acts promptly on all allegations they receive. The Auditor was advised that the FOD is immediately notified and provided with all the information the facility has collected which includes: names the victim, alleged the perpetrator where it happened, when it happened, and evidence that is collected. The interview with the Warden supports the statements made by the Facility Investigator.

The Auditor reviewed one investigative file and found that all steps were taken according to this standard: Laredo Police Department was contacted, and ERO AFOD was notified as well as the JIC.

(c) CoreCivic's policy DHS-14.2 outlines the procedures for administrative investigations including the provisions listed in 115.71(c). An interview with the Facility Investigator supports this practice. The investigator states administrative investigations include interviews with the victim and alleged perpetrator, reviews any available video monitoring, and looking for past reports. The Auditor reviewed one closed investigative file and found all the elements listed in DHS-14.2 and this standard. This report included interviewing the victim, suspected perpetrators and witnesses, reviewing of prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of statements without the use of a polygraph, descriptions of the physical and testimonial evidence collected.

An administrative investigation was conducted on the closed investigation the Auditor reviewed. This was done according to the requirements per this standard.

(e) CoreCivic's policy DHS-14.2 mirrors the language found in subsection 115.71(d). Interviews with the Warden and Facility Investigator supports the practice investigations continuing even with the departure of the abuser or victim from employment or control of the facility. The review of the investigative file also confirmed this practice. In the case of the detainee-on-detainee sexual harassment allegation, the alleged aggressor was transferred by ICE to another facility and the investigation was completed with an outcome of substantiated.

(f) CoreCivic's policy DHS-14.2 mirrors the language found in subsection 115.71(f). The Auditor reviewed the MOU LPC has with the Laredo Police Department and determined it meets standards. Interviews with the Warden and Facility Investigator supported that the facility contacts the Police Department when allegations could possibly be criminal in nature. The Facility Investigator reported there are no barriers in cooperating with Laredo Police Department. She stated if the police department opens a case, she is given the case number so she may stay informed of the progress of the case. She shared with the Auditor she would assist the police department by making sure they had access to the victim, perpetrator and witnesses for interviews, video monitoring and access to the scene for physical evidence collection.

§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's policy DHS-14.2 supports this standard. An interview with the Facility Investigator supports the practice of an administrative investigation not imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

The Auditor found, in reviewing the closed investigation, this standard was in compliance.

§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's policy DHS-14.2 states, "When the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation that he/she suffered 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 to inform the detainee. All detainee notifications or attempt notifications shall be documented on the 14-2E Detainee Allegation Status

Notification. The detainee shall sign the 140-2E Detainee Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Detainee Allegation Status Notification shall be filed in the detainee's file."

There were no detainees onsite during this portion of the audit that reported sexual abuse to LPC's administration. The closed investigative file the Auditor reviewed involved detainee-on-detainee sexual harassment. The victim in this case is no longer at LPC. While on-site the Auditor reviewed one closed file from 2018. This file contained all components required under the standard 115.71 and included an attempted detainee notification.

§115.76 – Disciplinary sanctions for staff.

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

Notes:

(a)(b) CoreCivic's policy DHS-14.2 supports the language found in 115.76a. It states, "Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. Disciplinary sanctions for violations of CoreCivic's policies relating to sexual abuse (other than 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 same histories." Interviews with the HR Director and the Warden supports the practice of disciplining staff for substantiated allegations of sexual abuse and for violating LPC's sexual abuse policy. Both interviews revealed staff would be removed from the facility and terminated if the allegation was substantiated.

(c)(d) CoreCivic's policy 14.015 also states, "All terminations for violations of CoreCivic's 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 shall make reasonable efforts to report such information to any relevant licensing bodies to the extent known." An interview with the Warden revealed that LPC would notify the Laredo Police Department. The PSA Compliance Manager stated notifications to licensing bodies would be completed by the Warden. The facility has not had any instances.

§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) Language in CoreCivic's policy DHS-14.2 mimics language in this standard. It states, "Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any civilian or contractor who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies and to any relevant licensing body, to the extent known. Any other violations of CoreCivic sexual abuse policies by a civilian or contractor will result in further prohibitions." The Warden stated, "Disciplinary actions for contractors and volunteers result in removal from the facility." He also reported law enforcement would be notified immediately. The Warden reported there have been no contractors or volunteers disciplined for sexual abuse in the past 12 months. The HR Director supported this information.

§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)(d)(e) CoreCivic's policy DHS-14.2 states, "All detainees found guilty of sexual abuse shall be disciplined in accordance with the facility disciplinary process. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history and sanctions imposed for comparable offenses by other detainees with similar histories. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A detainee may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact following an administrative or criminal finding that the detainee engaged in sexual abuse."

Interviews with the Warden and PSA Compliance Manager supports the practice of not disciplining detainees for sexual contact with staff unless it is proven that the staff member did not consent to such contact.

Sanctions for detainees are also located in LPC's Detainee's Handbook. There were no detainees sanctioned at LPC for sexual abuse. The one closed investigation file of detainee-on-detainee sexual abuse, reviewed by the Auditor, showed no disciplinary sanctions issued in this case.

(c) CoreCivic's policy 15-100 states, "All facilities shall establish an intermediate level of investigation/adjudication to adjudicate low or moderate rule infractions...All detainee centers housing ICE detainees shall have an executive review panel to adjudicated detainee incident reports...All facilities shall have gradual scales of offenses and disciplinary consequences, as provided in the sanctions...Due the nature of the facility as a detainee facility, sanctions should be used as a last resort and only as a means to correct behavior that threatens the safety and welfare of detainees, staff, and visitors." This policy states all appeals are handled through the detainee appeal process and all disciplinary processes are documented through a formal written report. An interview with the warden supported this practice. The PSA Compliance Manager stated the Captain on Duty is the executive review panel which may include an ICE representative. ICE is always informed of disciplinary hearings and have the option to attend.

(f) Language in CoreCivic's policy DHS-14.2 states, "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 an investigation does not establish evidence sufficient to substantiate the allegation." Interviews with the Warden and PSA Compliance Manager supports the practice of not punishing detainees for reporting an allegation of sexual abuse that is made in good faith. There have been no detainees punished for reporting an allegation of sexual abuse at LPC.

§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's policy DHS-14.2 mirrors the language in this standard. Medical personnel interviewed shared, "We do our own intake process when they arrive. Within two hours of arrival a nurse conducts an initial screening and then within 12 hours a full evaluation. We would make referrals right away if needed. Policy states 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 the assessment and 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. These evaluations are done at no cost to the detainees. We would also consult with security if

there needed to be special housing considerations." An initial screening includes taking vitals, asking about medication, illnesses and disabilities. Medical staff also check for life threatening injuries currently. If any are found, immediate referral is made for more in-depth medical services. Medical staff also stated if a detainee identifies as transgender or intersex, an immediate referral would also be made. They stated detainees who identify as transgender or intersex are seen by the medical department within two days of intake. Medical personnel also stated if a mental health referral was received from medical staff for follow-up services, the mental health evaluation would also be done within 24 hours of receiving that referral. The PSA Compliance Coordinator stated all detainees are seen by medical within 12 hours of intake and prior to their housing placement.

While the facility staff commented most of the detainees at LPC have been victims of sexual abuse based on the high prevalence of females being a victim of some sort of sexual abuse, none of the detainees interviewed would report this fact to the Auditor. Based on this lack of information, the Auditor was not able to cross reference information with medical to verify if referrals were made once this information was reported to the facility. The Auditor did review detainee files to verify the risk assessment had been completed. These files did not reveal a report of sexual abuse.

The Auditor reviewed four detainee files and found the medical screening was done in accordance with this standard. There were no mental health referrals needed in the files reviewed.

§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) CoreCivic's policy DHS-14.2 mirrors the language in this standard. It states detainees shall receive timely, unimpeded access to emergency and ongoing medical evaluations, treatment, and crisis intervention services consistent with the community level of care. Medical personnel reported, "Our detainees have access to medical care 24 hours a day seven days a week. If there is a sexual assault, someone is always there to see them. We will always offer emergency contraception – which is all free of cost to the detainees." Medical staff advised sexually transmitted infections prophylaxis is provided at the hospital.

Mental health staff reported once a detainee is referred to mental health, they are seen within 24 hours. He also advised crisis intervention services are made available to the victim at the hospital. The Auditor was advised follow-up mental health services are also available to any victim of sexual abuse or sexual assault. The mental health professional states, "We will also follow the treatment plan given to us from the hospital."

The Auditor reviewed one closed investigative file and found referrals to medical and mental health were made. The file indicated no follow up services were needed for the victim or perpetrator.

(b) CoreCivic's policy DHS-14.2 mirrors the language in this standard. Medical personnel reported detainees are never charged for any care they receive while at LPC regardless of whether the victim names the abuser or cooperates with any investigation.

§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)(e)(f)(g) CoreCivic's policy DHS-14.2 states, "Patient inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care when medically appropriate." Medical personnel interviewed shared, "Once we are notified there has been a sexual assault or sexual abuse, the victim is seen right away. We would then make all the necessary referrals and evaluations. These evaluations and services are done at no cost to the detainees. We also offer pregnancy tests at the requests of the detainees. Once the detainee comes back from the hospital, we follow any treatment plan that was ordered."

The Auditor was able to verify the victim in the closed investigative file, reviewed onsite, was referred to medical. Email documentation in the file showed medical personnel determined no follow up medical care was needed.

The mental health professional also advised, mental health services and evaluations would also be offered to the abuser in a detainee-on-detainee sexual abuse/assault incident. CoreCivic Policy 13-79, "Sexual Assault Response," states, "QMHP (Qualified Mental Health Professional) shall attempt to conduct mental health evaluation to all known inmate/resident on inmate/resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate. If the inmate/resident refuses a mental health evaluation, the refusal will be documented..."

(b)(c) CoreCivic's policy DHS-14.2 mirrors the language in this standard. It states detainees shall receive timely, unimpeded access to emergency and ongoing medical evaluations, treatment, and crisis intervention services consistent with the community level of care. This policy also ensures evaluations and treatment of victims 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. This practice was confirmed through interviews with medical and mental health staff. Medical staff advised this also includes any follow-up services. Medical staff advised the care detainees receive is at the same level of the community. The mental health professional stated, "We provide a better than community level of care as we have a psychiatrist onsite. The detainees do not have to wait months to have access this service." Both medical and mental health staff advised this information would follow the detainee if they are transferred to another facility.

(d) CoreCivic's policy DHS-14.2 states, "Patient inmate/resident victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/resident tests positive for pregnancy, the patient inmate/resident will be provided information regarding lawful pregnancy-related services in a timely manner." Medical personnel reported, "Our detainees have access to medical care 24 hours a day. If they have an immediate need, someone is always there to see them. We will always offer emergency contraception – which is all free of cost to the detainees."

§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) CoreCivic's policy DHS-14.2 states "The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and where the allegation was not determined to be unfounded prepare a written report within thirty (30) days of the conclusion of the investigation." The PSA Compliance Manager reported 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 30 days of the conclusion of the investigation. The PSA Compliance Manager also reported the facility considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The facility will implement the recommendations for improvement or shall document its reasons for not doing so in written response. He also stated a copy of this report is forwarded to the PSA Coordinator. The PSA Compliance Manager stated all incident reviews are completed usually within a week of the completion of the investigation. The reviews for the administrative investigations occur more quickly than the incident reviews of criminal cases investigated by Laredo Police Department which take longer to complete. The incident review team consists of the Warden, PSA Compliance Manager, Investigator, and an ICE representative. ICE is always informed of the incident review process and time. The PSA Compliance Coordinator indicated that ICE in most cases does not attend the review. The Auditor reviewed one closed investigative file determined substantiated and found a sexual abuse incident review was completed. This form contained all the necessary elements as identified in this standard.

(b) CoreCivic's policy DHS-14.2 states, "The review team shall consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender and intersex (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." Interviews with the Warden and the PSA Compliance Manager supports this policy.

The Auditor reviewed one closed investigative file and found documentation of the sexual abuse incident reviews. This review was done within 30 days of the conclusion of the administrative investigation.

(c) CoreCivic's policy DHS-14.2 states, "Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator (Warden), PSA Compliance Manager, and the ICE PSA Coordinator." The Auditor also reviewed CoreCivic's 2017 PREA Annual Report which includes information on LPC. This report breaks down all PREA allegations into substantiated, unsubstantiated and unfounded reports. This reports also compares past years data. The Warden also reported that LPC would also file a negative report if no allegations occurred within that time. He advised a copy of this report goes to the FOD, PSA Coordinator and to the corporate office of CoreCivic.

§115.87 – Data collection.

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

Notes:

(a) Language in CoreCivic's policy DHS-14.2 states, "All case records associated with claims of sexual abuse, including incident reports, investigation reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be kept in accordance with CoreCivic policy. This policy states the Facility Administrator (Warden) is responsible for maintaining these files. The Auditor confirmed these files are kept in locked filing cabinets inside the warden's office. When the warden is not in his office, this office is also secured.

CoreCivic policy DHS-14.2 also states documentation will be kept for a minimum of the time the detainee is housed at the facility plus 10 years. Interviews with the Warden and PSA Compliance Manager confirmed this practice.

§115.201 – Scope of audits.

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

Notes:

(d)(e)(i)(j) The Auditor was able to tour LPC and observe all areas of the facility. The Auditor was also allowed to revisit areas as requested. The Auditor was provided relevant documentation for review to determine LPC's level of compliance. The Auditor was able to conduct private and confidential interviews with staff, contractors, volunteers and detainees. The audit notice was posted in all living units and the Auditor did not receive any letters of correspondence from any detainee or staff person.

AUDITOR CERTIFICATION:

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

Elisabeth M. Copeland and Barbara King
Auditor's Signature

May 3, 2019
Date

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Barbara King	Organization:	Creative Corrections, LLC
Email address:	[REDACTED]	Telephone number:	409-866-[REDACTED]

AGENCY INFORMATION

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

Name of Field Office:	San Antonio Field Office
Field Office Director:	Daniel Bible
ERO PREA Field Coordinator:	[REDACTED]
Field Office HQ physical address:	1777 N. Loop 410 Suite 1400, San Antonio, Texas 78217
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Laredo Processing Center		
Physical address:	4702 E. Saunders Street, Laredo, Texas 78041		
Mailing address: (if different from above)	Same as above		
Telephone number:	956-727-4118		
Facility type:	DIGSA		
Facility Leadership			
Name of Officer in Charge:	Orlando Perez	Title:	Warden
Email address:	[REDACTED]	Telephone number:	956-727-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	[REDACTED]	Title:	Chief of Security
Email address:	[REDACTED]	Telephone number:	956-727-[REDACTED]

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

The Prison Rape Elimination Act (PREA) on-site audit of the Laredo Processing Center (LPC), in Laredo, Texas was conducted on February 12 – 14, 2019, by Elisabeth Copeland, PREA Auditor contracted through Creative Corrections, LLC. This was the first PREA audit for LPC. LPC is an Immigration and Customs Enforcement (ICE) contract adult facility, operated by CoreCivic with designed capacity of 404 beds. The facility houses adult female detainees to hold, process, and prepare individuals pending the results of judicial removal review. The purpose of this audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards.

Of the 41 standards reviewed, the Auditor found that LPC met 39 standards with one exceeding 115.35 Specialized Training: Medical and Mental Health Care. There was one standard 115.14 Juveniles and Family Detainees; that was non-applicable; the facility does not house juveniles or families. One standard 115.21 Evidence Protocols and Forensic Medical Examinations was non-compliant. LPC must demonstrate the Laredo Police Department has agreed to follow the requirements in standard 115.21. The Memoranda of Understanding (MOU) between the agencies does not address the requirements of (a-d) of the standard.

The Office of Enforcement and Removal Operations (ERO) developed the Corrective Action Plan (CAP) with the facility, and the plan addressed the one standard that did not meet compliance during the PREA Audit conducted February 12-14, 2019. The CAP was assigned to Auditor Barbara King for review. The Auditor reviewed the corrective action plan and concurred with the recommendations for meeting compliance with the deficient standards.

On June 17, 2019, the Auditor received ICE PREA CAP supporting documentation from the ERAU Acting Section Chief Evelin Montenegro. After review of the supporting documentation, the Auditor found the supporting documentation to be sufficient to find standard 115.21 compliant.

PROVISIONS

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

§115. 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)(e) CoreCivic policy DHS-14.2 outlines the use of uniform evidence protocol that maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This includes separating the victim from the abuser, preserving and collecting evidence, medical and mental health assessments, notifications and follow-up services for victims. The Auditor reviewed the one closed investigative file and found the uniform evidence protocol was followed according to policy and DHS PREA standards.

During the review of the closed sexual abuse case, the Auditor found that the collection of evidence and interviews conducted followed the DHS PREA Standards.

(b)(d) CoreCivic's policy DHS-14.2 has language that mirrors this standard. LPC has a MOU with the Rape Crisis Center. This MOU is dated March 2, 2015. Information on how to contact the Rape Crisis Center also located in all housing units. The Rape Crisis Center provides crisis victim advocacy services to the detainee, which includes starts at the hospital during a forensic examination, and a 24 hour a day anonymous hotline for crisis intervention.

(c) CoreCivic's policy DHS-14.2 also requires all victims of sexual abuse to have access to forensic medical examinations whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. The Health Services Administrator (HSA) and other medical personnel interviewed advised that this facility would transfer all detainees to the Laredo Medical Center. However, the PSA Compliance Manager advised this hospital currently does not have SANE's on staff. While the Laredo Medical Center is getting staff certified, the Rape Crisis Center directed the PSA Compliance Manager to a Specialty and Transplant Hospital in San Antonio who does have a SANE LPC can utilize. The PSA Compliance Manager provided the Auditor with a copy of an email chain outlining LPC's attempt to locate a SANE who can be utilized by the facility.

(e) The Auditor reviewed the MOU with the Laredo Police Department dated May 16, 2017. The MOU states Laredo Police Department will assist LPC with any civil disturbances and investigations. This relationship was confirmed during the interview with the PSA Compliance Manager and the Administrative Investigator at LPC. The MOU with the Laredo Police Department does not address the requirements of the paragraphs (a) through (d) of this standard. This lack of standard language in the MOU causes this standard to be non-compliant.

CORRECTIVE ACTION: LPC must demonstrate Laredo Police Department has agreed to follow the requirements in standard 115.21.

There have been zero SANE/SAFE or forensic exams in the past 12 months.

CORRECTIVE ACTION COMPLETED:

The supporting documentation provided was an updated MOU between Laredo Processing Center and the Laredo Police Department which was executed and approved on March 22, 2019 between the two parties. The MOU demonstrates Laredo Police Department has agreed to follow the requirements in standard 115.21 when conducting sexual abuse investigations. The MOU was expanded to include:

The Laredo Police Department (LPD) will conduct criminal investigations in accordance with DHS Standard 115.21 sections (a) through (d)

- a. Follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable. The protocol shall be adapted from or otherwise based on the most recent edition of the United States Department of Justice Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examination, Adults /Adolescents or similarly comprehensive and authoritative protocols developed after 2011.
- b. Utilize available community resources and services to provide expertise and support in the areas of crisis intervention and counseling. A victim advocate from a rape crisis center shall be made available to the victim of an incident of sexual abuse involving criminal behavior. If a rape crisis center is not available to provide victim advocate services, LPD in coordination Facility shall provide these services by making available a qualified staff member from a community-based organization, or a qualified facility staff member. A qualified facility staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. Available victim advocacy services offered by the hospital conducting a forensic exam may be utilized for support during the forensic exam and investigatory interviews.
- c. Arrange, where evidentiary or medically appropriate, for an alleged detainee victim to undergo a forensic medical examination by qualified health care personnel, including a SAFE or SANE where practicable. Examinations shall be at no cost to the detainee, and only with the detainee's consent. If SAFE/SANEs cannot be made available, the examination can be performed by other qualified health care personnel.

d. Allow, if requested by a victim, the presence of his or her outside or internal victim advocate, (including any available victim advocacy services offered by a hospital conducting a forensic exam) for support during a forensic exam and investigatory interviews.

The revised MOU with the revised language that the Laredo Police Department has agreed to follow the requirements in standard 115.21 when conducting sexual abuse investigations has demonstrated compliance with standard 115.21.

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Barbara A. King

July 11, 2019

Auditor's Signature & Date