

Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

Pike County Correctional Facility

September 17 - 19, 2024



U.S. Immigration
and Customs
Enforcement

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



Homeland Security

AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
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AGENCY INFORMATION

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

Name of Field Office:	Philadelphia
Field Office Director:	Cammilla Wamsley
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	114 North 8th Street Philadelphia, PA 19107

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pike County Correctional Facility
Physical address:	175 Pike County Boulevard Lords Valley, Pennsylvania 18428
Telephone number:	570-775-5500
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	12/19/2019

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	570-775- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
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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.

During the audit, the Auditor found Pike County Correctional Facility met 15 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 25 non-compliant standards. As a result of the facility being out of compliance with 25 standards, the facility entered into a 180-day corrective action period which began on November 15, 2024, and ended on May 14, 2025. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 25

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.18 - Upgrades to facilities and technologies.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.52 - Grievances.
- §115.61 - Staff reporting duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.78 - Disciplinary sanctions for detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Exceeded: 0

Number of Standards Met: 25

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.

- §115.18 - Upgrades to facilities and technologies.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.52 - Grievances.
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- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.78 - Disciplinary sanctions for detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Not Met: 0

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 replied 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.

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

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

Notes:

(c): SOP 1517 states, "The Pike County Correctional Facility has a "zero tolerance" policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. All inmates/detainees and staff have the right to be free from sexual abuse and the right to be free from retaliation for reporting sexual abuse. Consensual sexual activity is prohibited and does not constitute sexual abuse." During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster posted on the walls in the intake area, housing units, medical area, and visitation. Interviews with 18 PCCF staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided the PREA policy signed by the AFOD; however, the policy is not compliant as submitted. (d): The Auditor reviewed the organizational chart and observed the PCM/PSACM reports directly to the Warden. Interview with the PCM/PSACM confirmed he is the point of contact for the Agency PSA Coordinator. In addition, the PCM/PSACM confirmed he has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

(c): Review of PCCF SOP 1517 confirmed areas of the policy conflict with the DHS PREA standards. Areas of conflict are discussed further in this report within each standard. To become compliant, the facility must update SOP 1517 and provide documentation that confirms the facility has submitted the policy to the Agency for review and approval of the revised compliant policy as required by subsection (c) of the standard.

Corrective Action Taken:

On January 23, 2025, the facility submitted a memorandum from ERO confirming review and approval of SOP 1517 Sexual Misconduct. The Auditor finds the facility has demonstrated compliance with provision (c) and is now compliant with the standard.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will maintain adequate staffing levels and surveillance to deter sexual abuse and harassment." A review of the PAQ indicated PCCF employs 85 security staff working three 8-hour shifts, (b) (7)(E) During the onsite review, the Auditor observed that PCCF utilizes a direct supervision corrections concept with one corrections officer assigned to each housing unit providing continuous monitoring of detainees 24 hours. The Auditor observed appropriate staffing levels in the intake area and medical area. (b) (7)(E)

he facility utilizes post orders for comprehensive

detainee supervision guidelines, which the Auditor observed on site. Interviews with the Warden and PCM/PSACM confirmed detainee supervision guidelines (post orders) are reviewed annually; however, the Auditor was not provided with documentation these post orders were reviewed on an annual basis as required of the standard. Interviews with the Warden and PCM/PSACM confirmed that when determining adequate levels of detainee supervision and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports and any other relevant factors, including but not limited to length of time detainees spend in agency custody. Review of 13 investigation files confirmed all elements in subsection (c) were considered during case review. (d): SOP 1517 states, "The Shift Commander or Shift Supervisor will conduct a minimum of one (1) unannounced safety/security check per shift. Staff are prohibited from alerting other staff members that the unannounced inspection is occurring. The Shift Commander/Shift Supervisor will inspect all areas occupied by inmates/detainees and other areas of the facility, noting any security concerns, unsafe, faulty, or unsanitary conditions that may affect the daily operation of the facility. Additionally, these tours will be conducted to identify and deter sexual abuse of inmates/detainees." During the onsite audit, the Auditor observed logbooks within the housing units with PREA rounds marked in red ink. These rounds were conducted on day and night shifts and were logged at random times throughout each shift. Interviews with six corrections officers confirmed supervisors conduct rounds randomly on each shift. Staff further confirmed that alerting others of supervisor rounds is prohibited. Interview with a supervisor that conducts unannounced rounds confirmed these rounds are being conducted at each post and documentation of the round is entered into the logbook in red ink.

Corrective Action:

(b): Documentation was not provided that comprehensive detainee supervision guidelines (post orders) have been reviewed annually. To become compliant, the facility must implement a procedure to document annual post order review and provide documentation to the Auditor of the newly implemented procedure.

Corrective Action Taken:

On December 30, 2024, the facility provided a list of the facility's Post Orders implemented as of March 2023. The APM/Auditor's review found all 25 Post Orders were signed/approved by the Warden between April 5-6, 2023. The facility also provided a list of the facility's Post Orders implemented effective August 20, 2024, and the APM/Auditor's review found all 35 Post Orders were signed/approved by the Warden between August 23-26, 2024. The APM/Auditor accepts the documentation provided as sufficient to demonstrate the comprehensive detainee supervision guidelines (post orders) are reviewed annually. The Auditor finds the facility has demonstrated compliance with provision (b) and is now compliant with this standard.

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

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

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will take appropriate steps to ensure Inmates/Detainees with disabilities (Including for example, Inmate/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. Such steps shall include, when necessary to ensure effective communication with inmates/detainees who are deaf, or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using necessary specialized vocabulary. In addition, the Pike Conty Correctional Facility will provide written materials related to sexual abuse in formats or through effective methods that ensure effective communication with inmates/detainees with disabilities, including individuals who have intellectual disabilities,

limited reading skills, or who are blind or have low vision." The facility's policy does not address whether or not a detainee will be allowed interpretation by another detainee if requested and if the agency determines that such interpretation is appropriate and consistent with DHS policy as required of provision (c). During the onsite visit the Auditor observed the DRIL posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, the VIP rape crisis center posters, and the Awareness notice in English and Spanish with the PSA Compliance Manager's name and contact information. During the onsite visit a support Auditor observed a detainee interview with the language line being utilized; however, the detainee stated his preferred language was Vietnamese and the intake officer provided a SAA pamphlet to the detainee in English and stated he would try to get one in Vietnamese for the detainee. The detainee did not receive the SAA pamphlet in Vietnamese. Review of 20 detainee files confirmed the facility did not provide the Auditors with evidence of any programs to provide accommodation for detainees who are blind or have low vision, those who have intellectual, psychiatric, or speech disabilities to ensure they have equal opportunity to benefit in all aspects of the facility or agency's efforts to prevent, detect, and respond to sexual abuse. An interview with the Warden confirmed there are handheld translators assigned to the housing units that could be utilized for detainees who do not speak English. Interview with intake staff further confirmed the use of a language line service during the intake process; however, detainee files indicated nine detainees spoke English, but when these detainees were interviewed the support Auditor needed to utilize the language line. The Support Auditor observed the ICE National Detainee Handbook in 15 languages (Spanish, Russian, Arabic, Chinese, English, Bengali, Haitian Creole, Portuguese, Punjabi, Romanian, Ukrainian, Turkish, Hindi, and French). The SAA pamphlet was only available at the facility in English and Spanish although it is published in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. Review of 20 detainee files further confirmed intake forms did not distinguish which language a detainee spoke or which language the SAA pamphlet or ICE National Detainee Handbook was provided in. Interviews with six security officers confirmed the use of the handheld devices, but staff could not articulate resources that would be utilized for hearing impaired, visual impairments, limited reading skills, or detainees who have intellectual disabilities except for reading material out loud. There was one disabled detainee interviewed; however, the disability was physical in nature.

Corrective Action:

(a)(b)(c): The facility's policy does not address whether or not a detainee will be allowed interpretation by another detainee if requested in matters relating to allegations of sexual abuse or if the agency determines that such interpretation is appropriate and consistent with DHS policy. Additionally, the facility did not demonstrate that all detainees have an equal opportunity to participate in the PREA program. To become compliant the facility must develop a practice that provides all detainees access to the PREA information in a manner that all detainees can understand. The PREA information in the facility handbook must be in a manner that both LEP and detainees who are blind or have limited sight, are deaf or hard of hearing, and for those who have an intellectual, psychiatric, or speech disability can utilize. In addition, the facility must provide the Auditor with 10 intake files during the CAP period that include detainees received who speak/understand languages other than English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are LEP, deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability. Additionally, the facility's PREA/SAAPI policy must be updated to address if a detainee will be allowed interpretation by another detainee if requested and if the agency determines that such interpretation is appropriate and consistent with DHS policy. Additionally, the facility did not demonstrate that all detainees have an equal opportunity to participate in the PREA program.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1517, Sexual Misconduct/Assault 1517 which states "In matters relating to allegations of sexual abuse, the Facility will provide an in-person or telephonic interpretation service that enables effective, accurate, and impartial interpretation, by someone other than another inmate/detainee, unless the inmate/detainee expresses a preference for another inmate/detainee to

provide interpretation and the PREA investigator determines that such interpretation is appropriate. The provision of services of minors, alleged abusers, inmate /detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” The facility provided evidence they have available the SAA pamphlet for distribution in the following languages Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, and Simplified Chinese in addition to English and Spanish which were observed at the facility during the audit. The facility also provided “Prison Rape Elimination Act Medical Handout” in the following languages: Albanian, Arabic, Chinese, English, French, Georgian, German, Haitian, Japanese, Korean, Maltese, Polish, Portuguese, Russian, Spanish, Ukrainian, and Vietnamese. The facility advised these handouts are provided to detainees during the medical intake at the facility by medical staff and that these handouts are a supplement to the facility’s detainee handbook. Collectively these documents demonstrate compliance that the facility has the available material to provide LEP detainees access to the PREA information in a manner that they understand. The facility provided samples for 10 detainees indicating they received the PREA/SAAPI information in a language of their understanding and/or that an interpreter was used to deliver the training between November 6, 2024 - December 6, 2024. The auditor accepts this documentation as sufficient to demonstrate compliance with delivery of the PREA/SAAPI education to detainees who are LEP. On May 16, 2025, the facility provided a memorandum that stated, “During this inspection period, the Pike County Correctional Facility has continued to monitor all new commitments for indications of disabilities, including deafness or hearing impairment, blindness or limited vision, intellectual disabilities, psychiatric conditions, or speech impairments. No detainees meeting these criteria were encountered during this reporting period.” The memorandum also stated, “Should such cases arise, written information will be provided in accessible formats to detainees who are deaf or hard of hearing. For individuals who are visually impaired or who have intellectual, psychiatric, or speech-related disabilities, facility staff, including counselors and medical personnel will be available to read and explain all pertinent information as needed. Translation services will also be utilized when necessary to ensure effective communication and understanding.” There were no detainees encountered who met these criteria and the facility has shown commitment through their corrective action plan to monitor for and provide appropriate education. The Auditor finds the facility has demonstrated compliance with provisions (a), (b), and (c) and is now compliant with this standard.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively "require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." ICE Directive 6-7.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." SOP 1517 states, "The Pike County Correctional Facility will not hire, promote or contract with anyone (that will have direct contact with inmates/detainees) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution or been convicted of

engaging or attempting to engage in sexual activity in the community 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. B. The Pike County Correctional Facility will conduct criminal background checks, conduct a check of the state's child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information on substantiated allegations of sexual abuse, or any resignations during a pending investigation of an allegation or sexual abuse. Specifically, an Administrative Clerk will mail a preformatted letter to all prior agencies that specifically asks for the following information: Has the individual ever been convicted of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other location ?; Has the individual ever been convicted or civilly/administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community by force (overt or implied), coercion, or involving a non-consenting victim ?; and Has the individual ever been involved as the alleged perpetrator in any incident of sexual harassment? All candidates for employment, promotion, volunteers, and contractors will be specifically asked if they have ever been accused of or been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution or been convicted of engaging or attempting to engage in sexual activity in the community 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. All candidates for employment, promotion, volunteers, and contractors will be required to complete and sign a PREA questionnaire and acknowledge their responsibility for their continuing affirmative duty to disclose any such misconduct pertaining to PREA." The Auditor submitted and received a background clearance form from PSD. Review of this form confirmed all submitted names were current with the required background. Review of 20 staff files while onsite found background checks were completed prior to hire. All files contained a signed Administrative Adjudication form and continuing affirmative duty disclosure. Applicants for PCCF must sign a material omission statement as part of the application process. Interview with the Warden confirmed background checks are completed on applicants prior to hire and every five years thereafter. Contractors receive a background check prior to entrance into the facility. The Auditor requested documentation from the facility demonstrating background checks were completed for contractors, but no documentation was provided; therefore, the facility is out of compliance with provision (d).

Corrective Action:

(d): The facility provided no documentation that background checks are completed on contractors. To become compliant the facility must provide the Auditor with evidence background checks have been conducted for five contractors who may have contact with detainees that are approved for services prior to enlisting services.

Corrective Action Taken:

On December 30, 2024, the facility provided copies of a log indicating background checks were completed for 15 contractors between June 20, 2024 – December 15, 2024. The Auditor finds the facility has demonstrated compliance with provision (d) and is now compliant with this standard.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a)(b): SOP 1517 states, "The Pike County Correctional Facility will consider the effect any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency's ability to protect inmates/detainees from sexual abuse." During the onsite it was determined through interview with the Warden that the facility had no substantial modification of the facility within the audit period, but did install new cameras to enhance their ability to protect detainees from sexual abuse. Documentation was requested to show the facility considered this during camera placement; however, documentation was not received by the Auditor.

Corrective Action:

(b): The facility did not provide documentation that considered how the new installation may enhance PCCF's ability to protect detainees from sexual abuse. To become compliant, the facility must provide documentation to the Auditor that prior to installing the new cameras, the facility considered how placement may enhance their ability to protect detainees from sexual abuse.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1517 which states, "The Pike County Correctional Facility will consider the effect any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency's ability to protect inmates/detainees from sexual abuse." Additionally, the facility provided a memorandum from the PSA Compliance Manager dated July 26, 2024, indicating that consideration was given by facility leadership about how the placement and addition of equipment would enhance the facility's ability to protect detainees from sexual abuse. The Auditor finds the facility has demonstrated compliance with provision (b) and is now compliant with this standard.

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

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

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." A review of Agency policy and PCCF SOP 1517 confirms there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. In addition, an administrative or criminal investigation is completed for all allegations of sexual abuse. The Auditor reviewed the facility's website (<https://www.pikepa.org/courts-law/correctional-facility/>) and the Agency website (www.ice.gov), confirming that the Agency website includes the Agency's investigative protocol, and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. The facility presented SOP 1517 as reference for the facility's protocols. SOP 1517 states, "The Pike County Correctional Facility is responsible for investigating allegations of sexual abuse and sexual harassment. All allegations will be investigated promptly, thoroughly, and objectively by facility investigators who received special training in sexual abuse investigations in confinement settings. If criminal activity is determined by the facility investigator, the Pennsylvania State Police will be contacted. All information will be forwarded to the Pennsylvania State Police for possible criminal charges. The investigators memorandum will include their referral to the State Police for possible criminal charges. All written reports pertaining to administrative and criminal investigations for sexual abuse/harassment claims will be retained as long as the alleged abuser is incarcerated or employed by the agency plus five years." The Auditor's review of the policy (protocol) found it does not include a description of responsibilities of the agency, the facility and other investigating entities as required in provision (b); does not include that allegations are promptly reported to ICE as required in provision (d); does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (e) when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse; does not

include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (f) when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. Interviews with the Warden and PCM/PSACM/Investigator indicated that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format indefinitely. Interviews further indicated when a detainee, prisoner, inmate, or resident of the facility where the detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. In an interview with the SDDO it was confirmed he would be notified immediately and would immediately notify the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG. Review of 13 investigation files confirmed notifications were made to ICE promptly.

Corrective Action:

(b)(d)(e): The Auditor's review of the policy (protocol) found it does not include a description of responsibilities of the agency, the facility and other investigating entities as required in provision (b); does not include that allegations are promptly reported to ICE as required in provision (d); does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (e) when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse; does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (f) when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. To become compliant, the facility must update its protocol to include all requirements of (b)(d)(e) and publish the updated protocol to the facility's public website. The revised and ICE approved policy must be provided to the Auditor for compliance review.

Corrective Action Taken:

On December 30, 2024, the facility provided updated SOP 1517 Sexual Misconduct/Assault that states the facility "(w)ill notify the ICE SDDO (PSA) and ICE AFOD of alleged sexual assault, abuse or harassment involving a detainee. The ICE SDDO (PSA) will coordinate with the Office of Professional Responsibility (OPR) to ensure that there is non-interference with any criminal investigations." On January 23, 2025, the facility provided additional pages for SOP 1517 Sexual Misconduct/Assault which satisfy the outstanding items in provision (b) including a description of responsibilities of the agency, the facility, and other investigating entities. On April 7, 2025, the facility submitted an updated SOP 1517 Sexual Misconduct/Assault and ERO approval of the updated policy. Review of the policy confirms it contains the requirement to report to the "local government entity or contractor that owns or operates the facility" when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. On May 12, 2025, the Auditor/APM confirmed that the Pike County Correctional Facility posted the updated Policy 1517 to the County website at <https://www.pikepa.org/courts-law/correctional-facility/>. The Auditor finds the facility has demonstrated compliance with provisions (b), (d), and (e) and is now compliant with this standard.

§115.31 - Staff training.

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

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will provide all staff, contractors and volunteers that have contact with inmate/detainees with initial training pertaining to sexual assault/abuse and sexual harassment. Staff, contractors, and volunteers will receive refresher training biannually. All employees,

contractors and volunteers that have contact with inmate/detainees will be trained to know: The zero-tolerance policy regarding sexual abuse/harassment; The right of the inmate/detainee and staff to be free from sexual abuse and from retaliation for reporting sexual abuse; The definitions and examples of prohibited and illegal sexual behavior; On recognizing situations where sexual abuse may occur; Physical behavior and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with inmates/detainees; How to communicate effectively and professionally with all inmate/detainees, including lesbian, gay, bisexual, transgender, intersex or gender non confirming inmate/detainees; and Procedures for reporting knowledge of sexual abuse and the requirement of limit reporting sexual abuse to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The facility provided an electronic training transcript for staff that have completed the PREA Sexual and Awareness and Harassment, Sexual Harassment, Sexual Misconduct courses and a lesson plan for PREA Sexual Assault/Abuse Awareness Prevention course. Review of the lesson plan confirmed it is not compliant with the provisions of this standard. Curriculum does not contain instruction on the agency's or facility's zero-tolerance policies or how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. Review of 20 PCCF staff files confirmed staff received training upon hire and received refresher training as required. Interview with the PREA Training Officer confirmed initial PREA training is given upon hire and annually thereafter. Interview with six security officers confirmed PREA training had been received at hire and annually thereafter. Interview with the SDDO revealed PREA training had been accomplished. The Auditor requested a transcript or completion certificate; however, this was not received.

Corrective Action:

(a)(b): Review of the training curriculum confirmed it did not contain instruction on the agency's or facility's zero-tolerance policies or how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. In order to become compliant, the facility must implement a training curriculum that includes instruction on the agency's and facility's zero-tolerance policies and how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. After implementation, documentation must be provided that all staff have received training on the updated curriculum. (c): AGENCY: ICE staff did not provide documentation that PREA training was received as requested by the Lead Auditor resulting in a noncompliance finding for the agency. In order to become compliant, the facility must provide documentation that ICE staff who have contact with detainees received initial PREA training or a PREA refresher training.

Corrective Action Taken:

On December 30, 2024, the facility provided the Pike County Correctional Facility Lesson Plan, subject P.R.E.A (Prison Rape Elimination Act) and Sexual Assault/Abuse Awareness, dated December 2024. This Lesson Plan includes instruction on how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. The facility additionally submitted ICE certificates of completion of PREA training. On May 12, 2025, the facility provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The Auditor finds the facility has demonstrated compliance with provisions (a)(b) and (c) and is now compliant with this standard.

§115.32 - Other training.

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

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will provide all staff, contractors and volunteers that have contact with inmate/detainees with initial training pertaining to sexual assault/abuse and

sexual harassment. Staff, contractors, and volunteers will receive refresher training biannually. All employees, contractors and volunteers that have contact with inmate/detainees will be trained to know: The zero-tolerance policy regarding sexual abuse/harassment; The right of the inmate/detainee and staff to be free from sexual abuse and from retaliation for reporting sexual abuse; The definitions and examples of prohibited and illegal sexual behavior; On recognizing situations where sexual abuse may occur; Physical behavior and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with inmates/detainees; How to communicate effectively and professionally with all inmate/detainees, including lesbian, gay, bisexual, transgender, intersex or gender non confirming inmate/detainees; Procedures for reporting knowledge of sexual abuse and the requirement of limit reporting sexual abuse to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The facility submitted electronic transcripts for "Review S.O.P. #1517 Sexual Misconduct/Awareness" and a lesson plan for "P.R.E.A. (Prison Rape Elimination Act) and Sexual Assault/Abuse Awareness Prevention. Review of submitted documents confirmed only two contractors were listed on the electronic transcripts and no volunteers were included. Review of the lesson plan further confirmed volunteers, and other contractors are not being trained on the agency's and facility's zero-tolerance policies or how to report such incidents. Interview with the AW/PSA/PSACM/PREA Training Officer confirmed that volunteers and contractors are trained in the agency's and facility's zero-tolerance policies and how to report such incidents; however, documentation was not received to confirm all had been trained.

Corrective Action:

(a)(b)(c): The facility curriculum given to contractors or volunteers does not include their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention, and response policies and procedures. The facility does not maintain written confirmation that volunteers and other contractors who have contact with immigration detainees have completed the training required of this standard. In order to become compliant with subsection (a) and (b) of the standard, the facility must update volunteer and contractor training to include the agency's and facility's sexual abuse prevention, detection, intervention, and response policies and procedures. The training must also include the agency's and facility's zero-tolerance policies and how to report such incidents. In order to become compliant with subsection (c) of the standard, the facility must provide documentation that all volunteers and contractors have been trained on the updated curriculum.

Corrective Action Taken:

On December 30, 2024, the facility provided Pike County Correctional Facility Lesson Plan, subject Support Staff/Contractors/Volunteers: Orientation Training for New Hires that includes instruction on Sexual Harassment and Rape Elimination Act updated. The instruction includes familiarization with the PREA, definitions, and reporting procedures, updated December 2024. The facility also provided six acknowledgement forms signed by contractors dated between August 12, 2024, through December 3, 2024. On January 23, 2025, the facility submitted signed Zero Tolerance Acknowledgement forms for four contractors. On May 12, 2025, the facility provided training records for 20 medical staff/contractors on the updated PREA Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. Additionally, the facility provided written confirmation for two service contractors that completed training on their responsibilities under the agency's and the facility's sexual abuse prevention, detection, intervention, and response policies and procedures; and on the zero-tolerance policies and how to report such incidents. On May 14, 2025, the facility provided signed acknowledgement forms for 10 volunteers who have been trained on the Pike County Correctional Facility Sexual Abuse/Sexual Assault Lesson Plan. The Auditor finds the facility has demonstrated compliance with provisions (a), (b), and (c) and is now compliant with this standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(e)(f): SOP 1517 states, "During the booking process, the Intake Officer will advise all Inmates/Detainees that the Facility has zero-tolerance policies pertaining to all forms sexual assault/abuse and sexual harassment. Additionally, all inmates/detainees will receive a sexual abuse and assault awareness pamphlet which includes: the prohibition of sexual contact, the steps to take to prevent the likelihood of being victimized by a sexual predator, intervention strategies, definitions and examples of inmate/detainee on Inmate/Detainee sexual abuse, staff on inmate/detainee sexual abuse, coercive sexual activity, methods of reporting sexual abuse, including to any staff member, including a staff member other than an immediate point of contact line officer, the DHS Office of the Inspector General and the Joint intake center, indicators of sexual abuse, information about self-protection, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact a detainees immigration proceedings or any pending criminal cases, and the right of the inmate/detainee who has been subject to sexual abuse to receive treatment and counseling. During the initial intake medical screening, the medical staff will ensure that information is provided to inmate/detainees, in their preferred language, concerning the Pike County Correctional Facility's zero tolerance policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. Additionally, Medical staff will issue a handout, in the inmates/detainees preferred language, that outlines the following: Prevention and intervention strategies; Definitions and examples of inmate/detainee-on-inmate/detainee sexual abuse, [...] sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse, including a staff member other than an immediate point-of-contact line officer (e.g. the PREA coordinator or a mental health specialist), for detainees-the DHS Office of Inspector General and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the inmate's/detainee's legal proceedings; The right for the inmate/detainee who was subjected to sexual abuse to receive treatment and counseling; and Access to outside victim advocates or rape crisis organizations (addresses and telephone numbers) and counseling. The orientation process is completed within four (4) business days of commitment. The inmate/detainee will receive information from a Power point, in their preferred language, concerning the Pike County Correctional Facility's zero tolerance policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. The sexual abuse and assault awareness will include the prohibition of sexual contact, the steps to take to prevent the likelihood of being victimized by a sexual predator, intervention strategies, definitions and examples of inmate/detainee on inmate/detainee sexual abuse, staff on inmate/detainee sexual abuse, coercive sexual activity, methods of reporting sexual abuse, including to any staff member, including a staff member other than an immediate point of contact line officer, the DHS Office of the Inspector General and the Joint intake center, indicators of sexual abuse, information about self-protection, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact a detainees immigration proceedings or any pending criminal cases, and the right of the inmate/detainee who has been subject to sexual abuse to receive treatment and counseling. Information regarding reporting sexual assault/abuse and sexual harassment is posted on the housing units, intake, and visitation. This information is also available to the inmate/detainees on the tablets. The Pike County Correctional Facility will take appropriate steps to ensure Inmates/Detainees with disabilities (Including for example, Inmate/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. Such steps shall include, when necessary to ensure effective communication with inmates/detainees who are deaf, or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using necessary specialized vocabulary. In addition, the Pike County Correctional Facility will provide written materials related to sexual abuse in formats or through effective methods that ensure effective communication with inmates/detainees with disabilities, including individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Housing Unit counselors will assist inmates/detainees if they have any questions or concerns pertaining to PREA standards." The facility provided an Orientation presentation provided to detainees; however, this presentation was not available in all languages and was not compliant with the provisions of this standard. This presentation additionally is not provided during the intake process required of provision (a). During the onsite audit, a support Auditor observed the intake process.

Detainees are brought into the facility, an initial risk assessment is completed, detainees sign for property and then are placed into holding cells. Detainees signed for an SAA pamphlet, ICE Handbook, and facility handbook; however, the SAA pamphlet and facility handbook were only available in English and Spanish. Detainees are then processed through medical and housed. During the intake process a detainee was given an English SAA pamphlet when his preferred language was Vietnamese. Within the Intake area and housing units, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for VIP. The posted information was available in English and Spanish. The ICE National Detainee handbook and SAA pamphlet were not available (in printed or electronic format) in all 15 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese; however, a support Auditor did observe the ICE National Detainee handbook in all 15 languages available on the detainee tablets. Review of 20 detainee files confirmed that all had signed an Orientation Attendance form; however, the form does not document if the detainee received the SAA pamphlet or what the detainee's preferred language is. Review of detainee files further confirmed 13 detainees did not sign for orientation on the day of intake. File review also confirmed medical completes a PREA intake education; however, the form does not document receipt of the information by detainee signature or date. Interview with Intake staff confirmed upon intake detainees are given a SAA pamphlet and facility handbook; however, the file reviews contradict this. The interview with intake staff additionally confirmed the facility handbook and SAA pamphlet are only available in English and Spanish. Interviews with 20 detainees confirmed they were not given a SAA pamphlet or facility handbook in a language they could understand.

Corrective Action:

(a)(b)(c)(e)(f): PCCF does not provide adequate orientation program to detainees. The facility provides detainees a presentation, but it is not shown during the intake process and is not available in languages other than English or Spanish. The facility does not provide the detainee notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. In order to become compliant the facility must develop an orientation program that notifies the detainee about the agency's and facility's zero-tolerance policies for all forms of sexual abuse and provides instruction on: prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. In order to become compliant with subsection (b) of this standard, documentation must be provided that the orientation program is in formats accessible to detainees that are deaf, visually impaired, or otherwise disabled as well as to detainees who have limited reading skills. The facility must also provide documentation that it has the capability to educate detainees in other languages besides English and Spanish. In order to become compliant with subsection (a) of the standard the facility must provide an orientation program upon intake that includes all provisions of standard (a). In order to become compliant with (c), the facility must provide documentation that detainees have participated in a compliant orientation process with detainee signature and date. In order to become compliant with subsections (e) and (f), the facility must have the ICE National Detainee Handbook available for distribution in all 15 available languages and make available the SAA pamphlet available in all 15 available languages. Documentation must be provided to the Auditor that detainees are provided the ICE National Detainee Handbook in a language that is understood.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1517, Sexual Misconduct/Assault 1517 which outlines the procedures for advising detainees of the facility's zero tolerance policies against sexual assault/abuse

and sexual harassment. Additionally, SOP 1517 states “In matters relating to allegations of sexual abuse, the Facility will provide an in-person or telephonic interpretation service that enables effective, accurate, and impartial interpretation, by someone other than another inmate/detainee, unless the inmate/detainee expresses a preference for another inmate/detainee to provide interpretation and the PREA investigator determines that such interpretation is appropriate. The provision of services of minors, alleged abusers, inmate/detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” As part of the booking process, officers are required to ask detainees their preferred language. The facility explained that the power point presentation which is presented to detainees by the classification coordinator has been updated and submitted to ICE to be translated in required languages. The facility provided evidence they have available the SAA pamphlet for distribution in the following languages Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, and Simplified Chinese in addition to English and Spanish which were observed at the facility during the audit. The facility also provided “Prison Rape Elimination Act Medical Handout” in the following languages: Albanian, Arabic, Chinese, English, French, Georgian, German, Haitian, Japanese, Korean, Maltese, Polish, Portuguese, Russian, Spanish, Ukrainian, and Vietnamese. These handouts are provided to detainees during the medical intake at the facility by medical staff. These handouts are supplemental to the facility’s detainee handbook. The facility also provided evidence they have the ICE National Detainee Handbook on hand in all available languages for distribution. Collectively these documents demonstrate that the facility has the available material to provide detainees access to PREA information, including all required topics in 115.33, in a manner that they understand. The facility provided samples during the corrective action period for 20 detainees indicating they received the PREA/SAAPI information in a language of their understanding and/or that an interpreter was used to deliver the training between October 5, 2024 - January 23, 2025. The auditor accepts this documentation as sufficient to demonstrate compliance with delivery of the PREA/SAAPI education to detainees who are LEP. On April 17, 2025, the Pike County Correctional Facility uploaded its updated Orientation Presentation, and stated the accompanying script has been translated into the required languages. If interpreter services are needed for additional translation, they will be arranged accordingly. The presentation has been forwarded to ICE for voice-over translation in all required languages. The facility stated they “will continue to monitor incoming detainees who are deaf or hard of hearing, blind or visually impaired, or who may have intellectual, psychiatric, or speech disabilities. Written materials will be provided for deaf detainees. For those who are visually impaired or have intellectual, psychiatric, or speech disabilities, staff, counselors, or medical personnel will be available to read information aloud. Translation services will be used as needed.” On May 14, 2025, the facility provided the Pike County Correctional Facility Orientation Presentation (PowerPoint) and the accompanying script that has been translated into the (15) required languages (also provided). The facility advised this script can also be translated into most of the available languages and if interpreter services are needed for additional translation, they will be arranged accordingly. The facility also advised that the presentation has been forwarded to ICE for voice-over translation in all required languages. Additionally, the facility provided a memorandum that stated, “During this inspection period, the Pike County Correctional Facility has continued to monitor all new commitments for indications of disabilities, including deafness or hearing impairment, blindness or limited vision, intellectual disabilities, psychiatric conditions, or speech impairments. No detainees meeting these criteria were encountered during this reporting period.” The memorandum also stated, “Should such cases arise, written information will be provided in accessible formats to detainees who are deaf or hard of hearing. For individuals who are visually impaired or who have intellectual, psychiatric, or speech-related disabilities, facility staff, including counselors and medical personnel will be available to read and explain all pertinent information as needed. Translation services will also be utilized when necessary to ensure effective communication and understanding.” There were no detainees encountered who met these criteria and the facility has shown commitment through their corrective action plan to monitor for and provide appropriate education. The Auditor finds the facility has demonstrated compliance with provisions (a), (b), (c), (e), and (f) and is now compliant with this standard.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. SOP 1517 states, "Specialized Investigator Training: The Pike County Correctional Facility will ensure that in addition to general training provided to all employees, the facility has certified PREA investigators that receive specialized training in conducting sexual abuse investigations." The local ICE office trained investigators will receive Cross Agency training through a PowerPoint presentation. The Cross Agency training will include what is expected of the ICE trained investigators and the facility trained investigators regarding all incidents of PREA involving a detainee." Review of policy confirms it only requires "ICE office trained investigators to receive Cross Agency training through PowerPoint presentation." The facility reported 11 staff members have received investigator training required of this standard; however, only one staff member conducts investigations. The facility provided two certificates of training for this investigator from National PREA Consulting, LLC, and the Pennsylvania Prison Wardens Association. The facility did not provide the curriculum for either course for the Auditor to review. The facility does not have a compliant staff training curriculum pursuant to §115.31. The Auditor is unable to determine if the investigator has received specialized training on sexual abuse and effective cross-agency coordination for facility investigators.

Corrective Action:

(a)(b): The Auditor is unable to determine if PCCF investigators have received the required training under this standard. To become compliant, the facility must provide documentation that the facility investigator has been trained on the provisions required of §115.31 and received specialized training on sexual abuse and effective cross-agency coordination in accordance with provisions required of this standard.

Corrective Action Taken:

On December 30, 2024, the facility provided six modules as the training curriculum that was utilized during the PREA investigators training which meets elements required for the specialized training in 115.34(a). On April 7, 2025, the facility provided training transcripts for the facility investigators dated March 15, 2025 for the PREA and Sexual Assault/Abuse Awareness Lesson plan. On April 17, 2025, the Pike County Correctional Facility provided training records indicating that on April 12, 2025, 131 staff, including the designated facility investigators, completed training (general PREA training) on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The APM/Auditor reviewed prior documentation presented and found the certificates for six investigators indicating completion of the specialized training corresponding to the Investigator Training Lesson Plan Modules 1-7 was uploaded. The APM/Auditor finds the facility has demonstrated compliance with provisions (a) and (b) and is now compliant with this standard.

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

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

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time employees or mental health practitioners, and therefore, this element of the standard is not applicable. (b)(c): The facility provided an electronic transcript with medical and mental health staff names for "PREA: An Introduction & Overview - PREA: Reporting Obligations & Retaliation Protections" and a course description for "PREA Pt 1: An Overview course" with a course outline, but no curriculum. Facility policy does not include provision (b) which requires that the facility policy include procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse. The facility provided a memorandum from ICE stating the policy was approved; however, the policy as written is not compliant.

Corrective Action:

(b)(c): The Auditor cannot determine if the specialized training required under this standard is compliant because the facility did not provide the lesson plan or curriculum. To become compliant, the facility must provide the curriculum for compliance review. Provision (b) requires that the facility policy be updated to include procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse. The facility must additionally provide the Auditor approval of updated policy.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1517 which includes the topics in which Prime Care Medical staff are trained in covering all topics outlined in provision (b). Additionally, the facility provided the Response to Sexual Abuse PCCF J-F-06v02, which outlines and includes the medical department's response to victims of sexual abuse, computer-based training outline, and training roster. On January 23, 2025, the facility submitted documentation of ICE approval of updated Policy 1517. The Auditor finds the facility has demonstrated compliance with provisions (b) and (c) and is now compliant with the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): SOP 1517 states, "During the intake process, all new commitments will be assessed to identify inmates/detainees who are likely to be sexual aggressors or sexual abuse victims and shall house these individuals accordingly to prevent sexual abuse and to mitigate any such danger. The initial classification process and initial housing assignment will be completed, by the Shift Commander, within twelve (12) hours of their admission to the Facility. All new commitments will be kept separate from the general population until they have been initially classified. Thereafter they will be housed on a classification unit in accordance with their classification level. The Shift Commander and Medical Staff shall consider, to the extent possible based on available information, the following criteria to assess new commitments for risk of sexual victimization: Whether the inmate/detainee has a mental, physical, or developmental disability; The age of the inmate/detainee; The physical build and appearance of the inmate/detainee; Whether the inmate/detainee has previously been incarcerated or detained; The nature of the inmate's/detainee's criminal history; Whether the inmate/detainee has any convictions for sex offenses against an adult or child; Whether the inmate/detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the inmate/detainee has self-identified as having previously experienced sexual victimization; and If the inmate/detainee has concerns about their physical safety. Any inmate/detainee that is identified during their initial examination or in the community as having prior sexual victimization, will be immediately referred to a qualified medical or mental health partitioner for medical and/or mental health follow-up as deemed appropriate. When referral for medical follow-up is initiated, the inmate/detainee shall receive a health evaluation no later than two working days from the date of the initial assessment. When referral for mental health follow-up is initiated, the inmate/detainee shall receive a mental health evaluation no later than seventy-two (72) hours from the time of the initial assessment. The Classification Coordinator and Medical department will conduct a reassessment, for risk of victimization, on all inmates/detainees within sixty (60) to ninety (90) days from the date of their initial assessment, and at any time

when warranted based upon the receipt of additional, relevant information. Inmates/Detainees will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during risk assessments. The response to risk assessment questions is confidential. Staff will ensure that the responses to these questions are maintained in an appropriate fashion to ensure that the sensitive information is not exploited to the inmate's/detainee's detriment by staff or other inmates/detainees." During the onsite audit, a support Auditor was able to observe an intake process. Detainees were brought into the facility and placed into one of three cells based on security levels of low, medium, and high. The process included a risk assessment; however, did not include the physical build and appearance of the detainee or the detainee's concern about his or her safety. Review of 13 investigation files confirmed a reassessment was conducted after an allegation was made. Review of 20 detainee files confirmed detainees signed a risk assessment form upon intake; however, interviews with the same 20 detainees revealed that none were able to remember being asked the risk assessment questions, or they stated "no" to the question of receiving an assessment upon intake. Interview with classification confirmed that detainees are initially assigned to an "orientation" unit and then the detainee will be "classified" within 14 days to a general population unit. The interview further revealed that if detainees refuse to answer questions on the risk assessment, they will be placed into segregation which is a violation of provision (f).

Corrective Action:

(c)(e)(f): The facility does not assess detainees upon intake on the physical build and appearance of the detainee or the detainees concerns of own safety required under provision (c) of the standard. The facility has reassessed detainees within 60 and 90 days; however, the assessment is not compliant. To become compliant with (c) the facility must implement a risk assessment that is compliant with the standard. The facility places detainees into a segregation status for failure to answer questions from the current risk assessment. To become compliant with (f) the facility must establish and implement a process to not penalize detainees for refusal to answer any question asked of the risk assessment. Once the facility has developed the assessment tool, they must provide documentation that the assessment is being utilized for intake and reassessments at the 60-to-90-day assessment as required by (e). Documentation must be provided to the Auditor for 10 detainee intakes during the CAP period. The facility must train appropriate staff on the requirements under this subsection and provide documentation that training has been completed.

Corrective Action Taken:

On December 30, 2024, and January 23, 2025, the facility provided a Booking Observation Report from their Offender Management System for 20 detainees completed between October 16, 2024-December 7, 2024. Since this process was updated just before the onsite audit, the APM/Auditor accepted forms completed during the month of October even though they were prior to the end date of the audit. The APM/Auditor's review of these forms found that the facility takes the height and weight (physical build) and appearance of the detainee into consideration as well as asking about the detainee's concerns of own safety as required under provision (c) of the standard. The facility also provided SOP 1517 which states, "Detainees will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during risk assessments." Additionally, a follow-up interview with the Warden by the PM and APM also confirmed that the facility does not penalize detainees for failure to answer questions from the risk assessment. The Auditor finds the facility has demonstrated compliance with provisions (c), (e), and (f).

§115.42 - Use of assessment information.

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

Notes:

(a)(b)(c): SOP 1517 states, "The Classification Coordinator will utilize the information from the risk assessments to assign housing, recreation and other activities, and voluntary work. The Classification Coordinator will make individualized determinations to ensure the safety of each inmate/detainee. When making assessments and housing decisions for transgender or intersex inmates/detainees, the Classification Coordinator will consider the

inmate's/detainee's gender self-identification and an assessment of the effects of placement on the inmate's/detainee's health and safety. The Classification Coordinator will consult with the medical staff and a mental health professional as soon as practicable on this assessment. Housing assignments for transgender or intersex inmates/detainees will not be solely based on the identity documents or physical anatomy of the inmate/detainee. The inmate's/detainee's self-identification of their gender and self-assessment of safety needs will be taken into consideration. The placement of the transgender or intersex inmate/detainee will be reassessed at least twice each year to review any threats to safety experienced by the inmate/detainee. When operationally feasible, transgender and intersex inmates/detainees will be given the opportunity to shower separately from other inmates/detainees." The facility does not have a viable risk assessment required under standard §115.41 and subsequently will not be compliant with subsection (a) of this standard. The Auditor interviewed Classification Coordinator and asked how information from the current risk assessment was used to make housing, programming, and work assignment decisions. The interview revealed that initially classification makes the housing decisions based on information available to them prior to detainee arrival. Initial classification is completed upon arrival, but then the detainee will have another classification completed within 14 days in order to be housed in the general population unit. The facility conducts a Special Needs Meeting weekly in which new detainees would be reviewed along with other detainees currently housed at the facility. The facility provided copies of a Special Needs Meeting minutes held, but the minutes did not prove compliance with how the information from the risk assessment is utilized to determine housing or work assignments. The facility did not have any transgender or intersex detainees housed during the onsite audit for interview. Interviews with six security staff confirmed a transgender or intersex detainee would be allowed to shower separately if requested.

Corrective Action:

(a)(b)(c): To become compliant, the facility must provide documentation that a risk assessment developed under standard 115.41 is utilized to make individualized determinations about how to ensure the safety of each detainee. Once implemented the facility must train all booking, classification, medical and mental health staff on both new practices and provide training documentation to the Auditor. The facility must submit to the Auditor 10 detainee files to confirm that the new practice has been implemented. If applicable, the facility must submit to the Auditor any detainee files that include detainees who are transgender or intersex to confirm the facility considered the detainee's gender self-identification when making assessment and housing decisions for a transgender or intersex detainee and reassessed a transgender or intersex detainee's placement and programming at least twice each year to review any threats to safety experienced by the detainee.

Corrective Action Taken:

On December 30, 2024, the facility provided a Booking Observation Report from their Offender Management System for 10 detainees. The APM/Auditor's review of these forms found that the facility takes the height and weight (physical build) and appearance of the detainee into consideration as well as asks about the detainee's concerns of own safety as required under provision (c) of the standard. On January 23, 2025, the facility submitted a risk assessment, reassessment, and classification questions for a detainee that identified as gay, and a weekly review dated 12/30/24. On February 24, 2025, the facility submitted updated SOP 1517. On May 14, 2025, the facility provided a memo stating, "The Pike County Correctional Facility will continue to monitor for transgender and intersex detainees. The facility will consider a detainee's gender self-identification when making assessment and housing decisions. Placement and programming for transgender or intersex detainees will be reassessed at least twice annually to review any threats to the detainee's safety. However, during this inspection period there are no examples that can be provided." Based on the facility receiving no detainees who identify as transgender or intersex by the end of the CAP period, the Auditor/APM accepts the implemented CAP as demonstration of compliance. The Auditor finds the facility has demonstrated compliance with provisions (a), (b), and (c) and is now compliant with the standard.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e): SOP 1517 states, "Inmates/Detainees who are identified to be potentially easily victimized, will be placed in protective custody pending review from the Classification Coordinator and Committee. Any inmate/detainee that expresses a fear of retaliation will be offered and placed in protective custody, staff members are protected through policy and procedure and the code of ethics. All Inmate/Detainee retaliation claims will be monitored by the PREA Coordinator. Inmates/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing pending the outcome of an investigation. The victim will be placed in a supportive environment that represents the least restrictive housing possible. The victim shall be classified as Protective Custody and will be housed on the Protective Custody General Population housing unit, unless deemed otherwise by the Shift Commander." Review of policy confirmed that ICE had reviewed and approved SOP 1517. Further review of SOP 1517 confirmed under §115.41 that "Detainees who are identified to be potentially easily victimized, will be placed in protective custody pending review from the Classification Coordinator and Committee." SOP 1517 does not provide written procedures consistent with the standards for governing the management of its administrative segregation unit. Policy does not require a supervisory staff member to conduct a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Interview with the Warden confirmed that ICE would be notified by telephone or email at any time a detainee is placed into administrative segregation. The facility could not provide documentation that vulnerable detainees placed in protective custody are housed for the least amount of time or last resort, or that assignment did not exceed 30 days. The facility additionally could not provide documentation that detainees placed in protective custody were provided access to programs, visitation, counsel, and other services available to the general population. Review of policy confirms it is not compliant with this standard.

Corrective Action:

(a)(b)(c)(d)(e): SOP 1517 does not provide written procedures consistent with the standards for governing the management of its administrative segregation unit. Policy does not require a supervisory staff member to conduct a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The facility could not provide documentation that vulnerable detainees placed in protective custody are housed for the least amount of time or last resort, or that assignment did not exceed 30 days. The facility additionally could not provide documentation that detainees placed in protective custody were provided access to programs, visitation, counsel, and other services available to the general population. To become compliant facility policy must be developed in consultation with the ICE ERO FOD having jurisdiction for the facility. Once updated, the facility must submit documented training for all applicable staff on the updated policy. If applicable, the facility must submit to the Auditor any detainee files that occurred during the CAP period that includes a detainee placed in administrative segregation as a result of being vulnerable to sexual abuse or assault.

Corrective Action Taken:

On December 30, 2024, the facility provided an email notification to ICE for a segregation placement and SOP 1101, Administrative Segregation/Protective Custody, which requires a supervisory staff member to conduct a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative

segregation on the basis of a vulnerability to sexual abuse or assault. The policy also requires ICE be notified by telephone or email at any time a detainee is placed into administrative segregation due to vulnerability to sexual abuse. The policy also states, "Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel, and other services available to the general population to the maximum extent possible." Based on this policy being implemented prior to the audit date the APM/Auditor requires no modifications to the current policy. On January 23, 2025, the facility submitted documentation of policy review and approval of ICE dated July 5, 2022, for SOP 1101. The Auditor finds the facility has demonstrated compliance with provisions (a), (b), (c), (d), and (e) and is now compliant with this standard.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f): SOP 1517 states, "Inmates/Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. There shall be no time limit on when an inmate/detainee may submit a grievance regarding an allegation of sexual abuse. Inmates/detainees may submit an emergency grievance, by utilizing the KIOSK located on all housing units, pertaining to time-sensitive grievances that involve an immediate threat to an inmate's/detainee's health, safety, or welfare related to sexual abuse. All medical emergencies will be immediately reported to the medical department to ensure that the appropriate care is administered in a timely fashion. All grievances pertaining to sexual abuse will be answered within in five (5) days upon receipt of the grievance. Any appeal to the response to the initial grievance will be responded to within thirty (30) days. Any grievance that is submitted by a Detainee pertaining to sexual abuse, will be forward to the Field Office Director at the end of the grievance process. To prepare a grievance, an inmate/detainee may obtain assistance from another inmate/detainee, the housing unit officer or any Facility staff member. Staff will take reasonable steps to expedite requests for assistance." During the onsite audit a support Auditor submitted a test grievance through the kiosk and received a response; however, the kiosk is only available in English and Spanish. Interview with the GO confirmed that should a detainee file a grievance through the kiosk a shift commander will call the detainee to discuss and then provide a grievance form for the detainee. The grievance form then has to go to the security officer for signature or it can be handed to the next shift should the grievance involve the existing officer. The grievance then goes into a folder for the GO to pick up daily. An emergency grievance can be filed on the kiosk and staff will have one hour to answer. The GO further confirmed the shift commander, staff, or other detainees may assist in filling out the grievance form. The facility only allows a detainee to file a grievance through the kiosk system and then the detainee has to speak to a shift commander prior to filing. There were no grievances filed alleging sexual abuse for the Auditor to review.

Corrective Action:

(a)(c): The facility does not allow a detainee to file a grievance in lieu of lodging an informal grievance or complaint by having the shift commander discuss it with the detainee prior to submission. The facility does not provide a grievance process that is inclusive for detainees that speak a language other than English or Spanish or detainees who cannot read. To become compliant the facility must establish and implement a grievance process that allows detainees to file a grievance at any time without facility intervention first. The facility must implement a process to ensure detainees who speak a language other than English or Spanish have timely access to the grievance process. Once implemented the facility must provide the Auditor with the newly established procedure, train employees, and provide detainees on the newly implemented procedure. The facility must additionally provide the Auditor with any grievances filed during the CAP period to ensure compliance.

Corrective Action Taken:

On December 30, 2024, the facility provided an example of an Emergency Grievance test filed on December 11, 2024, at 1:56 pm and received by designated staff on December 11, 2024, at 2:02 pm. Additionally, the facility

provided SOP 1517 highlighting the emergency grievance procedures. On January 23, 2025, the facility submitted two photographs of a kiosk, an excerpt from the facility handbook and SOP 1605 Inmate/Detainee Grievances. On February 24, 2025, the facility submitted updated SOP 1517. On April 17, 2025, the Pike County Correctional Facility provided Policy 1517 and the Inmate/Detainee Handbook, which is available on facility tablets and translated into required languages. A printed copy of the handbook can also be translated into nearly any language upon request. While detainees are limited to submitting grievances via kiosk in either English or Spanish, they have several alternative options for submitting a grievance in other languages or with assistance: An inmate/detainee may receive help from another inmate/detainee; Individuals with disabilities or limited English proficiency (LEP) will be provided with communication assistance to help them prepare a grievance; Devices to assist inmates/detainees with disabilities will be made available as needed; Bilingual staff or professional interpretation/translation services will be used to assist LEP inmates/detainees; Detainees may submit a written request or an emergency grievance form in their preferred language, which will be forwarded to the shift commander in a sealed envelope for translation (handheld translation devices are utilized by the Shift Commander to translate documents); Report the incident to ICE/ERO staff; Report the incident to the DHS Office of the Inspector General; Notify DHS Headquarters; Notify the Joint Intake Center; Contact VIP Services; or Contact their consulate. Pike County Correctional Facility also provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. On May 13, 2025, the facility provided a memorandum issued to the detainee population in (15) languages, which were provided for the Auditor's review, dated May 12, 2025, stating, "All inmates/detainees who do not read or write in English or Spanish may submit a sensitive grievance directly to the Shift Commander. To do so, please ask the unit officer for a request form and a sensitive envelope. You may complete the request in your preferred language. Once completed, place the request in the envelope, seal it, and return it to the unit officer for submission. Inmates/detainees are required to acknowledge this memorandum upon accessing the tablet. Records of acknowledgements have also been provided. The inmate/detainee population has already received training on previously instituted techniques during the intake and orientation process." Additionally, the facility provided a copy of the digital confirmation that the detainees had received this information via tablet. The Auditor finds the facility has demonstrated compliance with provisions (a) and (c) and is now compliant with this standard.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." SOP 1517 states, "All staff, contractors, and volunteers are required to immediately report to their direct supervisor any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred within the Facility or any location where an inmate/detainee is in the custody of Facility staff; Retaliation against inmates/detainees or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff may report an incident of sexual abuse outside of the chain of command to (VIP) Victims' Intervention Program (800) 648-4VIP. Additionally, they may submit a letter by writing to VIP at PO box 986 Honesdale, PA 18431. To maintain confidentiality, information

concerning the identity of individual reporting the PREA claim, and the circumstances of the incident will be limited to only the staff members who need to know." Review of SOP 1517 confirmed it requires staff to immediately report incidents or retaliation against detainees or staff. Review of staff training curriculum did not include a method by which staff could report outside of their chain of command; however, there are signs displayed throughout the facility providing the OIG reporting line and PREA hotline number staff could utilize if needed. Review of 13 investigation files confirmed that once staff was notified of an incident, reporting was made immediately to supervision. Interviews with six security officers additionally confirmed should they become aware of an incident they would report it immediately to a supervisor. Staff could not articulate how they could make reports outside of their chain of command. Interviews with six security officers, the Warden and the PSA/PSACM confirmed PCF does not house juvenile offenders. Interview with the Warden and PSA/PSACM further confirmed should an incident involve a detainee considered a vulnerable adult; the allegation would be reported to the Area Agency on Aging. During the onsite audit, a support Auditor was in the facility break/lunchroom area and overheard a staff member involved in an allegation under investigation discussing it with other staff members which was a violation of 115.61(c). Interviews with six security staff confirmed that should they become aware of an allegation they would report the information immediately to a supervisor. Review of 13 investigation files confirmed that in each allegation facility response was immediate.

Corrective Action:

(a)(c): Review of staff training curriculum did not include a method by which staff could report outside of their chain of command. The standard requires that the facility must specify the appropriate reporting procedures, including a method by which staff can report outside the chain of command. To become compliant with (a) the facility must establish/identify a method by which staff can report sexual abuse outside of their chain of command. Once established, all staff must be trained on this method and evidence that all staff have been trained must be provided to the Auditor for compliance review. To become compliant with provision (c) the facility must retrain all staff on the requirement to not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Evidence of this training must be provided to the Auditor for compliance review.

Corrective Action Taken:

On December 30, 2024, the facility provided an updated version of SOP 1517 which states, "All staff may report an incident of sexual abuse outside of the chain of command to DHS Office of the Inspector General (800) 323-8603, ICE Detention Reporting and Information line (888) 351-4024, ICE Office of Professional Responsibility (833) 442- 3677, (VIP) Victims' Intervention Program (800) 648-4VIP. Additionally, they may submit a letter by writing to VIP at PO box 986 Honesdale, PA 18431." On February 24, 2025, the facility submitted approval of SOP 1517 and an electronic training transcript for all staff documenting the completion of Replace & Review S.O.P. #1517 Sexual Misconduct/Assault. On April 7, 2025, the facility submitted training transcripts for PREA and Sexual Assault/Abuse Awareness and ERO approval of policy. On April 17, 2025, the facility provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The Auditor finds the facility has demonstrated compliance with provisions (a) and (c) and is now compliant with this standard.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): SOP 1517 states, "If the facility receives information on the inmate/detainee that during previous confinement they were sexually abused, the Warden will be notified as soon as possible, but no later than 72 hours. An incident report will be completed on this matter." Interview with the Warden confirmed that should

PCCF receive information that a detainee was sexually abused at another facility notifications would be made to the PCM/PSACM who in turn would notify the facility where the abuse occurred and the ICE FOD within 72 hours. In addition, the PCM/PSACM indicated the notification would be documented by email and should a detainee be transferred and PCCF notified of an allegation that happened at their facility, the FOD would be notified, and appropriate notifications would be made, and an investigation would be initiated immediately upon being notified. The facility had one allegation that was reported by a detainee upon transfer to PCCF that occurred at another facility. Interview with the Warden confirmed the transferring facility was notified. The facility did not provide the Lead Auditor with documentation that this notification had been made and is found out of compliance for provision (c). The facility did not have any detainee transferred to another facility that reported an allegation.

Corrective Action:

(c): The facility did not provide documentation that notification was made to the administrator of the sending facility where a detainee alleged that sexual abuse had occurred while at that facility. To become compliant the facility must provide documentation to the Auditor of notification for any allegations reported by detainees of sexual abuse that was to have occurred at another facility for any that occur within the corrective action period.

Corrective Action Taken:

On January 23, 2025, the facility submitted an email for one instance during the past year when an ICE detainee at Pike alleged, they were a victim of sexual abuse while at another facility. ICE was promptly notified by the administration of the facility where the incident is alleged to have occurred. The Auditor finds the facility has demonstrated compliance with provision (c) of the standard.

§115.64 - Responder duties.

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

Notes:

(a)(b): SOP 1517 states, "The first security staff member to respond to the report will: Separate the alleged victim and abuser if known; Immediately notify the Shift Commander and medical health care personnel; Secure the scene. It is extremely important that the crime scene is not disturbed. If the assault took place in a cell, lock the cell door. If it happened in any other area, secure the area in the best possible manner; Photograph/videotape the alleged crime scene; Request and encourage the inmate/detainee victim to refrain from showering, washing, brushing their teeth, urinating, defecating, drinking, eating, or changing their clothing. Inmate/detainees may shower if they request to do so; Make sure that the alleged abuser does not shower, wash, brush their teeth, urinate, defecate, drink, eat, or change clothing; and write a report and forward it to the Shift Commander, in a private and confidential manner. All other staff members notified of an allegation of sexual abuse will ensure that the alleged victim does not take any actions that could destroy physical evidence and will immediately notify the Shift Commander and their Department Head. Shift Commander will: Ensure separation of the victim and alleged assailant at the time of notification and Ensure victim receives timely unimpeded access to emergency medical treatment and crisis intervention services." Review of policy confirmed other staff members are directed to ensure the alleged victim does not take actions to destroy evidence. This is in conflict of provision (b) of the standard which directs non security members to request the victim not take actions. Interviews with six security staff confirmed they could not articulate the requirements of provision (b).

Corrective Action:

(b): PCCF SOP 1517 directs non security staff to ensure the alleged victim does not take actions to destroy evidence. This is in conflict of provision (b) of the standard which directs non security members to "request" the victim not take actions. In order to become compliant, the facility must update SOP 1517 to correlate with provision (b) and obtain ICE review and approval of the updated policy.

Corrective Action Taken:

On December 30, 2024, the facility provided an updated SOP 1517 that states, "All other non-security staff members, who witness or are notified of an allegation of sexual abuse will request that the alleged victim does not take any actions that could destroy physical evidence and will immediately notify the Shift Commander and their Department head." The facility has demonstrated compliance with provision (b) and is now compliant with this standard.

§115.65 - Coordinated response.

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

Notes:

(a)(b)(c)(d): SOP 1517 states, "Medical staff will coordinate with the Shift Commander to arrange for a transport to Wayne Memorial Hospital for forensic medical examination without cost to the inmate/detainee. Treatment services will be provided regardless of whether or not the victim names the abuser or cooperates with any investigation arising out of the incident. Take a history to document extent of injury and notify the facility HSA. Schedule inmate/detainee to see Psychiatrist as soon as possible for mental health evaluation and treatment where appropriate. Make arrangements with Psychologist for crisis intervention counseling and long-term follow-up as well as necessary referrals for continued care following a transfer or release. Notify the Pennsylvania State Police to conduct an official investigation. The PREA Coordinator in the role of the Facility Investigator will keep in contact with the Pennsylvania State Police Investigator regarding the progress of all sexual abuse investigations. The Facility Inspector will contact the Pennsylvania State Police Investigator bi-weekly to attain updates on the status of sexual abuse investigations. The Warden PCM/PSACM will notify the I.C.E. S.D.D.O. (PSA) and I.C.E. A.F.O.D. of alleged sexual assault, abuse or harassment involving a detainee. The I.C.E. S.D.D.O (PSA) will coordinate with the Office of Professional Responsibility (OPR) to ensure that there is non-interference with any criminal investigations. If a victim of Sexual Abuse is transferred between a DHS immigration detention facility or a non-DHS facility, the Pike County Correctional Facility, as permitted by law, will notify the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim request otherwise." The facility utilizes SOP 1517 as its coordinated response plan. Review of SOP confirmed it coordinates actions taken by first-responders, medical, mental health, investigators, and supervision in response to incidents. Interview with PCM/PSACM confirmed the policy would be utilized as the facility's response plan. Provision (c) is not sufficiently covered in this policy and interview with the HSA confirmed that a transfer summary would be utilized for detainee transfers that would indicate any need for continuing services with no distinction between a DHS or non-DHS facility transfer, which is out of compliance with provision (c). Provision (c) requires when a detainee victim is transferred between facilities covered by 6 CRF part 115, subpart A or B, the sending facility shall, as permitted by law, must inform the receiving facility of the incident and the detainee's need for continuing services.

Corrective Action:

(c): Provision (c) is not sufficiently covered in SOP 1517 and an interview with the HSA confirmed that a transfer summary would be utilized for detainee transfers that would indicate any need for continuing services with no distinction between a DHS or non-DHS facility transfer, which is out of compliance with provision (c). To become compliant, the facility must revise its policy and develop procedures to ensure that when a detainee victim is transferred between facilities covered by 6 CRF part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the detainee's need for continuing services. The facility must train applicable staff on the newly implemented procedure and provide documentation to the Auditor of training completion. To become compliant with provision (c), the facility must also provide the Auditor with any detainee transfers to a facility covered by DHS PREA standards during the CAP period to demonstrate PCCF informed the receiving facility of the incident and continuing need for services, and where applicable, for any detainee victims transferring to a non-DHS facility.

Corrective Action Taken:

On December 30, 2024, the facility provided updated SOP 1517 which contains language aligning with provision (c). On February 24, 2025, the facility submitted an electronic transcript for all staff documenting the completion of Replace & Review S.O.P. #1517 "Sexual Misconduct/Assault". On April 7, 2025, the facility submitted medical documentation for a detainee transfer to a DHS facility showing current receipt of VIP services and monitoring for multiple PREA claims. On April 17, 2025, the facility provided training records indicating on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The Auditor finds the facility has demonstrated full compliance with provision (c) and is now compliant with this standard.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." SOP 1517 states, "The Pike County Correctional Facility has a "zero tolerance" policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. All inmates/detainees and staff have the right to be free from sexual abuse and the right to be free from retaliation for reporting sexual abuse. Inmates/detainees and staff who fear retaliation for reporting or cooperating with sexual abuse are protected by emotional support services, housing unit changes for inmate/detainee victims or abusers and removal of alleged staff or inmate/detainee abusers from contact with victims. The Assistant Warden and Shift Commanders/Department Heads will monitor retaliation and act promptly if deemed retaliatory acts are committed. The Pike County Correctional Facility will monitor the conduct and treatment of inmates/detainees or staff who have reported sexual abuse and of inmates/detainees who were reported to have suffered from sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or staff. These issues will be addressed during the weekly classification meeting reviewing disciplinary reports, housing unit changes and program changes. Staff are monitored by the Assistant Warden in their staff performance appraisal and staff reassignments if necessary. Any inmate/detainee that expresses a fear of retaliation will be offered and placed in protective custody, staff members are protected through policy and procedure and the code of ethics. All Inmate/Detainee retaliation claims will be monitored by the PREA Coordinator." There were no grievances for the Auditor to review pertaining to retaliation from an incident. The facility provided a "Special Needs Committee" minutes conducted weekly on detainees. The Special Needs Committee does monitor detainees who have reported an allegation; however, the detainee is not present at this meeting to give input. Interview with the PCM/PSACM confirmed retaliation monitoring is conducted at this meeting. Monitoring will start at the next available committee date and continue until the detainee leaves. Although the facility is monitoring the detainee, the detainee does not have input to express safety concerns or observations staff may have missed. Interview with the PCM/PSACM additionally confirmed staff monitoring is not being completed. Although there has not been a staff member that reported an incident or retaliation against a detainee, the facility could not articulate a process for monitoring staff.

Corrective Action:

(c): The facility did not provide sufficient evidence that detainees and staff (if applicable) are monitored for retaliation for at least 90 days following a report of sexual abuse. To become compliant the facility must establish and implement a procedure to monitor retaliation against staff, contractors, volunteers, and detainees. Monitoring should include any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The facility must provide documentation to the Auditor that applicable staff have been trained on the newly established procedure. In addition, the facility must provide the Auditor with documentation of retaliation monitoring for five cases that occur during the corrective action period.

Corrective Action Taken:

On December 30, 2024, the facility provided updated SOP 1517 which states, “staff, contractor and volunteers will be continually monitored for retaliation following a report of sexual abuse or assault. The Assistant Warden will continually monitor all incident reports, reassignments of staff and performance reviews for any signs of retaliation.” Mental Health Special needs meeting minutes have been provided to show that detainees are monitored for retaliation. The facility also provided Mental Health reviews and Special Needs meeting minutes and highlighted 12 detainees who were reviewed and monitored for retaliation after reporting a sexual abuse allegation. On January 23, 2025, the facility submitted Special Needs meeting minutes for December 30, 2024, and January 8, 2025. Review of the meeting minutes confirmed two detainees recently made a PREA report and were monitored. On February 24, 2025, the facility submitted Special Needs meeting minutes for January 29, 2025, including one new case and evidence of retaliation monitoring, and an electronic transcript documenting the completion of Replace & Review S.O.P. #1517 “Sexual Misconduct/Assault”. On April 7, 2025, the facility submitted training transcripts for PREA and Sexual Assault/Abuse Awareness and ERO approval of SOP 1517. On April 17, 2025, the facility provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The Auditor finds the facility has demonstrated compliance with provision (c) and is now in compliance with this standard.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): SOP 1517 states, "Inmates/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing pending the outcome of an investigation. The victim will be placed in a supportive environment that represents the least restrictive housing possible. The victim shall be classified as Protective Custody and will be housed on the Protective Custody General Population housing unit, unless deemed otherwise by the Shift Commander." The facility is not in compliance with §115.43 and subsequently will not be in compliance with this standard. The facility provided no evidence that a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. There was no evidence to indicate that the facility notifies the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.

Corrective Action:

(a)(b)(c)(d): In order to become compliant facility policy must be updated to include the provisions required under §115.43. The facility must develop a procedure to ensure that a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Additionally, evidence must be provided that the facility notifies the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours. Once implemented the facility must submit documented training for all applicable staff on the updated policy. If applicable, the facility must submit to the Auditor any documentation of detainees held in protective custody after sexual abuse and documented reasons for doing so.

Corrective Action Taken:

On December 30, 2024, the facility provided an email notification to ICE for a segregation placement and SOP 1101, Administrative Segregation/Protective Custody, which requires a supervisory staff member to conduct

a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The policy also requires ICE be notified by telephone or email at any time a detainee is placed into administrative segregation due to vulnerability to sexual abuse. The policy also states, "Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel, and other services available to the general population to the maximum extent possible." This policy was implemented prior to the audit date and required no modifications for compliance. On January 23, 2025, the facility submitted documentation of policy review and approval by ICE dated July 5, 2022, for SOP 1101. Based on this policy being implemented prior to the audit date and requiring no modifications, the Auditor/APM accepted the 2022 approval and finds that the facility has demonstrated compliance with provisions (a)(b)(c)(d) and is now compliant with this standard.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f): SOP 1517 states, "The Pike County Correctional Facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Review of policy confirms PCCF is not required to consult with the appropriate investigative office within DHS prior to conducting an administrative investigation. Interview with the PCM confirmed DHS is not consulted. Additionally, PCCF has not developed written procedures for administrative investigations, including provisions requiring: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. Review of SOP 1517 confirmed it does not include a provision for proper sequencing an administrative investigation after the conclusion of a criminal investigation found substantiated, provision for the administrative investigation to be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity. The facility does not have written procedures for administrative investigations that include preservation of direct and circumstantial evidence, assessment of the credibility of an alleged victim, suspect, or witness, documentation of the investigation by written report and investigative facts and findings, or instruction that the procedures shall govern the sequencing of the two types of investigation to ensure the criminal investigation is not compromised by an internal administrative investigation. Review of 13 investigation files confirmed none resulted in a criminal investigation and all had an administrative investigation completed. The files did not contain documentation that the administrative investigation was conducted after consultation with the appropriate investigative office within DHS. Interview with the investigator confirmed the facility conducts administrative investigations and it would be started immediately. The investigation would include interviews with any person involved, video review, and collection of evidence. The interview further confirmed should a detainee be transferred, or a staff member leave the facility the investigation would still continue until it was completed. The investigator additionally confirmed that if the incident was criminal in nature the Pennsylvania State Police would conduct the criminal investigation.

Interviews with the Warden and PCM/PSACM confirmed that the facility has good relationship with the State Police and would stay informed of the progress of the investigation by emails and telephone calls.

Corrective Action:

(c): In order to become compliant the facility must develop written procedures for administrative investigations, including provisions requiring: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. To become compliant, the facility must develop written procedures for administrative investigations to include all requirements of subsection (c). Once completed the facility must provide the procedures to the Auditor and train all applicable staff of the new procedures. The facility must provide the Auditor with documentation of the completed training.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1517 which was updated just before the onsite audit. On January 23, 2025, the facility submitted electronic training transcripts for the facility investigator. The Auditor finds the facility has demonstrated compliance with provision (c) and is now compliant with the standard.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f): The facility provided three policies that govern detainee discipline including SOP 1517; SOP 1020, Inmate/Detainee Discipline; and SOP 1020.1, Prohibited Acts. SOP 1020 states, "It is the policy of Pike County Correctional Facility to have in place a system of inmate/detainee discipline that will serve to protect the public, inmates/detainees, staff and to maintain order in the facility through the impartial application of a fully developed, well understood set of rules and regulations and a disciplinary hearing procedure that incorporates all applicable due process requirements." SOP 1020 also states, "When an inmate/detainee has a diagnosed mental illness, mental disability, or demonstrates symptoms of mental illness or mental disability, a mental health care professional, preferably the treating clinician, shall be consulted to provide input as to the inmate's/detainee competence to participate in the disciplinary hearing, any impact the inmate's/detainee's mental illness may have had on his/her responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior. If an inmate/detainee has a mental disability or mental illness but is competent, the disciplinary board shall consider whether the individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A mental health professional should be consulted as to whether certain types of sanctions may be inappropriate because they would interfere with the individual's treatment or recovery plan." SOP 1020 also states, "the board is empowered to impose appropriate sanctions when a charge is substantiated by information obtained in the hearing process, including staff reports, inmate/detainee statements, and information derived from documentary evidence and witness statements. The board will impose the allowable sanctions noted above in proportion to the seriousness of the infractions involved for the purpose of disciplining the inmate/detainee and controlling behavior. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate/detainee disciplinary

history, and the sanctions imposed for comparable offenses by other inmate/detainee with similar histories." SOP 1020.1 indicates that "assaulting any person (includes sexual assault)" is a Class I Extreme Offense. SOP 1517 states, "The Pike County Correctional Facility will not discipline any inmate/detainee for sexual contact with a staff member, contractor or volunteer, unless there is a finding that the staff member, contractor or volunteer did not consent such contact." Review of policy confirmed it directs the facility to consider whether the detainee's mental disability contributed to the behavior. Interview with the DO found the facility has a formal disciplinary process that is outlined by policy. However, the DO could not confirm the disciplinary system considers a detainee's mental disability or mental illness contributing to the behavior or an established procedure to consult mental health when determining sanctions for such cases. The interview confirmed sanctions are commensurate with the action and there are progressive levels of disciplinary sanctions that can be utilized. Interview with Mental Health confirmed they are not consulted during the disciplinary process in determining if a mental health or mental illness contributed to the behavior. PCCF additionally utilizes a review and appeal process and allows the detainee to forward an appeal to ICE as needed.

Corrective Action:

(d): The facility must implement a practice of considering 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 and train applicable staff on the procedure. The facility must provide the Auditor with documentation that applicable staff have been trained on the procedure.

Corrective Action Taken:

On December 30, 2024, the facility provided SOP 1020 and SOP 1101 which include language requiring consideration of a detainee's mental disability or mental illness bearing on their placement in segregation. SOP 1020 contains language compliant with the standard. Additionally, the facility provided 10 Administrative Segregation Orders for review. These forms state that the detainee is "medically cleared for Administrative Segregation" and does not address the issue of 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. On January 23, 2025, the facility submitted SOP 1020 Inmate/Detainee Discipline. On February 24, 2025, the facility submitted SOP 1101 Special Management Inmates/Detainees that requires a medical mental health review of detainees prior to placement in administrative segregation or protective custody and an electronic transcript documenting completion of Replace & Review SOP 1517 "Sexual Misconduct/Assault". On April 7, 2025, the facility submitted ERO approval of the updated SOP 1517 which states, "If a detainee is mentally disabled or mentally ill but competent, the disciplinary process shall consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed." On May 12, 2025, the facility provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The facility has demonstrated compliance with provision (c) of this standard and is now compliant with this standard.

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

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

Notes:

(a)(b)(c): SOP 1517 states, "Any inmate/detainee that is identified during their initial examination or in the community as having prior sexual victimization, will be immediately referred to a qualified medical or mental health partitioner [sic] for medical and/or mental health follow-up as deemed appropriate. When referral for medical follow-up is initiated, the inmate/detainee shall receive a health evaluation no later than two working days from the date of the initial assessment. When referral for mental health follow-up is initiated, the inmate/detainee shall receive a mental health evaluation no later than seventy-two (72) hours from the time of the

initial assessment." Review of PCCF's assessment pursuant to §115.41 confirms detainees are not adequately assessed upon intake with a compliant risk assessment tool. Interview with medical staff confirmed that they do not receive referrals from intake indicating if a detainee has experienced sexual victimization or if a detainee had perpetrated sexual abuse.

Corrective Action:

(a): The facility does not utilize a risk assessment tool that is compliant with standard §115.41. To become compliant the facility must implement procedures to include the requirement to refer the detainee who has experienced prior sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical or mental health follow-up as appropriate. The procedure must also include the requirement that once the referral is made the medical follow-up must be initiated and the detainee must receive a medical evaluation no later than two working days from the date of assessment and if the referral is to mental health the detainee must receive a mental health evaluation within 72 hours after the referral. Once implemented the facility must train all booking, medical, and mental health staff on the implemented procedure and provide the Auditor with documentation that that the training was received. If applicable, the facility must provide documentation of referrals and subsequent evaluations for qualifying detainees during the CAP period.

Corrective Action Taken:

On December 30, 2024, the facility provided a Booking Observation Report from their Offender Management System for 10 detainees. The APM/Auditor's review of these forms found that the facility takes the height and weight (physical build) and appearance of the detainee into consideration as well as asking about the detainee's concerns of own safety as required under provision (c) of the standard. On January 23, 2025, the facility provided memorandums and an incident report pertaining to a PREA allegation, a Special Needs meeting minutes, a mental health assessment, and SOP 1517. On February 24, 2025, the facility submitted updated SOP 1517 and an electronic transcript documenting completion of Replace & Review SOP 1517 "Sexual Misconduct/Assault". Review of updated SOP 1517 confirmed the facility has implemented procedures to refer a detainee, identified during the assessment pursuant to 115.41, who has experienced prior sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical or mental health follow-up as appropriate. The procedure also includes the requirement that once the referral is made the medical follow-up must be initiated and the detainee must receive a medical evaluation no later than two working days from the date of assessment and if the referral is to mental health the detainee must receive a mental health evaluation within 72 hours after the referral. On April 7, 2025, the facility submitted Receiving Screenings for four detainees and Mental Health Sick Call notes for two detainees. The detainee Receiving Screenings are from the intake process through medical. On April 17, 2025, the facility provided training records indicating that on April 12, 2025, 131 staff, including Sergeants, Prime Care, Counselors, Officers, Medical, Maintenance, Lieutenants, IT, Food Service, and Administration, completed training on the updated PREA and Sexual Abuse/Assault Awareness Lesson Plan, CRS0001391. The facility also provided records for a detainee who reported a PREA concern for safety two days after intake. The intake screening documents indicate that the detainee did not disclose prior victimization at the time of intake. Documentation supports that upon becoming aware of the possible prior victimization at another facility, the detainee was immediately seen by a qualified mental health specialist (within 24 hours). On May 13, 2025, the facility provided a memorandum stating, "The Pike County Correctional Facility continues to monitor all inmates and detainees identified either during initial screening or while in custody as having a history of sexual victimization. When applicable, such individuals are immediately referred to a qualified medical or mental health practitioner for appropriate follow-up care. If a referral for medical evaluation is made, the inmate or detainee must receive a health assessment within two working days of the initial screening. Similarly, if a referral for mental health services is initiated, the individual must receive a mental health evaluation within seventy-two (72) hours of the initial assessment. However, during the current inspection period, there are no documented instances of any detainees that reported prior victimization during the initial screening risk assessment." As there were no detainees who disclosed victimization during the initial

screening risk assessment by the end of the CAP period, the Auditor/APM accepts the CAP, and the facility has demonstrated compliance with provision (a). The facility is now compliant with this standard.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b)(c): SOP 1517 states, "A sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded with thirty (30) days. The review team will: consider whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse. Whether the incident or allegation was motivated by the perpetrator or victims' race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation or motivated by other group dynamics. Examine the location where the incident allegedly occurred to assess whether physical barriers in the area enable abuse. Assess the adequacy of staffing levels in the location during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of its findings and any recommendations for improvement and submit to the Warden. The Warden will implement recommendations for improvement from the review teams report or document his reason for not doing so. An annual report will be prepared documenting the findings from the data review and any corrective actions taken by the incident review team. This annual report will be forwarded to the PSA Coordinator and the FOD." Review of 13 investigation files confirmed that an incident review was conducted on all files except those determined to be unfounded. Review of the submitted PREA allegation spreadsheet compared to the annual report revealed allegations did not correlate. PCCF could not provide documentation that a negative or annual report was forwarded to the FOD or agency PSA Coordinator.

Corrective Action:

(a)(c): The facility is not conducting an incident review on unfounded cases, nor is the facility forwarding incident reviews conducted on substantiated and unsubstantiated cases to the agency PSA Coordinator, or forwarding annual reviews, to include negative reviews, to the Warden, FOD or designee, and the agency PSA Coordinator. In order to become compliant, the facility must conduct an incident review for previous unfounded cases during the audit period and at the conclusion of every investigation of sexual abuse and provide the Auditor with documentation during the CAP period. The facility must provide documentation that an annual review has been forward to the Warden, Field Office Director, or designee and the Agency PSA Coordinator.

Corrective Action Taken:

On December 30, 2024, the facility provided Sexual Abuse or Assault Incident Review forms for three unfounded cases that occurred during the audit period and email verification of ICE notification. Additionally, verification was provided by the facility that the Facility Annual SAAPI Report for 2022 was sent via email as required on February 16, 2023. On January 23, 2025, the facility provided a Facility Annual Sexual Abuse and Assault Report for the year 2023. On February 24, 2025, the facility submitted an email with the Annual Sexual Abuse and Assault report for the year 2023 sent to the ERO PREA Field Coordinator. On April 7, 2025, the facility submitted an email with the Annual Sexual Abuse and Assault report for the year 2023 sent to the SDDO. The facility has demonstrated compliance with provisions (a)(c) and is now compliant with this standard.

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.

Jodi Upshaw

5/26/2025

Auditor's Signature & Date

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

5/30/2025

Program Manager's Signature & Date

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

5/27/2025

Assistant Program Manager's Signature & Date

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	9/17/2024	To:	9/19/2024
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AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Philadelphia
Field Office Director:	Cammilla Wamsley
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	114 North 8th Street, Philadelphia, PA 19107

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pike County Correctional Facility
Physical address:	175 Pike County Boulevard, Lords Valley, Pennsylvania 18428
Telephone number:	570-775-5500
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	12/19/2019

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	570-775-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	570-775-(b) (6), (b) (7)(C)

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 U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Pike County Correctional Facility (PCCF) was conducted on September 17 – 19, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor, (b) (6), (b) (7)(C), Assistant Program Manager (APM), Support Auditor, and (b) (6), (b) (7)(C), Support Auditor, all employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and APM (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the U.S. Immigration and Customs Enforcement (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. PCCF is a county government facility governed by the Pike County Sheriff's Office and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). This is the facility's second DHS PREA audit, and the audit period was from January 13, 2022, to September 19, 2024.

Approximately six weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE Audit Management and Reporting System (AMRS) SharePoint. The main policy that governs PCCF's PREA Program is Standard Operating Procedure (SOP) 1517 Sexual Misconduct/Assault. Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (https://www.pikepa.org/courts___law/correctional_facility/index.php). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite.

PCCF houses male and female county inmates and ICE detainees in low, medium, and high custody levels. ICE detainees confined at PCCF are waiting on orders for deportation. The facility does not house ICE juveniles, family units, or female detainees. The design capacity for the facility is 375. The facility reported that 1,816 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 24 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through PCCF are Dominican Republic, Mexican, and Russian. On the first day of the audit the facility reported 134 detainees were housed at the facility. The facility is comprised of 10 multi-occupancy cell housing units which includes a Special Needs Unit similar to a medical observation unit.

The entry briefing was held in the Warden's conference room on September 17, 2024. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), Warden, PCCF

(b) (6), (b) (7)(C), Assistant Warden (AW), PCCF

(b) (6), (b) (7)(C), Lieutenant, PREA Compliance Manager (PCM)/PSA Compliance Manager (PSACM), PCCF

(b) (6), (b) (7)(C), Lieutenant, PCCF

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

(b) (6), (b) (7)(C), Assistant Director of Nursing (ADON), PCCF

(b) (6), (b) (7)(C), Detention Services Manager (DSM), ICE/ERO

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

(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO

(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU

(b) (6), (b) (7)(C), APM, Certified Auditor, Creative Corrections, LLC
Jodi Upshaw, Lead Auditor, Certified Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C), Certified Auditor, Creative Corrections, LLC

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

An onsite review of the facility was conducted by the Auditors accompanied by key staff from PCCF and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed. This included housing, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditors observed the control center, sally port, and the administrative offices. (b) (7)(E)

The Auditors observed PREA information in all common areas of the facility, and within the detainee housing areas, which included the PREA audit notice, the DHS ICE Zero Tolerance for Sexual Abuse poster with facility contact name and number, the DHS-prescribed ICE Sexual Abuse Awareness (SAA) Information pamphlet, DHS Office of Inspector General (OIG) poster, consular numbers, the Detention and Reporting Information Line (DRIL) poster, and poster for the external advocate Victim's Intervention Program (VIP). All posters displayed were in English and Spanish. During the onsite audit, the Auditors tested the numbers provided for DRIL, OIG, VIP, and the facility PREA Hotline and confirmed they were in good working order.

(b) (7)(E) . (b) (7)(E)

(b) (7)(E)

PCCF employs 85 security officers (68 male and 17 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and Mental Health services are contracted through Prime Care Medical and consists of 13 medical and 2 mental health staff. The facility utilizes religious volunteers and additionally employs Keefe contractors for commissary. The Auditors conducted a total of 20 staff interviews which consisted of the Warden, PSA Compliance Manager/Investigator/PREA Training Officer/Incident Review Team Member/Retaliation Monitor, Human Resource Specialist, Intake staff, Classification staff, Disciplinary Officer (DO), HSA, Mental Health staff, Staff that supervise detainees in segregation, Grievance Officer (GO), Supervisor who conducts unannounced rounds, Records Officer, and Correction Officers (6). The Lead Auditor also interviewed a counselor with VIP and one ICE SDDO. The Auditors conducted 20 detainee interviews using the Random Sample of Detainees and 9 of these detainees utilizing the Limited English Proficient (LEP) interview protocols. Interviews included a detainee who reported sexual abuse and a disabled detainee. There were no detainees that identified as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) to interview. The Auditors reviewed 13 investigation files, 20 staff files, and 20 detainee files.

The exit briefing was held in the Warden's conference room on September 19, 2024. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Warden, PCCF
(b) (6), (b) (7)(C), AW, PCCF
(b) (6), (b) (7)(C), HSA, PCCF
(b) (6), (b) (7)(C), Assistant Director of Nursing (ADON), PCCF
(b) (6), (b) (7)(C), Registered Nurse (RN), PCCF
(b) (6), (b) (7)(C), DSM, ICE/ERO
(b) (6), (b) (7)(C), SDDO, ICE/ERO
(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C), APM, Certified Auditor, Creative Corrections, LLC
Jodi Upshaw, Lead Auditor, Certified Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C), Certified Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 15

- §115.15 - Limits to cross-gender viewing and searches.
- §115.21 - Evidence protocols and forensic medical examinations.
- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.62 - Protection duties.
- §115.66 - Protection of detainees from contact with alleged abusers.
- §115.72 - Evidentiary standard for administrative investigations.
- §115.73 - Reporting to detainees.
- §115.76 - Disciplinary sanctions for staff.
- §115.77 - Corrective action for contractors and volunteers.
- §115.82 - Access to emergency medical and mental health services.
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

Number of Standards Not Met: 25

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.18 - Upgrades to facilities and technologies.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.52 - Grievances.
- §115.61 - Staff reporting duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.78 - Disciplinary sanctions for detainees.

- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees.

PROVISIONS

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

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

Outcome: Does Not Meet Standard

Notes:

(c): SOP 1517 states, "The Pike County Correctional Facility has a "zero tolerance" policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. All inmates/detainees and staff have the right to be free from sexual abuse and the right to be free from retaliation for reporting sexual abuse. Consensual sexual activity is prohibited and does not constitute sexual abuse." During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster posted on the walls in the intake area, housing units, medical area, and visitation. Interviews with 18 PCCF staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided the PREA policy signed by the AFOD; however, the policy is not compliant as submitted.

(d): The Auditor reviewed the organizational chart and observed the PCM/PSACM reports directly to the Warden. Interview with the PCM/PSACM confirmed he is the point of contact for the Agency PSA Coordinator. In addition, the PCM/PSACM confirmed he has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

(c): Review of PCCF SOP 1517 confirmed areas of the policy conflict with the DHS PREA standards. Areas of conflict are discussed further in this report within each standard. To become compliant, the facility must update SOP 1517 and provide documentation that confirms the facility has submitted the policy to the Agency for review and approval of the revised compliant policy as required by subsection (c) of the standard.

§115.13 - Detainee supervision and monitoring.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will maintain adequate staffing levels and surveillance to deter sexual abuse and harassment." A review of the PAQ indicated PCCF employs 85 security staff working three 8-hour shifts, (b) (7)(E)

(b) (7)(E). During the onsite review the Auditor observed that PCCF utilizes a direct supervision corrections concept with one corrections officer assigned to each housing unit providing continuous monitoring of detainees 24 hours. The Auditor observed appropriate staffing levels in the intake area and medical area. (b) (7)(E)

. The facility utilizes post orders for comprehensive detainee supervision guidelines, which the Auditor observed on site. Interviews with the Warden and PCM/PSACM confirmed detainee supervision guidelines (post orders) are reviewed annually; however, the Auditor was not provided with documentation these post orders were reviewed on an annual basis as required of the standard. Interviews with the Warden and PCM/PSACM confirmed that when determining adequate levels of

detainee supervision and the need for video monitoring, the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports and any other relevant factors, including but not limited to length of time detainees spend in agency custody. Review of 13 investigation files confirmed all elements in subsection (c) were considered during case review.

(d): SOP 1517 states, “The Shift Commander or Shift Supervisor will conduct a minimum of one (1) unannounced safety/security check per shift. Staff are prohibited from alerting other staff members that the unannounced inspection is occurring. The Shift Commander/Shift Supervisor will inspect all areas occupied by inmates/detainees and other areas of the facility, noting any security concerns, unsafe, faulty, or unsanitary conditions that may affect the daily operation of the facility. Additionally, these tours will be conducted to identify and deter sexual abuse of inmates/detainees.” During the onsite audit the Auditor observed logbooks within the housing units with PREA rounds marked in red ink. These rounds were conducted on day and night shifts and were logged at random times throughout each shift. Interviews with six corrections officers confirmed supervisors conduct rounds randomly on each shift. Staff further confirmed that alerting others of supervisor rounds is prohibited. Interview with a supervisor that conducts unannounced rounds confirmed these rounds are being conducted at each post and documentation of the round is entered into the logbook in red ink.

Corrective Action:

(b): Documentation was not provided that comprehensive detainee supervision guidelines (post orders) have been reviewed annually. To become compliant, the facility must implement a procedure to document annual post order review and provide documentation to the Auditor of the newly implemented procedure.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ, submitted memorandum and interviews with the Warden, AW/PCM/PSACM, and six random staff, PCCF does not house juvenile or family unit detainees; therefore, the standard is not applicable.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(b)(d): SOP 1517 states, “Officers will not search inmates/detainees of the opposite sex except under exigent circumstances and only when authorized by the Shift Commander. If this situation arises staff will document this incident thoroughly.” SOP 1012.6 Inmate/Detainee Searches states, “Staff members of the same sex as the inmate/detainee shall conduct pat searches whenever practical. Only under exigent circumstances will cross gender pat searches be conducted. Upon completion of a cross-gender pat-down search, an incident report will be completed and forwarded to the Shift Commander.” While onsite a support Auditor was able to observe an intake process and confirmed male staff conducted pat searches of incoming male detainees. Interviews with six corrections officers confirmed that cross gender pat searches are not allowed. Interviews with 20 detainees confirmed that staff of the same gender conducted pat searches.

(c): PCF does not house female ICE detainees; therefore, this provision of the standard is not applicable.

(e)(f): SOP 1012.6 states, “All unclothed searches will be documented with an incident report and forwarded to

the Shift Commander. A body cavity search is an invasive search of an inmate's/detainee's body cavities which is performed by a qualified physician at an outside medical facility." The facility submitted a memorandum that stated a minimal number of unclothed searches has occurred since implementation of (b) (7)(E) body scanner in March of 2020 and copies of a strip search logbook. Six security staff confirmed that minimal strip or body cavity searches are conducted at PCCF due to implementation of (b) (7)(E). Staff further confirmed cross gender strip searches are not allowed. Staff confirmed that same gender strip searches are documented by an entry in the strip search logbook. The facility does not house juveniles.

(g): SOP 1517 states, "Staff members will make an effort to avoid observing inmate/detainees of the opposite gender during certain personal activities such as performing bodily functions, showering and changing clothing." During the onsite review the Auditor observed staff of the opposite gender announce their presence upon entry in the housing units. Interviews with two female security officers confirmed they are aware of this policy, and all stated they do announce.

(h): PCCF is not a designated Family Residential Center; therefore, provision (h) is not applicable.

(i): SOP 1517 states, "Transgender or intersex inmates/detainees will not be searched or physically examined solely to determine their genital status. Whenever possible, medical personnel shall be present to observe the unclothed search of a transgender." During the onsite audit, the facility did not have any transgenders housed at PCCF. Interviews with security staff confirmed cross gender strip or body cavity searches or searches to determine the detainee's genital status are not allowed.

(j): The facility submitted training logs for the Auditor to review. Review of the lesson plan associated with the training logs provided onsite confirmed proper procedures for conducting a pat down and cross gender pat down searches and searches of transgender and intersex detainees is being presented to staff. Interviews with staff confirmed all had received training on conducting a pat down and cross gender pate down searches and searches of transgender and intersex detainees.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will take appropriate steps to ensure Inmates/Detainees with disabilities (Including for example, Inmate/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. Such steps shall include, when necessary to ensure effective communication with inmates/detainees who are deaf, or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using necessary specialized vocabulary. In addition, the Pike Conty Correctional Facility will provide written materials related to sexual abuse in formats or through effective methods that ensure effective communication with inmates/detainees with disabilities, including individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision." The facility's policy does not address whether or not a detainee will be allowed interpretation by another detainee if requested and if the agency determines that such interpretation is appropriate and consistent with DHS policy as required of provision (c). During the onsite visit the Auditor observed the DRIL posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, the VIP rape crisis center posters, and the Awareness notice in English and Spanish with the PSA Compliance Manager's name and contact information. During the onsite visit a support Auditor observed a detainee interview

with the language line being utilized; however, the detainee stated his preferred language was Vietnamese and the intake officer provided a SAA pamphlet to the detainee in English and stated he would try to get one in Vietnamese for the detainee. The detainee did not receive the SAA pamphlet in Vietnamese. Review of 20 detainee files confirmed the facility did not provide the Auditors with evidence of any programs to provide accommodation for detainees who are blind or have low vision, those who have intellectual, psychiatric, or speech disabilities to ensure they have equal opportunity to benefit in all aspects of the facility or agency's efforts to prevent, detect, and respond to sexual abuse. An interview with the Warden confirmed there are handheld translators assigned to the housing units that could be utilized for detainees who do not speak English. Interview with intake staff further confirmed the use of a language line service during the intake process; however, detainee files indicated nine detainees spoke English, but when these detainees were interviewed the support Auditor needed to utilize the language line. The Support Auditor observed the ICE National Detainee Handbook in 15 languages (Spanish, Russian, Arabic, Chinese, English, Bengali, Haitian Creole, Portuguese, Punjabi, Romanian, Ukrainian, Turkish, Hindi, and French). The SAA pamphlet was only available at the facility in English and Spanish although it is published in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. Review of 20 detainee files further confirmed intake forms did not distinguish which language a detainee spoke or which language the SAA pamphlet or ICE National Detainee Handbook was provided in. Interviews with six security officers confirmed the use of the handheld devices, but staff could not articulate resources that would be utilized for hearing impaired, visual impairments, limited reading skills, or detainees who have intellectual disabilities except for reading material out loud. There was one disabled detainee interviewed; however, the disability was physical in nature.

Corrective Action:

(a)(b)(c): The facility's policy does not address whether or not a detainee will be allowed interpretation by another detainee if requested in matters relating to allegations of sexual abuse or if the agency determines that such interpretation is appropriate and consistent with DHS policy. Additionally, the facility did not demonstrate that all detainees have an equal opportunity to participate in the PREA program. To become compliant the facility must develop a practice that provides all detainees access to the PREA information in a manner that all detainees can understand. The PREA information in the facility handbook must be in a manner that both LEP and detainees who are blind or have limited sight, are deaf or hard of hearing, and for those who have an intellectual, psychiatric, or speech disability can utilize. In addition, the facility must provide the Auditor with 10 intake files during the CAP period that include detainees received who speak/understand languages other than English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are LEP, deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability. Additionally, the facility's PREA/SAAPI policy must be updated to address if a detainee will be allowed interpretation by another detainee if requested and if the agency determines that such interpretation is appropriate and consistent with DHS policy. Additionally, the facility did not demonstrate that all detainees have an equal opportunity to participate in the PREA program.

§115.17 - Hiring and promotion decisions.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively "require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." ICE Directive 6-7.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in

September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.” SOP 1517 states, “The Pike County Correctional Facility will not hire, promote or contract with anyone (that will have direct contact with inmates/detainees) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution or been convicted of engaging or attempting to engage in sexual activity in the community 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. B. The Pike County Correctional Facility will conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information on substantiated allegations of sexual abuse, or any resignations during a pending investigation of an allegation or sexual abuse. Specifically, an Administrative Clerk will mail a preformatted letter to all prior agencies that specifically asks for the following information: Has the individual ever been convicted of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other location?; Has the individual ever been convicted or civilly/administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community by force (overt or implied), coercion, or involving a non-consenting victim?; and Has the individual ever been involved as the alleged perpetrator in any incident of sexual harassment? All candidates for employment, promotion, volunteers, and contractors will be specifically asked if they have ever been accused of or been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution or been convicted of engaging or attempting to engage in sexual activity in the community 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. All candidates for employment, promotion, volunteers, and contractors will be required to complete and sign a PREA questionnaire and acknowledge their responsibility for their continuing affirmative duty to disclose any such misconduct pertaining to PREA.” The Auditor submitted and received a background clearance form from PSD. Review of this form confirmed all submitted names were current with the required background. Review of 20 staff files while onsite found background checks were completed prior to hire. All files contained a signed Administrative Adjudication form and continuing affirmative duty disclosure. Applicants for PCCF must sign a material omission statement as part of the application process. Interview with the Warden confirmed background checks are completed on applicants prior to hire and every five years thereafter. Contractors receive a background check prior to entrance into the facility. The Auditor requested documentation from the facility demonstrating background checks were completed for contractors, but no documentation was provided; therefore, the facility is out of compliance with provision (d).

Corrective Action:

(d): The facility provided no documentation that background checks are completed on contractors. To become compliant the facility must provide the Auditor with evidence background checks have been conducted for five contractors who may have contact with detainees that are approved for services prior to enlisting services.

§115.18 - Upgrades to facilities and technologies.

Outcome: Does Not Meet Standard

Notes:

(a)(b): SOP 1517 states, “The Pike County Correctional Facility will consider the effect any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency’s ability to protect inmates/detainees from sexual abuse.” During the onsite it was determined through interview with the Warden that the facility had no substantial modification of the facility within the audit period, but did install new

cameras to enhance their ability to protect detainees from sexual abuse. Documentation was requested to show the facility considered this during camera placement; however, documentation was not received by the Auditor.

Corrective Action:

(b): The facility did not provide documentation that considered how the new installation may enhance PCCF's ability to protect detainees from sexual abuse. To become compliant, the facility must provide documentation to the Auditor that prior to installing the new cameras, the facility considered how placement may enhance their ability to protect detainees from sexual abuse.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, "OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." SOP 1517 states, "The first security staff member to respond to the report will: Separate the alleged victim and abuser if known; Immediately notify the Shift Commander and medical health care personnel; Secure the scene. It is extremely important that the crime scene is not disturbed. If the assault took place in a cell, lock the cell door. If it happened in any other area, secure the area in the best possible manner; Photograph/videotape the alleged crime scene; Request and encourage the inmate/detainee victim to refrain from showering, washing, brushing their teeth, urinating, defecating, drinking, eating, or changing their clothing. Inmate/Detainees may shower if they request to do so; Make sure that the alleged abuser does not shower, wash, brush their teeth, urinate, defecate, drink, eat, or change clothing; Write a report and forward it to the Shift Commander, in a private and confidential manner; and All other staff members notified of an allegation of sexual abuse will ensure that the alleged victim does not take any actions that could destroy physical evidence and will immediately notify the Shift Commander and their Department Head. Shift Commander will: Ensure separation of the victim and alleged assailant at the time of notification; and Ensure victim receives timely unimpeded access to emergency medical treatment and crisis intervention services." The facility provided a memorandum of understanding between PCCF and VIP dated November 3, 2021, a VIP brochure, a memorandum giving a point of contact for the Wayne Memorial Hospital SANE's program, and a memorandum stating that the Pennsylvania State Police would investigate any criminal activity within the PCCF. The facility did not provide the Auditor with documentation that they had requested the Pennsylvania State Police follow the requirements of provisions (a) through (d) of the standard. The Auditor additionally reviewed a memorandum from the Pennsylvania State Police that stated they were unable to sign a PCCF provided memorandum of understanding due to Pennsylvania Administrative and Field Regulations that dictate how sexual assault investigations are investigated. The facility utilizes SOP 1517 for a uniform evidence protocol. Review of the memorandum between PCCF and VIP confirmed services provided by the VIP will include emotional support, crisis intervention, information and referrals, and a victim advocate to ensure that a victim's interests are represented during legal proceedings. Interviews with the Warden and PCM/PSACM confirmed that should an allegation of sexual abuse or assault occur the incident would be reported immediately to ICE/ERO. The Warden further indicated the Pennsylvania State Police would be notified if the incident appeared criminal. Interviews with medical staff confirmed that if the detainee did consent, they would be transported to Wayne Memorial Hospital for a SAFE/SANE examination and services would be provided free of cost. Interview with an advocate from VIP further confirmed an advocate would accompany a detainee at the hospital, provide support services after an incident, and provide support through legal proceedings as

requested. A review of 13 investigation files confirmed no detainees were transported to Wayne Memorial Hospital for a forensic examination due to the nature of the allegation. Further review of the investigation files confirmed a uniform evidence protocol was followed. The facility does not house juvenile detainees.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” A review of Agency policy and PCCF SOP 1517 confirms there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. In addition, an administrative or criminal investigation is completed for all allegations of sexual abuse. The Auditor reviewed the facility’s website (https://www.pikepa.org/courts___law/correctional_facility/index.php) and the Agency website (www.ice.gov) confirmed that the Agency website includes the Agency’s investigative protocol, and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. The facility presented SOP 1517 as reference for the facility’s protocols. SOP 1517 states, “The Pike County Correctional Facility is responsible for investigating allegations of sexual abuse and sexual harassment. All allegations will be investigated promptly, thoroughly, and objectively by facility investigators who received special training in sexual abuse investigations in confinement settings. If criminal activity is determined by the facility investigator, the Pennsylvania State Police will be contacted. All information will be forwarded to the Pennsylvania State Police for possible criminal charges. The investigators memorandum will include their referral to the State Police for possible criminal charges. All written reports pertaining to administrative and criminal investigations for sexual abuse/harassment claims will be retained as long as the alleged abuser is incarcerated or employed by the agency plus five years.” The Auditor’s review of the policy (protocol) found it does not include a description of responsibilities of the agency, the facility and other investigating entities as required in provision (b); does not include that allegations are promptly reported to ICE as required in provision (d); does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (e) when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse; does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (f) when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. Interviews with the Warden and PCM/PSACM/Investigator indicated that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format indefinitely. Interviews further indicated when a detainee, prisoner, inmate, or resident of the facility where the detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate

investigative authority unless the allegation does not involve potentially criminal behavior. In an interview with the SDDO it was confirmed he would be notified immediately and would immediately notify the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG. Review of 13 investigation files confirmed notifications were made to ICE promptly.

Corrective Action:

(b)(d)(e): The Auditor's review of the policy (protocol) found it does not include a description of responsibilities of the agency, the facility and other investigating entities as required in provision (b); does not include that allegations are promptly reported to ICE as required in provision (d); does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (e) when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse; does not include that the facility ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director as required by provision (f) when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse. To become compliant, the facility must update its protocol to include all requirements of (b)(d)(e) and publish the updated protocol to the facility's public website. The revised and ICE approved policy must be provided to the Auditor for compliance review.

§115.31 - Staff training.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will provide all staff, contractors and volunteers that have contact with inmate/detainees with initial training pertaining to sexual assault/abuse and sexual harassment. Staff, contractors, and volunteers will receive refresher training biannually. All employees, contractors and volunteers that have contact with inmate/detainees will be trained to know: The zero-tolerance policy regarding sexual abuse/harassment; The right of the inmate/detainee and staff to be free from sexual abuse and from retaliation for reporting sexual abuse; The definitions and examples of prohibited and illegal sexual behavior; On recognizing situations where sexual abuse may occur; Physical behavior and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with inmates/detainees; How to communicate effectively and professionally with all inmate/detainees, including lesbian, gay, bisexual, transgender, intersex or gender non confirming inmate/detainees; and Procedures for reporting knowledge of sexual abuse and the requirement of limit reporting sexual abuse to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The facility provided an electronic training transcript for staff that have completed the PREA Sexual and Awareness and Harassment, Sexual Harassment, Sexual Misconduct courses and a lesson plan for PREA Sexual Assault/Abuse Awareness Prevention course. Review of the lesson plan confirmed it is not compliant with the provisions of this standard. Curriculum does not contain instruction on the agency's or facility's zero-tolerance policies or how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. Review of 20 PCCF staff files confirmed staff received training upon hire and received refresher training as required. Interview with the PREA Training Officer confirmed initial PREA training is given upon hire and annually thereafter. Interview with six security officers confirmed PREA training had been received at hire and annually thereafter. Interview with the SDDO revealed PREA training had been accomplished. The Auditor requested a transcript or completion certificate; however, this was not received.

Corrective Action:

(a)(b): Review of the training curriculum confirmed it did not contain instruction on the agency's or facility's zero-tolerance policies or how to communicate effectively and professionally with detainees to include lesbian,

gay, bisexual, transgender, intersex, or gender nonconforming detainees. In order to become compliant, the facility must implement a training curriculum that includes instruction on the agency's and facility's zero-tolerance policies and how to communicate effectively and professionally with detainees to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. After implementation, documentation must be provided that all staff have received training on the updated curriculum.

(c): AGENCY: ICE staff did not provide documentation that PREA training was received as requested by the Lead Auditor resulting in a noncompliance finding for the agency. In order to become compliant, the facility must provide documentation that ICE staff who have contact with detainees received initial PREA training or a PREA refresher training.

§115.32 - Other training.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, "The Pike County Correctional Facility will provide all staff, contractors and volunteers that have contact with inmate/detainees with initial training pertaining to sexual assault/abuse and sexual harassment. Staff, contractors, and volunteers will receive refresher training biannually. All employees, contractors and volunteers that have contact with inmate/detainees will be trained to know: The zero-tolerance policy regarding sexual abuse/harassment; The right of the inmate/detainee and staff to be free from sexual abuse and from retaliation for reporting sexual abuse; The definitions and examples of prohibited and illegal sexual behavior; On recognizing situations where sexual abuse may occur; Physical behavior and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with inmates/detainees; How to communicate effectively and professionally with all inmate/detainees, including lesbian, gay, bisexual, transgender, intersex or gender non confirming inmate/detainees; Procedures for reporting knowledge of sexual abuse and the requirement of limit reporting sexual abuse to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The facility submitted electronic transcripts for "Review S.O.P. #1517 Sexual Misconduct/Awareness" and a lesson plan for "P.R.E.A. (Prison Rape Elimination Act) and Sexual Assault/Abuse Awareness Prevention. Review of submitted documents confirmed only two contractors were listed on the electronic transcripts and no volunteers were included. Review of the lesson plan further confirmed volunteers, and other contractors are not being trained on the agency's and facility's zero-tolerance policies or how to report such incidents. Interview with the AW/PSA/PSACM/PREA Training Officer confirmed that volunteers and contractors are trained in the agency's and facility's zero-tolerance policies and how to report such incidents; however, documentation was not received to confirm all had been trained.

Corrective Action:

(a)(b)(c): The facility curriculum given to contractors or volunteers does not include their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention, and response policies and procedures. The facility does not maintain written confirmation that volunteers and other contractors who have contact with immigration detainees have completed the training required of this standard. In order to become compliant with subsection (a) and (b) of the standard, the facility must update volunteer and contractor training to include the agency's and facility's sexual abuse prevention, detection, intervention, and response policies and procedures. The training must also include the agency's and facility's zero-tolerance policies and how to report such incidents. In order to become compliant with subsection (c) of the standard, the facility must provide documentation that all volunteers and contractors have been trained on the updated curriculum.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): SOP 1517 states, “During the booking process, the Intake Officer will advise all Inmates/Detainees that the Facility has zero-tolerance policies pertaining to all forms sexual assault/abuse and sexual harassment. Additionally, all inmates/detainees will receive a sexual abuse and assault awareness pamphlet which includes: the prohibition of sexual contact, the steps to take to prevent the likelihood of being victimized by a sexual predator, intervention strategies, definitions and examples of inmate/detainee on Inmate/Detainee sexual abuse, staff on inmate/detainee sexual abuse, coercive sexual activity, methods of reporting sexual abuse, including to any staff member, including a staff member other than an immediate point of contact line officer, the DHS Office of the Inspector General and the Joint intake center, indicators of sexual abuse, information about self-protection, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact a detainees immigration proceedings or any pending criminal cases, and the right of the inmate/detainee who has been subject to sexual abuse to receive treatment and counseling. During the initial intake medical screening, the medical staff will ensure that information is provided to inmate/detainees, in their preferred language, concerning the Pike County Correctional Facility’s zero tolerance policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. Additionally, Medical staff will issue a handout, in the inmates/detainees preferred language, that outlines the following: Prevention and intervention strategies; Definitions and examples of inmate/detainee-on-inmate/detainee sexual abuse, [...] sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse, including a staff member other than an immediate point-of-contact line officer (e.g. the PREA coordinator or a mental health specialist), for detainees-the DHS Office of Inspector General and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the inmate’s/detainee’s legal proceedings; The right for the inmate/detainee who was subjected to sexual abuse to receive treatment and counseling; and Access to outside victim advocates or rape crisis organizations (addresses and telephone numbers) and counseling. The orientation process is completed within four (4) business days of commitment. The inmate/detainee will receive information from a Power point, in their preferred language, concerning the Pike County Correctional Facility’s zero tolerance policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. The sexual abuse and assault awareness will include the prohibition of sexual contact, the steps to take to prevent the likelihood of being victimized by a sexual predator, intervention strategies, definitions and examples of inmate/detainee on inmate/detainee sexual abuse, staff on inmate/detainee sexual abuse, coercive sexual activity, methods of reporting sexual abuse, including to any staff member, including a staff member other than an immediate point of contact line officer, the DHS Office of the Inspector General and the Joint intake center, indicators of sexual abuse, information about self-protection, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact a detainees immigration proceedings or any pending criminal cases, and the right of the inmate/detainee who has been subject to sexual abuse to receive treatment and counseling. Information regarding reporting sexual assault/abuse and sexual harassment is posted on the housing units, intake, and visitation. This information is also available to the inmate/detainees on the tablets. The Pike County Correctional Facility will take appropriate steps to ensure Inmates/Detainees with disabilities (Including for example, Inmate/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. Such steps shall include, when necessary to ensure effective communication with inmates/detainees who are deaf, or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using necessary specialized vocabulary. In addition, the Pike County Correctional Facility will provide written materials related to sexual abuse in formats or through effective methods that ensure effective communication with inmates/detainees with disabilities, including individuals who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Housing Unit counselors will assist inmates/detainees if they have any questions or concerns pertaining to PREA standards.” The facility provided an Orientation presentation provided to detainees; however, this presentation was not available in all languages and was not compliant with the provisions of this standard. This presentation additionally is not provided during the intake process required of provision (a). During the onsite audit a support Auditor observed the intake

process. Detainees are brought into the facility, an initial risk assessment is completed, detainees sign for property, and then are placed into holding cells. Detainees signed for an SAA pamphlet, ICE Handbook, and facility handbook; however, the SAA pamphlet and facility handbook were only available in English and Spanish. Detainees are then processed through medical and housed. During the intake process a detainee was given an English SAA pamphlet when his preferred language was Vietnamese. Within the Intake area and housing units, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for VIP. The posted information was available in English and Spanish. The ICE National Detainee handbook and SAA pamphlet were not available (in printed or electronic format) in all 15 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese; however, a support Auditor did observe the ICE National Detainee handbook in all 15 languages available on the detainee tablets. Review of 20 detainee files confirmed that all had signed an Orientation Attendance form; however, the form does not document if the detainee received the SAA pamphlet or what the detainee's preferred language is. Review of detainee files further confirmed 13 detainees did not sign for orientation on the day of intake. File review also confirmed medical completes a PREA intake education; however, the form does not document receipt of the information by detainee signature or date. Interview with Intake staff confirmed upon intake detainees are given a SAA pamphlet and facility handbook; however, the file reviews contradict this. The interview with intake staff additionally confirmed the facility handbook and SAA pamphlet are only available in English and Spanish. Interviews with 20 detainees confirmed they were not given a SAA pamphlet or facility handbook in a language they could understand.

Corrective Action:

(a)(b)(c)(e)(f): PCCF does not provide adequate orientation program to detainees. The facility provides detainees a presentation, but it is not shown during the intake process and is not available in languages other than English or Spanish. The facility does not provide the detainee notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. In order to become compliant the facility must develop an orientation program that notifies the detainee about the agency's and facility's zero-tolerance policies for all forms of sexual abuse and provides instruction on: prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. In order to become compliant with subsection (b) of this standard, documentation must be provided that the orientation program is in formats accessible to detainees that are deaf, visually impaired or otherwise disabled as well as to detainees who have limited reading skills. The facility must also provide documentation that it has the capability to educate detainees in other languages besides English and Spanish.

In order to become compliant with subsection (a) of the standard the facility must provide an orientation program upon intake that includes all provisions of standard (a). In order to become compliant with (c), the facility must provide documentation that detainees have participated in a compliant orientation process with detainee signature and date. In order to become compliant with subsections (e) and (f), the facility must have the ICE National Detainee Handbook available for distribution in all 15 available languages and make available the SAA pamphlet available in all 15 available languages. Documentation must be provided to the Auditor that detainees are provided the ICE National Detainee Handbook in a language that is understood.

§115.34 - Specialized training: Investigations.

Outcome: Does Not Meet Standard

Notes:

(a)(b): The Agency policy 11062.2 states, “OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate.” The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR’s SharePoint site for Auditors’ review; this documentation is in accordance with the standard’s requirement. SOP 1517 states, “Specialized Investigator Training: The Pike County Correctional Facility will ensure that in addition to general training provided to all employees, the facility has certified PREA investigators that receive specialized training in conducting sexual abuse investigations.” The local ICE office trained investigators will receive Cross Agency training through a PowerPoint presentation. The Cross Agency training will include what is expected of the ICE trained investigators and the facility trained investigators regarding all incidents of PREA involving a detainee.” Review of policy confirms it only requires “ICE office trained investigators to receive Cross Agency training through PowerPoint presentation.” The facility reported 11 staff members have received investigator training required of this standard; however, only one staff member conducts investigations. The facility provided two certificates of training for this investigator from National PREA Consulting, LLC, and the Pennsylvania Prison Wardens Association. The facility did not provide the curriculum for either course for the Auditor to review. The facility does not have a compliant staff training curriculum pursuant to §115.31. The Auditor is unable to determine if the investigator has received specialized training on sexual abuse and effective cross-agency coordination for facility investigators.

Corrective Action:

(a)(b): The Auditor is unable to determine if PCCF investigators have received the required training under this standard. To become compliant, the facility must provide documentation that the facility investigator has been trained on the provisions required of §115.31 and received specialized training on sexual abuse and effective cross-agency coordination in accordance with provisions required of this standard.

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

Outcome: Does Not Meet Standard

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time employees or mental health practitioners, and therefore, this element of the standard is not applicable.

(b)(c): The facility provided an electronic transcript with medical and mental health staff names for “PREA: An Introduction & Overview – PREA: Reporting Obligations & Retaliation Protections” and a course description for “PREA Pt 1: An Overview course” with a course outline, but no curriculum. Facility policy does not include provision (b) which requires that the facility policy include procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse. The facility provided a memorandum from ICE stating the policy was approved; however, the policy as written is not compliant.

Corrective Action:

(b)(c): The Auditor cannot determine if the specialized training required under this standard is compliant because the facility did not provide the lesson plan or curriculum. To become compliant, the facility must provide the curriculum for compliance review. Provision (b) requires that the facility policy be updated to include procedures

to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse. The facility must additionally provide the Auditor approval of updated policy.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): SOP 1517 states, “During the intake process, all new commitments will be assessed to identify inmates/detainees who are likely to be sexual aggressors or sexual abuse victims and shall house these individuals accordingly to prevent sexual abuse and to mitigate any such danger. The initial classification process and initial housing assignment will be completed, by the Shift Commander, within twelve (12) hours of their admission to the Facility. All new commitments will be kept separate from the general population until they have been initially classified. Thereafter they will be housed on a classification unit in accordance with their classification level. The Shift Commander and Medical Staff shall consider, to the extent possible based on available information, the following criteria to assess new commitments for risk of sexual victimization: Whether the inmate/detainee has a mental, physical, or developmental disability; The age of the inmate/detainee; The physical build and appearance of the inmate/detainee; Whether the inmate/detainee has previously been incarcerated or detained; The nature of the inmate’s/detainee’s criminal history; Whether the inmate/detainee has any convictions for sex offenses against an adult or child; Whether the inmate/detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the inmate/detainee has self-identified as having previously experienced sexual victimization; and If the inmate/detainee has concerns about their physical safety. Any inmate/detainee that is identified during their initial examination or in the community as having prior sexual victimization, will be immediately referred to a qualified medical or mental health partitioner for medical and/or mental health follow-up as deemed appropriate. When referral for medical follow-up is initiated, the inmate/detainee shall receive a health evaluation no later than two working days from the date of the initial assessment. When referral for mental health follow-up is initiated, the inmate/detainee shall receive a mental health evaluation no later than seventy-two (72) hours from the time of the initial assessment. The Classification Coordinator and Medical department will conduct a reassessment, for risk of victimization, on all inmates/detainees within sixty (60) to ninety (90) days from the date of their initial assessment, and at any time when warranted based upon the receipt of additional, relevant information. Inmates/Detainees will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during risk assessments. The response to risk assessment questions is confidential. Staff will ensure that the responses to these questions are maintained in an appropriate fashion to ensure that the sensitive information is not exploited to the inmate’s/detainee’s detriment by staff or other inmates/detainees.” During the onsite audit a support Auditor was able to observe an intake process. Detainees were brought into the facility and placed into one of three cells based on security levels of low, medium, and high. The process included a risk assessment; however, did not include the physical build and appearance of the detainee or the detainee’s concern about his or her safety. Review of 13 investigation files confirmed a reassessment was conducted after an allegation was made. Review of 20 detainee files confirmed detainees signed a risk assessment form upon intake; however, interviews with the same 20 detainees revealed that none were able to remember being asked the risk assessment questions, or they stated “no” to the question of receiving an assessment upon intake. Interview with classification confirmed that detainees are initially assigned to an “orientation” unit and then the detainee will be “classified” within 14 days to a general population unit. The interview further revealed that if detainees refuse to answer questions on the risk assessment, they will be placed into segregation which is a violation of provision (f).

Corrective Action:

(c)(e)(f): The facility does not assess detainees upon intake on the physical build and appearance of the detainee or the detainees concerns of own safety required under provision (c) of the standard. The facility has reassessed detainees within 60 and 90 days; however, the assessment is not compliant. To become compliant with (c) the facility must implement a risk assessment that is compliant with the standard. The facility places detainees into a segregation status for failure to answer questions from the current risk assessment. To become compliant with (f)

the facility must establish and implement a process to not penalize detainees for refusal to answer any question asked of the risk assessment. Once the facility has developed the assessment tool, they must provide documentation that the assessment is being utilized for intake and reassessments at the 60-to-90-day assessment as required by (e). Documentation must be provided to the Auditor for 10 detainee intakes during the CAP period. The facility must train appropriate staff on the requirements under this subsection and provide documentation that training has been completed.

§115.42 - Use of assessment information.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, ““The Classification Coordinator will utilize the information from the risk assessments to assign housing, recreation and other activities, and voluntary work. The Classification Coordinator will make individualized determinations to ensure the safety of each inmate/detainee. When making assessments and housing decisions for transgender or intersex inmates/detainees, the Classification Coordinator will consider the inmate’s/detainee’s gender self-identification and an assessment of the effects of placement on the inmate’s/detainee’s health and safety. The Classification Coordinator will consult with the medical staff and a mental health professional as soon as practicable on this assessment. Housing assignments for transgender or intersex inmates/detainees will not be solely based on the identity documents or physical anatomy of the inmate/detainee. The inmate’s/detainee’s self-identification of their gender and self-assessment of safety needs will be taken into consideration. The placement of the transgender or intersex inmate/detainee will be reassessed at least twice each year to review any threats to safety experienced by the inmate/detainee. When operationally feasible, transgender and intersex inmates/detainees will be given the opportunity to shower separately from other inmates/detainees.” The facility does not have a viable risk assessment required under standard §115.41 and subsequently will not be compliant with subsection (a) of this standard. The Auditor interviewed Classification Coordinator and asked how information from the current risk assessment was used to make housing, programming, and work assignment decisions. The interview revealed that initially classification makes the housing decisions based on information available to them prior to detainee arrival. Initial classification is completed upon arrival, but then the detainee will have another classification completed within 14 days in order to be housed in the general population unit. The facility conducts a Special Needs Meeting weekly in which new detainees would be reviewed along with other detainees currently housed at the facility. The facility provided copies of a Special Needs Meeting minutes held, but the minutes did not prove compliance with how the information from the risk assessment is utilized to determine housing or work assignments. The facility did not have any transgender or intersex detainees housed during the onsite audit for interview. Interviews with six security staff confirmed a transgender or intersex detainee would be allowed to shower separately if requested.

Corrective Action:

(a)(b)(c): To become compliant, the facility must provide documentation that a risk assessment developed under standard 115.41 is utilized to make individualized determinations about how to ensure the safety of each detainee. Once implemented the facility must train all booking, classification, medical and mental health staff on both new practices and provide training documentation to the Auditor. The facility must submit to the Auditor 10 detainee files to confirm that the new practice has been implemented. If applicable, the facility must submit to the Auditor any detainee files that include detainees who are transgender or intersex to confirm the facility considered the detainee's gender self-identification when making assessment and housing decisions for a transgender or intersex detainee and reassessed a transgender or intersex detainee's placement and programming at least twice each year to review any threats to safety experienced by the detainee.

§115.43 - Protective custody.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e): SOP 1517 states, “Inmates/Detainees who are identified to be potentially easily victimized, will be placed in protective custody pending review from the Classification Coordinator and Committee. Any inmate/detainee that expresses a fear of retaliation will be offered and placed in protective custody, staff members are protected through policy and procedure and the code of ethics. All Inmate/Detainee retaliation claims will be monitored by the PREA Coordinator. Inmates/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing pending the outcome of an investigation. The victim will be placed in a supportive environment that represents the least restrictive housing possible. The victim shall be classified as Protective Custody and will be housed on the Protective Custody General Population housing unit, unless deemed otherwise by the Shift Commander.” Review of policy confirmed that ICE had reviewed and approved SOP 1517. Further review of SOP 1517 confirmed under §115.41 that “Detainees who are identified to be potentially easily victimized, will be placed in protective custody pending review from the Classification Coordinator and Committee.” SOP 1517 does not provide written procedures consistent with the standards for governing the management of its administrative segregation unit. Policy does not require a supervisory staff member to conduct a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Interview with the Warden confirmed that ICE would be notified by telephone or email at any time a detainee is placed into administrative segregation. The facility could not provide documentation that vulnerable detainees placed in protective custody are housed for the least amount of time or last resort, or that assignment did not exceed 30 days. The facility additionally could not provide documentation that detainees placed in protective custody were provided access to programs, visitation, counsel, and other services available to the general population. Review of policy confirms it is not compliant with this standard.

Corrective Action:

(a)(b)(c)(d)(e): SOP 1517 does not provide written procedures consistent with the standards for governing the management of its administrative segregation unit. Policy does not require a supervisory staff member to conduct a 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, or the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The facility could not provide documentation that vulnerable detainees placed in protective custody are housed for the least amount of time or last resort, or that assignment did not exceed 30 days. The facility additionally could not provide documentation that detainees placed in protective custody were provided access to programs, visitation, counsel, and other services available to the general population. To become compliant facility policy must be developed in consultation with the ICE ERO FOD having jurisdiction for the facility. Once updated, the facility must submit documented training for all applicable staff on the updated policy. If applicable, the facility must submit to the Auditor any detainee files that occurred during the CAP period that includes a detainee placed in administrative segregation as a result of being vulnerable to sexual abuse or assault.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): SOP 1517 states, “Inmates/Detainees may report sexual abuse or sexual assault by: Reporting the incident to any trusted staff member; Reporting an incident to a staff member other than an immediate point-of-contact line officer (e.g. the PREA coordinator or a mental health specialist); Reporting the incident to any ICE/ERO staff member; Submitting an informal, formal or an emergency grievance by utilizing the KIOSK located on every housing unit to the Facility or ICE ERO; Notifying the DHS Office of Inspector General by calling the toll-free hotline at: 1-800-323-8603 or by mailing a letter to the attention of Office of Investigations

Hotline at 245 Murray Drive, SW Building 410/Mail Stop 0305 Washington, DC 20528; Notifying the DHS ICE Headquarters by calling the ICE Detention Reporting information line at 1-888-351-4024 or 9116#; Notifying the Joint Intake Center by calling 1-877-246-8253; Notifying (VIP) Victims' Intervention Program by calling (800) 648-4VIP or 570-296-HELP. Additionally, they may submit a letter by writing to VIP at PO box 986 Honesdale, PA 18431; and notifying their consulate Official by utilizing the toll-free telephonic phone numbers that are posted on all housing units and the tablet system. Inmates/Detainees may anonymously report allegations of sexual abuse or sexual assault. Inmate/Detainees may also choose to report anonymously to the Detention Reporting and Information Line) [sic] DRIL, DHS OIG or VIP. Inmates/Detainees can also have somebody else report on their behalf to the Facility, VIP, ICE Headquarters, or to the OIG." During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS Office of the Inspector General (OIG), reporting numbers for the ICE Detention and Reporting and Information Line (DRIL) and poster for VIP. During the onsite review a support Auditor called the OIG and DRIL numbers successfully. Review of 13 investigation files confirmed detainee verbal reports were documented. There were no anonymous or third-party PREA allegations reported. Interviews with the PCM and six security officers confirmed reports made verbally, in writing, anonymously and from third parties would be accepted and processed immediately. Security officers further confirmed that if a report was received verbally, it would be documented prior to the end of their shift.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): SOP 1517 states, "Inmates/Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. There shall be no time limit on when an inmate/detainee may submit a grievance regarding an allegation of sexual abuse. Inmates/detainees may submit an emergency grievance, by utilizing the KIOSK located on all housing units, pertaining to time-sensitive grievances that involve an immediate threat to an inmate's/detainee's health, safety, or welfare related to sexual abuse. All medical emergencies will be immediately reported to the medical department to ensure that the appropriate care is administered in a timely fashion. All grievances pertaining to sexual abuse will be answered within in five (5) days upon receipt of the grievance. Any appeal to the response to the initial grievance will be responded to within thirty (30) days. Any grievance that is submitted by a Detainee pertaining to sexual abuse, will be forward to the Field Office Director at the end of the grievance process. To prepare a grievance, an inmate/detainee may obtain assistance from another inmate/detainee, the housing unit officer or any Facility staff member. Staff will take reasonable steps to expedite requests for assistance." During the onsite audit a support Auditor submitted a test grievance through the kiosk and received a response; however, the kiosk is only available in English and Spanish. Interview with the GO confirmed that should a detainee file a grievance through the kiosk a shift commander will call the detainee to discuss and then provide a grievance form for the detainee. The grievance form then has to go to the security officer for signature or it can be handed to the next shift should the grievance involve the existing officer. The grievance then goes into a folder for the GO to pick up daily. An emergency grievance can be filed on the kiosk and staff will have one hour to answer. The GO further confirmed the shift commander, staff, or other detainees may assist in filling out the grievance form. The facility only allows a detainee to file a grievance through the kiosk system and then the detainee has to speak to a shift commander prior to filing. There were no grievances filed alleging sexual abuse for the Auditor to review.

Corrective Action:

(a)(c): The facility does not allow a detainee to file a grievance in lieu of lodging an informal grievance or complaint by having the shift commander discuss it with the detainee prior to submission. The facility does not

provide a grievance process that is inclusive for detainees that speak a language other than English or Spanish or detainees who cannot read. To become compliant the facility must establish and implement a grievance process that allows detainees to file a grievance at any time without facility intervention first. The facility must implement a process to ensure detainees who speak a language other than English or Spanish have timely access to the grievance process. Once implemented the facility must provide the Auditor with the newly established procedure, train employees, and provide detainees on the newly implemented procedure. The facility must additionally provide the Auditor with any grievances filed during the CAP period to ensure compliance.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SOP 1517 states, “The Pike County Correctional Facility will maintain or attempt to enter into agreements with community service providers (VIP) to provide inmates/detainees with confidential emotional support services related to the inmates/detainees sexual abuse while in custody.” During the onsite review the Auditor noticed postings for VIP located on the walls within the intake area, holding cells and housing units that contained a mailing address and telephone number for detainee use. The Auditor reviewed an MOU with VIP that confirmed the organization provides expertise and support for crisis intervention, counseling and investigation and the prosecution of sexual abuse. Review of PCCF SOP confirmed the facility has written policies that establish procedures for utilizing VIP. Interview with the PCM/PSACM confirmed VIP has been utilized for services and detainees are allowed to speak to advocates confidentially. There were 13 allegations of sexual abuse the Auditor reviewed. Review of the files confirmed all detainees were provided information for VIP services. Interview with the VIP advocate further confirmed that detainees are provided information for advocacy, and they have been contacted for services.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

SOP 1517 states, “Third party reporting information is provided in the inmate/detainee handbook for family and friends of inmates/detainees incarcerated in the Pike County Correctional Facility. Family and friends can also go to www.pikepa.org for information pertaining to the Pike County Correctional Facility PREA standards and reporting protocols.” The facility provided a memorandum stating that all county PREA information can be found at: Pike County, PA (pikepa.org). The Auditor reviewed the facility website and confirmed two email addresses were available to the public for third-party reporting. The Auditor sent electronic correspondence to both email addresses provided on the website and received responses from both in less than 24 hours. Review of the ICE web page (<https://www.ice.gov/>) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee. During the onsite audit the Auditor observed the DRIL and DHS OIG posters in English and Spanish posted on walls on the housing areas.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an

investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” SOP 1517 states, “All staff, contractors, and volunteers are required to immediately report to their direct supervisor any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred within the Facility or any location where an inmate/detainee is in the custody of Facility staff; Retaliation against inmates/detainees or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff may report an incident of sexual abuse outside of the chain of command to (VIP) Victims’ Intervention Program (800) 648-4VIP. Additionally, they may submit a letter by writing to VIP at PO box 986 Honesdale, PA 18431. To maintain confidentiality, information concerning the identity of individual reporting the PREA claim, and the circumstances of the incident will be limited to only the staff members who need to know.” Review of SOP 1517 confirmed it requires staff to immediately report incidents or retaliation against detainees or staff. Review of staff training curriculum did not include a method by which staff could report outside of their chain of command; however, there are signs displayed throughout the facility providing the OIG reporting line and PREA hotline number staff could utilize if needed. Review of 13 investigation files confirmed that once staff was notified of an incident, reporting was made immediately to supervision. Interviews with six security officers additionally confirmed should they become aware of an incident they would report it immediately to a supervisor. Staff could not articulate how they could make reports outside of their chain of command. Interviews with six security officers, the Warden and the PSA/PSACM confirmed PCF does not house juvenile offenders. Interview with the Warden and PSA/PSACM further confirmed should an incident involve a detainee considered a vulnerable adult, the allegation would be reported to the Area Agency on Aging. During the onsite audit a support Auditor was in the facility break/lunchroom area and overheard a staff member involved in an allegation under investigation discussing it with other staff members which was a violation of 115.61(c). Interviews with six security staff confirmed that should they become aware of an allegation they would report the information immediately to a supervisor. Review of 13 investigation files confirmed that in each allegation facility response was immediate.

Corrective Action:

(a)(c): Review of staff training curriculum did not include a method by which staff could report outside of their chain of command. The standard requires that the facility must specify the appropriate reporting procedures, including a method by which staff can report outside the chain of command. To become compliant with (a) the facility must establish/identify a method by which staff can report sexual abuse outside of their chain of command. Once established, all staff must be trained on this method and evidence that all staff have been trained must be provided to the Auditor for compliance review. To become compliant with provision (c) the facility must retrain all staff on the requirement to not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Evidence of this training must be provided to the Auditor for compliance review.

§115.62 - Protection duties.

Outcome: Meets Standard

Notes:

SOP 1517 states, “The first security staff member to respond to the report will separate the alleged victim and abuser if known.” The Auditor reviewed 13 investigation files and confirmed that after each allegation PCCF took immediate protective actions by removing the victim from the area to provide safety and start the investigation process. Interviews with six security officers further confirmed that should they become aware that

a detainee is subject to substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SOP 1517 states, "If the facility receives information on the inmate/detainee that during previous confinement they were sexually abused, the Warden will be notified as soon as possible, but no later than 72 hours. An incident report will be completed on this matter." Interview with the Warden confirmed that should PCCF receive information that a detainee was sexually abused at another facility notifications would be made to the PCM/PSACM who in turn would notify the facility where the abuse occurred and the ICE FOD within 72 hours. In addition, the PCM/PSACM indicated the notification would be documented by email and should a detainee be transferred and PCCF notified of an allegation that happened at their facility, the FOD would be notified, and appropriate notifications would be made, and an investigation would be initiated immediately upon being notified. The facility had one allegation that was reported by a detainee upon transfer to PCCF that occurred at another facility. Interview with the Warden confirmed the transferring facility was notified. The facility did not provide the Lead Auditor with documentation that this notification had been made and is found out of compliance for provision (c). The facility did not have any detainee transferred to another facility that reported an allegation.

Corrective Action:

(c): The facility did not provide documentation that notification was made to the administrator of the sending facility where a detainee alleged that sexual abuse had occurred while at that facility. To become compliant the facility must provide documentation to the Auditor of notification for any allegations reported by detainees of sexual abuse that was to have occurred at another facility for any that occur within the corrective action period.

§115.64 - Responder duties.

Outcome: Does Not Meet Standard

Notes:

(a)(b): SOP 1517 states, "The first security staff member to respond to the report will: Separate the alleged victim and abuser if known; Immediately notify the Shift Commander and medical health care personnel; Secure the scene. It is extremely important that the crime scene is not disturbed. If the assault took place in a cell, lock the cell door. If it happened in any other area, secure the area in the best possible manner; Photograph/videotape the alleged crime scene; Request and encourage the inmate/detainee victim to refrain from showering, washing, brushing their teeth, urinating, defecating, drinking, eating, or changing their clothing. Inmate/detainees may shower if they request to do so; Make sure that the alleged abuser does not shower, wash, brush their teeth, urinate, defecate, drink, eat, or change clothing; and write a report and forward it to the Shift Commander, in a private and confidential manner. All other staff members notified of an allegation of sexual abuse will ensure that the alleged victim does not take any actions that could destroy physical evidence and will immediately notify the Shift Commander and their Department Head. Shift Commander will: Ensure separation of the victim and alleged assailant at the time of notification and Ensure victim receives timely unimpeded access to emergency medical treatment and crisis intervention services." Review of policy confirmed other staff members are directed to ensure the alleged victim does not take actions to destroy evidence. This is in conflict of provision (b) of the standard which directs non security members to request the victim not take actions. Interviews with six security staff confirmed they could not articulate the requirements of provision (b).

Corrective Action:

(b): PCCF SOP 1517 directs non security staff to ensure the alleged victim does not take actions to destroy evidence. This is in conflict of provision (b) of the standard which directs non security members to "request" the victim not take actions. In order to become compliant, the facility must update SOP 1517 to correlate with provision (b) and obtain ICE review and approval of the updated policy.

§115.65 - Coordinated response.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SOP 1517 states, "Medical staff will coordinate with the Shift Commander to arrange for a transport to Wayne Memorial Hospital for forensic medical examination without cost to the inmate/detainee. Treatment services will be provided regardless of whether or not the victim names the abuser or cooperates with any investigation arising out of the incident. Take a history to document extent of injury and notify the facility HSA. Schedule inmate/detainee to see Psychiatrist as soon as possible for mental health evaluation and treatment where appropriate. Make arrangements with Psychologist for crisis intervention counseling and long-term follow-up as well as necessary referrals for continued care following a transfer or release. Notify the Pennsylvania State Police to conduct an official investigation. The PREA Coordinator in the role of the Facility Investigator will keep in contact with the Pennsylvania State Police Investigator regarding the progress of all sexual abuse investigations. The Facility Inspector will contact the Pennsylvania State Police Investigator bi-weekly to attain updates on the status of sexual abuse investigations. The Warden PCM/PSACM will notify the I.C.E. S.D.D.O. (PSA) and I.C.E. A.F.O.D. of alleged sexual assault, abuse or harassment involving a detainee. The I.C.E. S.D.D.O (PSA) will coordinate with the Office of Professional Responsibility (OPR) to ensure that there is non-interference with any criminal investigations. If a victim of Sexual Abuse is transferred between a DHS immigration detention facility or a non-DHS facility, the Pike County Correctional Facility, as permitted by law, will notify the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim request otherwise." The facility utilizes SOP 1517 as its coordinated response plan. Review of SOP confirmed it coordinates actions taken by first-responders, medical, mental health, investigators and supervision in response to incidents. Interview with PCM/PSACM confirmed the policy would be utilized as the facility's response plan. Provision (c) is not sufficiently covered in this policy and interview with the HSA confirmed that a transfer summary would be utilized for detainee transfers that would indicate any need for continuing services with no distinction between a DHS or non-DHS facility transfer, which is out of compliance with provision (c). Provision (c) requires when a detainee victim is transferred between facilities covered by 6 CRF part 115, subpart A or B, the sending facility shall, as permitted by law, must inform the receiving facility of the incident and the detainee's need for continuing services.

Corrective Action:

(c): Provision (c) is not sufficiently covered in SOP 1517 and interview with the HSA confirmed that a transfer summary would be utilized for detainee transfers that would indicate any need for continuing services with no distinction between a DHS or non-DHS facility transfer, which is out of compliance with provision (c). To become compliant, the facility must revise its policy and develop procedures to ensure that when a detainee victim is transferred between facilities covered by 6 CRF part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the detainee's need for continuing services. The facility must train applicable staff on the newly implemented procedure and provide documentation to the Auditor of training completion. To become compliant with provision (c), the facility must also provide the Auditor with any detainee transfers to a facility covered by DHS PREA standards during the CAP period to demonstrate PCCF informed the receiving facility of the incident and continuing need for services, and where applicable, for any detainee victims transferring to a non-DHS facility.

§115.66 - Protection of detainees from contact with alleged abusers.

Outcome: Meets Standard

Notes:

SOP 1517 states, “Staff, volunteers, and contractors suspected of perpetrating sexual abuse, assault, or harassment on an inmate/detainee will be removed from all duties requiring inmate/detainee contact pending the outcome of an investigation and may be suspended from duty if deemed necessary. Employees may be immediately relieved of duty by the Warden or Assistant Warden if such is deemed necessary. An employee may be suspended pending the outcome on an investigation into an allegation of sexual contact and subjected to internal disciplinary procedures and criminal prosecution.” The Auditors became aware of an ongoing sexual abuse investigation involving a staff member and asked the Warden if the staff member had been removed from contact with detainees. The facility did not provide documented evidence, but the Warden stated the staff member had been assigned to work in the control room in order to comply with the no-detainee contact requirement until the investigation is closed. The Auditor reviewed 13 investigation files and confirmed that in six (6) incidents against a staff member the staff member was removed from detainee contact immediately and reassigned to a no-detainee contact post until the investigation was completed.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, “ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” SOP 1517 states, “The Pike County Correctional Facility has a “zero tolerance” policy pertaining to sexual assault/abuse and sexual harassment of inmates/detainees. All inmates/detainees and staff have the right to be free from sexual abuse and the right to be free from retaliation for reporting sexual abuse. Inmates/detainees and staff who fear retaliation for reporting or cooperating with sexual abuse are protected by emotional support services, housing unit changes for inmate/detainee victims or abusers and removal of alleged staff or inmate/detainee abusers from contact with victims. The Assistant Warden and Shift Commanders/Department Heads will monitor retaliation and act promptly if deemed retaliatory acts are committed. The Pike County Correctional Facility will monitor the conduct and treatment of inmates/detainees or staff who have reported sexual abuse and of inmates/detainees who were reported to have suffered from sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or staff. These issues will be addressed during the weekly classification meeting reviewing disciplinary reports, housing unit changes and program changes. Staff are monitored by the Assistant Warden in their staff performance appraisal and staff reassignments if necessary. Any inmate/detainee that expresses a fear of retaliation will be offered and placed in protective custody, staff members are protected through policy and procedure and the code of ethics. All Inmate/Detainee retaliation claims will be monitored by the PREA Coordinator.” There were no grievances for the Auditor to review pertaining to retaliation from an incident. The facility provided a “Special Needs Committee” minutes conducted weekly on detainees. The Special Needs Committee does monitor detainees who have reported an allegation; however, the detainee is not present at this meeting to give input. Interview with the PCM/PSACM confirmed retaliation monitoring is conducted at this meeting. Monitoring will start at the next available committee date and continue until the detainee leaves. Although the facility is monitoring the detainee, the detainee does not have input to express safety concerns or observations staff may have missed. Interview with the PCM/PSACM additionally confirmed staff monitoring is not being completed. Although there has not been a staff member that reported an incident or retaliation against a detainee, the facility could not articulate a process for monitoring staff.

Corrective Action:

(c): The facility did not provide sufficient evidence that detainees and staff (if applicable) are monitored for retaliation for at least 90 days following a report of sexual abuse. To become compliant the facility must establish and implement a procedure to monitor retaliation against staff, contractors, volunteers, and detainees. Monitoring should include any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The facility must provide documentation to the Auditor that applicable staff have been trained on the newly established procedure. In addition, the facility must provide the Auditor with documentation of retaliation monitoring for five cases that occur during the corrective action period.

§115.68 - Post-allegation protective custody.**Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c)(d): SOP 1517 states, "Inmates/detainees who are suspected or confirmed to have been victimized by a sexual predator within the facility will be separated from the suspected or confirmed predator by reassignment of housing pending the outcome of an investigation. The victim will be placed in a supportive environment that represents the least restrictive housing possible. The victim shall be classified as Protective Custody and will be housed on the Protective Custody General Population housing unit, unless deemed otherwise by the Shift Commander." The facility is not in compliance with §115.43 and subsequently will not be in compliance with this standard. The facility provided no evidence that a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. There was no evidence to indicate that the facility notifies the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.

Corrective Action:

(a)(b)(c)(d): In order to become compliant facility policy must be updated to include the provisions required under §115.43. The facility must develop a procedure to ensure that a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Additionally, evidence must be provided that the facility notifies the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours. Once implemented the facility must submit documented training for all applicable staff on the updated policy. If applicable, the facility must submit to the Auditor any documentation of detainees held in protective custody after sexual abuse and documented reasons for doing so.

§115.71 - Criminal and administrative investigations.**Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c)(e)(f): SOP 1517 states, "The Pike County Correctional Facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Review of policy confirms PCCF is not required to consult with the appropriate investigative office within DHS prior to conducting an administrative investigation. Interview with the PCM confirmed DHS is not consulted. Additionally, PCCF has not developed written procedures for administrative investigations, including provisions requiring: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description

of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. Review of SOP 1517 confirmed it does not include a provision for proper sequencing an administrative investigation after the conclusion of a criminal investigation found substantiated, provision for the administrative investigation to be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity. The facility does not have written procedures for administrative investigations that include preservation of direct and circumstantial evidence, assessment of the credibility of an alleged victim, suspect, or witness, documentation of the investigation by written report and investigative facts and findings, or instruction that the procedures shall govern the sequencing of the two types of investigation to ensure the criminal investigation is not compromised by an internal administrative investigation. Review of 13 investigation files confirmed none resulted in a criminal investigation and all had an administrative investigation completed. The files did not contain documentation that the administrative investigation was conducted after consultation with the appropriate investigative office within DHS. Interview with the investigator confirmed the facility conducts administrative investigations and it would be started immediately. The investigation would include interviews with any person involved, video review, and collection of evidence. The interview further confirmed should a detainee be transferred, or a staff member leave the facility the investigation would still continue until it was completed. The investigator additionally confirmed that if the incident was criminal in nature the Pennsylvania State Police would conduct the criminal investigation. Interviews with the Warden and PCM/PSACM confirmed that the facility has good relationship with the State Police and would stay informed of the progress of the investigation by emails and telephone calls.

Corrective Action:

(c): In order to become compliant the facility must develop written procedures for administrative investigations, including provisions requiring: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. To become compliant, the facility must develop written procedures for administrative investigations to include all requirements of subsection (c). Once completed the facility must provide the procedures to the Auditor and train all applicable staff of the new procedures. The facility must provide the Auditor with documentation of the completed training.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Notes:

ICE Policy 11062.2 states, "Administrative investigations impose no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. SOP 1517 states, "The Pike County Correctional Facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual

harassment are substantiated." Interview with AW/PSACM/Investigator confirmed that when an administrative investigation is undertaken it imposes no standard higher than a preponderance of the evidence to determine whether allegations of sexual abuse are substantiated. Review of 13 investigation files confirmed this standard of evidence is used in substantiating sexual abuse allegations.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

SOP 1517 states, "If a sexual abuse claim is determined to be Substantiated (The claim has been proven) the Pike County Correctional Facility will inform the inmate/detainee when: The staff member is no longer posted within the inmates/detainees housing unit; The staff member is no longer employed at Pike County Correctional Facility; Pike County Correctional Facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; Pike County Correctional Facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Note: The Pike County Correctional Facility is not obligated to report this information if the inmate/detainee is released from our custody. If an inmate/detainee alleges they have been sexually abused by another inmate/detainee, the Pike County Correctional Facility will inform the inmate/detainee when: The Pike County Correctional Facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; The Pike County Correctional Facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Note: The Pike County Correctional Facility is not obligated to report this information if the inmate/detainee is released from our custody." The Auditor reviewed 13 investigation files and confirmed that the facility had notified the detainee in each case on the outcome of the investigation. Interview with the PSA/PSACM/Investigator confirmed that the facility notifies detainees of the outcome of any investigation. Interview with a detainee that reported an allegation at PCCF confirmed through interview he had received notification about the outcome of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SOP 1517 states, "Allegations of employee or volunteer sexual contact with an inmate/detainee will be investigated immediately. Inmate/detainee complaints alleging sexual contact by an employee or volunteer will be forwarded to the Assistant Warden who will arrange for the incident to be investigated. Employees may be immediately relieved of duty by the Warden or Assistant Warden if such is deemed necessary. An employee may be suspended pending the outcome on an investigation into an allegation of sexual contact and subjected to internal disciplinary procedures and criminal prosecution. Termination will be the presumed sanction for a staff person found guilty of sexual abuse. All employee terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated will be reported to law enforcement agencies and to any relevant licensing bodies unless the activity was clearly not criminal." Review of 13 investigation files confirmed that none of the cases involved a criminal investigation or disciplinary sanctions for a staff member. Interview with the Warden confirmed staff would be removed from detainee contact and volunteers or contractors would be suspended from the facility until the investigation is completed. If the violation was criminal, notification would be made to the Pennsylvania State Police for investigation. The interview further confirmed that if the allegation was severe enough the employee may be put on administrative

leave pending the outcome of the investigation or terminated. Notifications would be made to relevant licensing bodies if needed.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): SOP 1517 states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement and relevant licensing bodies, where applicable. Other violations of Pike County Correctional Facility sexual abuse or harassment policies could result in remedial measures and prohibition of further contact with inmates/detainees when appropriate.” Interview with the Warden confirmed that any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately and not be allowed reentry into the facility. The facility received no allegations against a volunteer or contractor during the audit period.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The facility provided three policies that govern detainee discipline including SOP 1517; SOP 1020, Inmate/Detainee Discipline; and SOP 1020.1, Prohibited Acts. SOP 1020 states, “It is the policy of Pike County Correctional Facility to have in place a system of inmate/detainee discipline that will serve to protect the public, inmates/detainees, staff and to maintain order in the facility through the impartial application of a fully developed, well understood set of rules and regulations and a disciplinary hearing procedure that incorporates all applicable due process requirements.” SOP 1020 also states, “When an inmate/detainee has a diagnosed mental illness, mental disability, or demonstrates symptoms of mental illness or mental disability, a mental health care professional, preferably the treating clinician, shall be consulted to provide input as to the inmate’s/detainee competence to participate in the disciplinary hearing, any impact the inmate’s/detainee’s mental illness may have had on his/her responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior. If an inmate/detainee has a mental disability or mental illness but is competent, the disciplinary board shall consider whether the individual’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A mental health professional should be consulted as to whether certain types of sanctions may be inappropriate because they would interfere with the individual’s treatment or recovery plan.” SOP 1020 also states, “the board is empowered to impose appropriate sanctions when a charge is substantiated by information obtained in the hearing process, including staff reports, inmate/detainee statements, and information derived from documentary evidence and witness statements. The board will impose the allowable sanctions noted above in proportion to the seriousness of the infractions involved for the purpose of disciplining the inmate/detainee and controlling behavior. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate/detainee disciplinary history, and the sanctions imposed for comparable offenses by other inmate/detainee with similar histories.” SOP 1020.1 indicates that “assaulting any person (includes sexual assault)” is a Class I Extreme Offense. SOP 1517 states, “The Pike County Correctional Facility will not discipline any inmate/detainee for sexual contact with a staff member, contractor or volunteer, unless there is a finding that the staff member, contractor or volunteer did not consent such contact.” Review of policy confirmed it directs the facility to consider whether the detainee’s mental disability contributed to the behavior. Interview with the DO found the facility has a formal disciplinary process that is outlined by policy. However, the DO could not confirm the disciplinary system considers a

detainee's mental disability or mental illness contributing to the behavior or an established procedure to consult mental health when determining sanctions for such cases. The interview confirmed sanctions are commensurate with the action and there are progressive levels of disciplinary sanctions that can be utilized. Interview with Mental Health confirmed they are not consulted during the disciplinary process in determining if a mental health or mental illness contributed to the behavior. PCCF additionally utilizes a review and appeal process and allows the detainee to forward an appeal to ICE as needed.

Corrective Action:

(d): The facility must implement a practice of considering 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 and train applicable staff on the procedure. The facility must provide the Auditor with documentation that applicable staff have been trained on the procedure.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, "Any inmate/detainee that is identified during their initial examination or in the community as having prior sexual victimization, will be immediately referred to a qualified medical or mental health partitioner [sic] for medical and/or mental health follow-up as deemed appropriate. When referral for medical follow-up is initiated, the inmate/detainee shall receive a health evaluation no later than two working days from the date of the initial assessment. When referral for mental health follow-up is initiated, the inmate/detainee shall receive a mental health evaluation no later than seventy-two (72) hours from the time of the initial assessment." Review of PCCF's assessment pursuant to §115.41 confirms detainees are not adequately assessed upon intake with a compliant risk assessment tool. Interview with medical staff confirmed that they do not receive referrals from intake indicating if a detainee has experienced sexual victimization or if a detainee had perpetrated sexual abuse.

Corrective Action:

(a): The facility does not utilize a risk assessment tool that is compliant with standard §115.41. To become compliant the facility must implement procedures to include the requirement to refer the detainee who has experienced prior sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical or mental health follow-up as appropriate. The procedure must also include the requirement that once the referral is made the medical follow-up must be initiated and the detainee must receive a medical evaluation no later than two working days from the date of assessment and if the referral is to mental health the detainee must receive a mental health evaluation within 72 hours after the referral. Once implemented the facility must train all booking, medical, and mental health staff on the implemented procedure and provide the Auditor with documentation that that the training was received. If applicable, the facility must provide documentation of referrals and subsequent evaluations for qualifying detainees during the CAP period.

§115.82 - Access to emergency medical and mental health services.

Outcome: Meets Standard

Notes:

(a)(b): SOP 1517 states, "Inmates/Detainees who are victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Emergency medical treatment services provided to the victim shall be without financial cost and regardless of whether the victim names the abuser or cooperates with any [sic] investigation arising out of the incident." Interviews with the Warden and medical staff confirmed that detainees would receive emergent care at Wayne Memorial Hospital free of charge that includes crisis intervention, emergency contraception and sexually transmitted infections prophylaxis. The facility did not have any sexual abuse allegations during the audit period

that required emergency medical treatment therefore, there were none to review. Interview with mental health staff found that a mental health evaluation of known detainee-on-detainee abusers will be conducted within 60 days of learning of such abuse and treatment will be offered when deemed appropriate. Review of 20 detainee files confirmed there were no known detainee-on-detainee abusers that needed a referral.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f)(g): SOP 1517 states, “The Pike County Correctional Facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse while in custody. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, placement in, or other facilities, or their release from custody. The Facility shall provide such victims with medical and mental health services consistent with community level care. Inmate/Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered a pregnancy test. If the pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Inmates/detainees of sexual abuse while incarcerated infections [sic] shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Facility will conduct a mental health evaluation of all known inmate/detainee on inmate/detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” The facility provided an incident report that indicated a detainee made a PREA allegation, was referred to medical and subsequently to mental health. The detainee was provided a referral to VIP for counseling services. The Auditor reviewed 13 investigative files. All 13 files confirmed that medical and mental health services were offered after each allegation. Interviews with the HSA and Mental Health staff confirmed detainees are provided services consistent with care in the community. Services would include tests for sexually transmitted infections and provided free of cost to the detainee whether they cooperate with the investigation. The facility uses a several different “checks and balances” after an allegation to ensure care is provided timely; mental health gets a list, medical does a checklist and emails are sent as follow up. Interview with mental health staff further confirmed that known detainee-on-detainee abusers are offered a mental health evaluation conducted with 60 days of learning of the abuse history.

(d): PCCF does not house females and therefore provision (d) is not applicable.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SOP 1517 states, “A sexual abuse incident review will be conducted at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded with thirty (30) days. The review team will: consider whether the allegation or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse. Whether the incident or allegation was motivated by the perpetrator or victims’ race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation or motivated by other group dynamics. Examine the location where the incident allegedly occurred to assess whether physical barriers in the area enable

abuse. Assess the adequacy of staffing levels in the location during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of its findings and any recommendations for improvement and submit to the Warden. The Warden will implement recommendations for improvement from the review teams report or document his reason for not doing so. An annual report will be prepared documenting the findings from the data review and any corrective actions taken by the incident review team. This annual report will be forwarded to the PSA Coordinator and the FOD.” Review of 13 investigation files confirmed that an incident review was conducted on all files except those determined to be unfounded. Review of the submitted PREA allegation spreadsheet compared to the annual report revealed allegations did not correlate. PCCF could not provide documentation that a negative or annual report was forwarded to the FOD or agency PSA Coordinator.

Corrective Action:

(a)(c): The facility is not conducting an incident review on unfounded cases, nor is the facility forwarding incident reviews conducted on substantiated and unsubstantiated cases to the agency PSA Coordinator, or forwarding annual reviews, to include negative reviews, to the Warden, FOD or designee, and the agency PSA Coordinator. In order to become compliant, the facility must conduct an incident review for previous unfounded cases during the audit period and at the conclusion of every investigation of sexual abuse and provide the Auditor with documentation during the CAP period. The facility must provide documentation that an annual review has been forward to the Warden, Field Office Director, or designee and the Agency PSA Coordinator.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): SOP 1517 states, “The Pike County Correctional Facility will maintain all files containing claims of sexual abuse secured in the Roving Lieutenants Office. An annual report will be prepared documenting the findings from the data review and any corrective actions taken by the incident review team. The report will include a comparison of the current year’s data and corrective actions with those from previous years and an assessment of the progress in addressing sexual abuse. The Warden will approve this report and make available to the public through request. Specific material may be redacted from the reports when publication presents a clear and specific threat to the safety and security of the facility and indicates the nature of the material redacted. This annual report will be forwarded to the PSA Coordinator and the FOD. The Pike County Correctional Facility will utilize form SSV-3 (4-2-2010) Survey of Sexual Violence, 2009 local jail jurisdictions summary form annually. Pike County Correctional Facility will obtain incident based and aggregated data from contracted facilities which are housing Pike County inmates at least annually. All data from the previous year can be provided to the department of justice by June 30. This data will be retained for at least ten (10) years after the date of initial collection.” The Auditor observed a locked file cabinet in the Lieutenant’s office which contained sexual abuse allegations. Interviews with the Warden and PCM/PSACM confirmed these reports would be kept secure.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the onsite review, the Auditor was able to review available memorandums and documentation that was provided to make an assessment with PCCF’s PREA Compliance. Interviews with staff and detainees were conducted in private while onsite. The Auditor observed the notification of audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese,

Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the onsite audit or during the post audit review.

Corrective Action:

No corrective action needed.

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.

Jodi Upshaw

11/12/2024

Auditor's Signature & Date

11/12/2024

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

Program Manager's Signature & Date

11/12/2024

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

Assistant Program Manager's Signature & Date



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

