PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Elisabeth Copeland	**Organization:**	Creative Corrections, LLC
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Houston Field Office
Field Office Director:	Patrick Conteras
ERO PREA Field Coordinator:	[redacted]
Field Office HQ physical address:	3400 FM 350 South, Livingston, TX
Mailing address: *(if different from above)*	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	IAH Secure Adult Detention Facility		
Physical address:	3400 FM 350 South, Livingston, TX		
Mailing address: *(if different from above)*	Same as above		
Telephone number:	937-967-8000		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	H.R. Terry	**Title:**	Warden
Email address:	[redacted]	**Telephone number:**	936-967-[redacted]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Jennifer DeWalt	**Title:**	PREA Compliance Manger
Email address:	[redacted]	**Telephone number:**	936-967-[redacted]

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the IAH Secure Adult Detention Facility (IAH) in Livingston, Texas was conducted on September 18 – 20, 2018, by Elisabeth Copeland, Lead Auditor, and Joe Rion, Auditor, both are PREA Auditors contracted through Creative Corrections, LLC. This will be the first PREA audit for IAH. IAH is an Immigration and Customs Enforcement (ICE) contract detention facility, operated by Management & Training Corporation (MTC) with a designed capacity of 1,054 beds. The detention facility houses adult male detainees to hold, process, and prepare individuals pending the results of judicial removal review. IAH also houses for the United States (U.S.) Marshall Service. There is no contact between ICE detainees or U.S. Marshall detainees at IAH. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards.

The point of contact established for IAH was through the External Reviews and Analysis Unit (ERAU) Team Lead [redacted] [redacted] provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documentation approximately 10 days prior to the on-site portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the date included on the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records and curriculum, facility layouts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was well organized and provided a picture of PREA implementation at IAH. It should be noted that while policies reviewed specifically uses the term "inmate", MTC has facilities that house inmates and that house detainees. When an IAH specific policy references "inmate" it also refers to "detainee." The interviews with staff supported the practice of this policy.

An entry-briefing, led by the ERAU Team Lead [redacted] was conducted shortly after arrival at the facility on September 18, 2018, day one of the on-site review. Those in attendance at the entry-briefing were as follows:

[redacted]	Deportation Officer/Contracting Officer Representative (DO/COR), ICE
[redacted]	Supervisory Detention and Deportation Officer (SDDO), ICE
[redacted]	Deportation Officer/Contracting Officer Representative (DO/COR), ICE
[redacted]	IAH Supply/Grievance Officer
[redacted]	IAH Mailroom
[redacted]	IAH Food Service Manager (FSM)
[redacted]	IAH Chief of Security (COS)
[redacted]	Assistant Field Office Director (AFOD), ICE
H. R. Terry	IAH Warden
[redacted]	MTC Director of Nursing
[redacted]	IAH Risk Manager
[redacted]	IAH Health Service Administrator (HSA)
[redacted]	IAH Maintenance Supervisor
[redacted]	IAH Training Supervisor
[redacted]	MTC Chaplain
[redacted]	IAH Human Resource Manager (HR)
[redacted]	Polk County Administrative Lieutenant (Lt.)
Jennifer DeWalt	IAH PREA Compliance Coordinator

Once the introductions were given, the auditors introduced themselves and provided an overview of the audit process.

Immediately following the entry-briefing, the Warden led the Auditors, the ERAU Team Lead, and small group of IAH staff on a tour of the facility. All areas of the facility were toured to include, intake, multi-purpose rooms, barbershop, library/law library, general population housing, Special Housing Unit (SHU), kitchen, dining, medical, laundry, courtroom, recreation yards, and visitation. IAH has ███ security staff and ██ medical and mental health staff. The facility has one building which encompasses 106 single occupancy cell housing, 16 24-man open bay/dorm style housing units, 6 medical/infirmary beds, and 71 8-man multiple occupancy cell housing units, 22 segregation cells, and 1 mental health bed in the medical unit. The SHU contains 22 double bunked cells. Each cell contains one toilet in open view. Showers are conducted in a separate area and are done one at a time. The shower area contains a curtain for preventing cross-gender viewing. Medical contains two holding rooms, separated by classification, and 6 beds.

The housing units contained audit notices, PREA posters highlighting reporting methods and sexual abuse assault and zero tolerance, as well as, having notices of possible phone monitoring by all phones.

Over the preceding year, 3,965 detainees were booked into IAH with the average length stay of 54 days. The detainee count on the first day of the on-site review was 853 with 832 being ICE detainees. The top three nationalities of the detainee population are Mexican, El Salvadorian, and Honduran. The Auditor received zero letters of correspondence from detainees at IAH.

Immediately following the tour, the Auditors began interviewing both staff and detainees. The detainee interviews were conducted in the courtroom area of the facility in a room that had a window and allowed for confidentiality. The room also contained a phone to contact interpretive services as needed. Staff interviews were conducted in an empty office that also allowed for confidentiality. Interview samplings for staff and detainees were selected randomly by the Auditors from IAH provided facility staff and detainee rosters. The detainee random selection included selections from each housing unit. The staff random selection included selections from each shift. The Auditors remained at the facility beyond normal working hours to interview additional facility staff. The Auditors interviewed a total of 35 detainees, which included 30 random and two targeted limited English proficient (LEP) detainees, and three transgender detainees. No other targeted detainees were on-site to be interviewed. Multiple administrative staff verified this fact. This included no detainees who filed a grievance related to sexual abuse, who had reported sexual victimization during risk screening, reported sexual abuse, had a disability, or were a juvenile. The interpretive service used was Language Services Associates and the language requested for interpretation was Spanish. In addition, the Auditors interviewed ██ staff including ██ designated staff and ██ random staff representing all shifts.

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period, these investigations are still open. The open cases were not available for review. The files reviewed contained three criminal investigations with findings of unfounded detainees on detainee sexual abuse, which contained all the components required under this standard to include detainee notification and were conducted by Polk County Sheriff's Office. IAH also conducted an administrative investigation for each of these three cases and determined they were unfounded. Administrative investigations were conducted by the Deputy Warden/PREA Compliance Manager. OPR was also notified but chose not to investigate.

SUMMARY OF AUDIT FINDINGS:

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

On Thursday, September 18, 2018, (day three), an exit-briefing was conducted at approximately 11 a.m. local time. The exit-briefing was opened by ERAU Team Lead [redacted] and then turned over to the Auditors for an overview of the on-site findings and a close-out summary. Those in attendance for the exit-briefing were as follows:

H. R. Terry	IAH Warden
[redacted]	DO/COR
[redacted]	AFOD
[redacted]	Polk County Administrative Lt.
[redacted]	IAH Supply/Grievance Officer
[redacted]	IAH Law Library
[redacted]	SDDO
[redacted]	DO/COR
[redacted]	IAH Sergeant
Jennifer DeWalt	IAH PREA Coordinator
[redacted]	IAH COS
[redacted]	IAH HR
[redacted]	IAH Mailroom
[redacted]	IAH Risk Manager
[redacted]	IAH Reception & Diagnostic Supervisor

During the exit-briefing, the Auditors discussed their observations made during the on-site review. The Auditors observed that staff were visible and active in the direct supervision of the detainees. Staff also were knowledgeable of the coordinated response and referred to the Sexual Assault Response cards attached to their uniforms during the interview process. IAH has a high number of staff who are bilingual and had access to great oral interpretive services. It should also be noted that IAH has access to written translation services. Lionbridge Technologies is the interpretive service used by IAH. The detainees knew their rights and how to report sexual abuse. The group was advised that the lead Auditor will need to review all of the evidence gathered before a level of compliance can be determined.

Of the 41 standards reviewed, the Auditor found that IAH met 37 standards, had 2 standards (115.14 and 115.18) that were non-applicable and two standards were not met (115.16 and 115.53). As a standard practice while onsite, the Auditor reviews random files to support compliance. While onsite, the Auditor reviewed a human resources spreadsheet for background checks, staff training files for PREA training, 10 detainee files for detainee orientation, 10 detainee files to verify that reassessment of risk had been completed, and 3 investigative files closed in 2018. The Auditor reviewed four cases from 2017 and 2018 as IAH has two open cases from 2018 that could not be viewed by the Auditor.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	37
Number of standards not met:	2
Number of standards N/A:	2

PROVISIONS

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

§115.11 – Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(c) IAH has written policy mandating zero tolerance toward all forms of sexual abuse.

MTC policy 2.1.18, Protection for Harm: Prison Rape Elimination Act (PREA), dated August 1, 2018 mandates zero tolerance towards all forms of sexual abuse. "The IAH Secure Adult Detention Facility through this policy establishes a mandatory zero tolerance position concerning all forms of sexual abuse and further outlines the facility's approach to preventing, detecting and responding to such conduct should it occur. IAH is committed to a zero-tolerance standard for sexual violence, sexual misconduct, and sexual harassment between detainees and staff, volunteers and contractors. This policy provides uniform guidance to reduce the risk of prison sexual violence." MTC policy 903E.02, Ensuring Safe Prisons, states, "MTC is committed to a zero-tolerance standard for sexual violence." This same policy also outlines the procedures and expectations of the facilities this company manages.

These two policies support the DHS National PREA Standards requirements for this subsection of the standard 115.11.

(d) IAH has designated a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who is responsible for overseeing all aspects of the facility's efforts to comply with the zero-tolerance policy (MTC policy 2.1.18). This designation is supported by a review of the facility's organizational chart and the Auditor's interview with the PSACM. The organizational chart shows the PSA Compliance manager reports to the Warden. The PSA Compliance Manager indicated through her interview the following, "I manage the PREA files and make sure detainees have information on sexual abuse. I am also the point of contact (POC) for ICE and the Sheriff's Office. I coordinate reviews of any allegation, conduct PREA training and review video." When asked if she feels she has enough time and authority to complete her duties she replied, "Yes. This is the only duty I have here."

§115.13 – Detainee supervision and monitoring.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c) The auditor reviewed the IAH staffing analysis and samples of staffing schedules for all shifts, as well as the layout of their video monitoring capabilities which ensures enough supervision. While IAH does not use staffing ratios, the Auditor did review IAH Staffing for [redacted] Detainees worksheet. This worksheet identified the need for [redacted] security staff for [redacted] detainees. On the first day of the onsite portion of the audit, IAH had a population of 832 ICE detainees. The PSA Compliance Manager stated, "We do not use staff ratios. Detainee population determines the amount of staff needed at the facility." The Warden stated, [redacted]

The Auditor reviewed three closed investigative files and found staffing was not listed as a concern during the incident reviews of these investigations.

IAH has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for each respective area of the facility. Post orders reviewed include: Dorm Officer, Hall Rover Officer, Special Housing Unit Officer and Food Service Manager. The PSA Compliance Manager stated, "We have 24-hour coverage everywhere. Central Control monitors cameras. We use and to keep detainees safe." The interview with the Warden supports this practice.

The PREA Compliance Manager reported while there were no staffing ratios followed at IAH, the

IAH has the following shifts:

The warden advised if a

The Auditor found that IAH adhered to supervision guidelines established for this facility. The Auditor also found if there were deviations from the guidelines, this information was documented.

MTC policy 903E.02 states, "At least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed in (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of agency/facility resources to commit to the staffing plan to ensure compliance.

MTC policy 2.1.18 states, "The Facility Warden and PREA Compliance Manager will assess the facility's operations whenever necessary to ensure that sufficient supervision of detainees are being met. This will occur once per year at a minimum to determine whether adjustments are needed to staff and monitoring as it relates to the prevention of sexual abuse or assault. The facility shall take in considerations these factors when making determinations: accepted detention and correctional facility practices, judicial findings of any inadequacies, physical layout, composition of the detainee population, incidents as it pertains to sexual abuse, length of detainees stay, and any other relevant factors."

These two policies support the DHS National PREA Standards requirements for these subsections of the standard 115.13.

The auditor also reviewed an annual assessment from August 1, 2018 demonstrating compliance with sections (a) and (b). This review included consideration of each required item in determining adequate levels of supervision. IAH has had no deviations from the staffing levels. The Warden stated,

(d) MTC policy 2.1.18 covers rounds made by supervisors. It states, "In an effort to identify and deter sexual abuse of detainees, all Shift Supervisors will and . It is against facility policy for any staff to alert other staff of any security inspections except in those occasions that such announcement is related to the legitimate operational functions of the facility." The Chief of Security stated,

They are responsible for doing

. The Auditor reviewed random log books and found documentation of unannounced PREA rounds logged for each shift. This information is included in the PREA training all staff receive.

MTC 903E.02 also echoes this requirement. It states,

to identify and deter staff sexual abuse and sexual harassment. Such practice shall be implemented and documented for Staff shall not alert other staff of the

The Auditor reviewed a sample of log entries where The Auditor also reviewed a random sampling of The interviews of supervisors and staff supported that these

The Chief of Security advised the alerting of staff at IAH has never been an issue. However, if it did happen, he advised the staff person would be counseled. During this counseling session, the staff person would be reminded about the importance of He also added discipline would increase if it happens again.

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

§115.14 – Juvenile and family detainees.
Outcome: Not Applicable (provide explanation in notes)
Notes:

This standard does not apply to IAH, as they reported no juveniles are detained at this facility. Interviews with staff, facility management as well the on-site review of the facility supports the finding of no juveniles are detained at IAH.

IAH policies did not specifically state juveniles will not be held at this facility

RECOMMENDATION: IAH should add verbiage to polices stating juvenile detainees will not be held at this location.

§115.15 – Limits to cross-gender viewing and searches.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(b)(d) MTC policy 2.1.18 states, "Staff will receive additional training on the following: Cross gender pat searches will only be performed in exigent circumstances. Documentation regarding cross-gender clothed searches and cross gender visual cavity searches will always be expected. Requirements that staff enable detainees to shower and perform bodily functions, and change clothing with nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstance or when such viewing is incidental to routine cell checks. Require that all staff announce their presence when entering a detainee housing unit."

The Auditor reviewed a memo dated August 22, 2018 which stated, "Cross gender pat searches are not conducted by officers of the opposite sex, unless under exigent circumstances. There is no documentation available of cross gender pat searches for the previous year." All random staff interviewed reported only male staff do pat searches on the male detainees. Detainees also reported they have not been pat searched by female officers.

The PREA Compliance Manager advised that the shift supervisor would be notified of a cross gender pat search and it would then be documented on the pat search form.

In the past 12 months, IAH reported zero cross gender pat searches have been conducted.

IAH advised that if a cross gender pat search was conducted, a spreadsheet would be created to document the search.

(c) This subsection is non-applicable as IAH is an all-male facility.

(e)(f) MTC policy 903E.02 states, "The facility will not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

All staff interviewed reported that strip searches are not done by security staff and only medical can perform a strip search. Medical staff interviewed reported no strip searches have occurred in the past 12 months. Female staff interviewed also reported they have never been asked to participate in or witness a strip or body cavity search of male detainees.

(g) MTC 903E.02 states, "The facility will enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or

when such viewing is incidental to routine cell checks. The facility will maintain a log of exigent circumstances. The facility will develop a system by which staff of the opposite gender shall announce their presence when entering an inmate housing unit.

IAH Post Orders for Dorm Officers, Hall Rover Officers and Special Housing Unit Officers, include the following language: "Officers of the opposite sex must make an announcement such a 'female entering the dorm' if a female officer is entering a male housing area."

During the tour of the housing units it was observed that the shower and restroom areas are separated from the day room area by a half wall approximately five feet in height. The shower area, consisting of multiple shower heads is located in the corner of the housing unit. Two sides of the shower are building walls and the other two sides consist of half walls approximately five feet in height with an entrance into the shower which is covered by a half door for privacy. One side of the wall is the toilet area, which also has a half wall to create an enclosure. Both the toilet and the shower have a half door at each entrance. This allows privacy for other detainees in the housing unit and from staff who do security rounds. During the tour, the Auditor noted IAH staff could not view detainees while they are in the shower or using the restroom from any vantage point. [redacted] The Auditor verified that the only way staff could view a detainee unclothed or performing bodily functions was to stand directly at the half door and look into the area. When asked where detainees change clothes for either bed or for the next day, staff reported that detainees change in the shower area. They also reported that if detainees are going to sleep they are to keep their boxers on.

It should be noted that during the review of sexual abuse or sexual harassment allegations received at IAH, there were no allegations of staff voyeurism.

Each housing unit has [redacted] One Auditor reviewed the monitoring system in the [redacted] and it was determined the [redacted] The Auditors were satisfied that no viewing of genitalia or buttocks could be observed by the positioning of the cameras in the dorms.

During the tour of the segregation unit, a "Female Onsite" announcement was made by the Dorm Officer. This announcement was made in English. When this Auditor asked staff how detainees who are hard of hearing or deaf would be told that a female is entering the housing area, facility administration could not provide an answer. When asked how a detainee would understand the announcement if they could not speak English, the Auditor was told "they know."

> **RECOMMENDATION:** IAH has a high number of staff who are bilingual (Spanish). It is recommended that Dorm Officers who are bilingual also make the announcement of "Female Onsite" in Spanish. While this will not encompass every language spoken by the detainees, it will reach the largest group of the detainee population at IAH. It is also recommended that IAH develop a plan to address detainees in general population who are hard of hearing or deaf so they are also given the opportunity to be notified when female staff enter the living units.

There have been zero allegations involving staff voyeurism at IAH in the past 12 months.

(h) This subsection is non-applicable as IAH is not a Family Residential Facility.

(i) Interviews of both security and medical staff support that IAH does not conduct strip searches for the sole purpose of determining detainee's genital characteristics.

In addition, MTC policy 903E.02 states, "The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status." During the onsite portion of this audit, IAH identified four detainees who self-reported being a transgender female. Interviews with these detainees supported the practice at IAH of not examining transgender detainees for the sole purpose of determining genital status. There were no self-

identified intersex detainees at IAH at this time. IAH reported they are notified of every detainee's biological sex before they arrive at intake. If the detainee's gender is unknown, IAH reports it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning this information through a medical examination that all detainees must undergo as part of the intake or other processing procedure conducted in private, by a medical professional. The Auditor confirmed through interviews with medical staff this is the practice at IAH.

(j) "The Training Supervisor reports, "All employees are trained on who you can and cannot pat search. They are taught procedures and what exigent circumstances female staff can pat search a male detainee." Security staff interviewed supported they received this training. The Auditor reviewed training titled, "PREA Security Training: Pat downs on Cross-genders, Transgender and Intersex" and reviewed training records of staff interviewed and found that staff had been trained in this curriculum. Training records support pat search training has been conducted at IAH.

§115.16 – Accommodating detainees with disabilities and detainees who are limited English proficient.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a) MTC policy 2.1.18 states, "During the Orientation admission process allows the detainees to familiarize themselves with the operations of the facility thus making the transition an easier one. All detainees that enter the IAH facility will be distributed a Sexual Assault Awareness Information Pamphlet, as well as, a Detainee handbook. These items will include either the facility's PREA Compliance Managers information, the name of local organizations who are willing to assist with victims of sexual assault, or ways to report sexual abuse. All detainees will sign documentation that they have received these items. In an effort to make sure detainees are aware of the information provided, the information will also be posted throughout the facility on bulletin boards and posters. Detainees who are limited English proficient, disabled, deaf, visually impaired or who may have limited reading abilities will be forwarded the information in formats accessible."

The Auditor was able to verify detainees receive all the information listed in the policy. This was verified through interviews with intake personnel and orientation records of detainees reviewed by the auditing team. The audit team reviewed orientation records of 10 detainees. During the tour of IAH, the Auditor found PREA posters with information on how to contact the facility's PSA Compliance Manager and OIG to report any sexual abuse or sexual harassment allegation. Information was also posted on how to reach SAAFE House, a local rape crises center. This information is also provided in the detainee handbook.

IAH also uses Lionbridge Technologies, Inc. who has interpretive services for over 200 languages and interpretive services available for detainees who communicate via sign language. (It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the detainee.)

When interviewing intake staff, the Auditor was told that if they had a detainee arrive who could not hear they would utilize the interpretive services through Lionbridge Technologies or if needed contact ICE for an interpreter. While intake forms are provided in both English and Spanish, if it was determined the detainee could not read English or Spanish, intake personnel would read the intake forms to them and ask if they understand the information. Interviews with limited English proficient (LEP) detainees supported this practice of intake personnel accommodating their needs. LEP detainees advised they have translated materials available to them and knew how to report sexual abuse. Intake staff shared that if a detainee spoke a language other than English or Spanish, interpretive services would be used to read intake materials to the detainee. (It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the detainee.)

Intake staff also shared that if a detainee had low vision or was blind, they would read all information to the detainee and check for understanding. This would also occur if the detainee reported they were unable to read. For those detainees who displayed low cognitive behaviors or behaviors that may require psychiatric interference, intake staff reported they would immediately contact medical staff to assist with the intake process.

IAH had no disabled detainees in custody during the on-site portion of this audit. There were no opportunities to observe staff using Language Line while the Auditor was onsite. Majority of staff at IAH are bilingual, speaking English and Spanish, detainees in intake (at the time we were there) spoke Spanish.

(b)(c) The majority of the detainees have limited English proficiency (LEP), and IAH has many staff who can be used as interpreters. IAH has several staff who can speak Spanish, French, and Portuguese. If detainees speak a language, other than English or Spanish, interpretive services are used to relay information to detainees during intake. IAH also has an agreement with Lionbridge Technologies, Inc. to provide interpretive services for any language requested. Intake staff reported the PREA orientation video is provided in English and in Spanish which was confirmed by the auditor through observation. This video is shown while detainees are in a holding room during the intake process.

MTC policy 903E.02 states, "For PREA related activities, MTC prohibits the use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances were an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder's duties under 115.64, or the investigation of the inmate's allegations." Staff reported they would immediately take the detainee to medical and use interpretive services in that location.

This policy does not allow a detainee to use another detainee as an interpreter if they request to do so.

CORRECTIVE ACTION: IAH needs to develop a plan and notify staff that the use of a detainee interpreter is allowed if the detainee makes that request. Documentation needs to be obtained verifying that all staff have been notified and understand this process.

§115.17 – Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d)(e)(f) MTC policy 2.1.18 states, "Before any new employees, contractors, and volunteers will receive training related on the zero-tolerance policy for sexual abuse, sexual assault and sexual harassment in accordance with contract requirements, policies, and PREA standards a criminal background investigation will be submitted by HR department to determine if the candidate for hire will be attending the orientation process. IAH will not hire or promote anyone who has attempted to engage, engaged in or been convicted of any type sexual activity; or who has been civilly or administratively adjudicated. All applicants for hire or promotion will be asked either in writing or verbally about previous misconduct if applicable. HR will make their best efforts to obtain any information on substantiated allegation of sexual abuse or resignation in lieu of pending investigation, IAH reserved the right to forward any information to requesting employers as well. Any material omissions regarding misconduct or false information will be ground for termination or withdrawal of offer of employment. Updated background checks will be conducted every five years for staff who have contact with detainees."

MTC policy 903E.02, Ensuring Safe Prisons, dated August 1, 2017, states, "MTC prohibits hiring and/or promoting staff who have contact with inmates who have engaged in sexual abuse and or sexual harassment." This same policy also states, "In corrections, under PREA, MTC must ask all applicants (including current employees for promotion) who may have direct contact with inmates whether they have engaged in sexual abuse in prison or institutions, and whether they have been convicted of engaging in sexual activity with any person by force, coercion, or the victim did not consent." The interview with the human resources manager supported this policy, "We always ask that question, plus they have to sign a written form. We would not hire or promote anyone who has done this." This statement refers to IAH's practice of not hiring any individual who has engaged in sexual abuse of any incarcerated person. Further conversation with the Human Resource Manager revealed applicants are asked these questions when they complete an application. In addition, these questions are also asked during the interview process. The Auditor reviewed three random personnel files and found the signed written form asking about sexual abuse in each file.

The HR Manager provided the Auditor with the form, PREA Interview Questions, applicants must submit when they apply at IAH. The HR Manager also stated these questions are asked again during interviews.

Regarding contractors, MTC policy 903E.02 states, "Contractors having contact with inmates require a background check before enlisting services and every 5 years of continued services in accordance with MTC policy 13.20 Purchase Policy. Facilities shall either conduct criminal background record checks at least every five years for current employees who may have contact with inmates or have in place a system for otherwise capturing such information for current employees." Interview with the Human Resource Manager supports this practice.

MTC policy 903E.02 states, "Material omissions or the provisions of materially false information by staff is prohibited as detailed in MTC Policy 204.01.B.8B.18, Rules of Conduct."

The interview with the member of Human Resources supported this practice at IAH. "We will run checks through NCIC every five years. Staff are required to report any incidents that happen at a second job and can be subject to termination if they engage in sexual abuse." It was also reported to the Auditor any form of sexual misconduct would not be tolerated by IAH employees. Human Resources added staff are required to report any incidents of sexual abuse and any instance where criminal charges could be files against them. It should be noted the Auditor clarified during the interview the reference to "second job" referred to any outside job and IAH employee may have working in any type of correctional setting.

The member of Human resources interviewed also reported IAH would provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The Auditor reviewed a spread sheet listing all personnel at IAH. This listing included their hire date and background check completed. The Auditor found IAH was in compliance with this standard.

A background investigation check form was submitted to DHS Headquarters for ███ ICE employees who have contact with detainees at IAH. Of the ███ names submitted, the most recent background checks of ███ of the employees were completed within 2016-2018 and the next background check within five years was not required as of this date. The ███ employee previous background check was completed on January 23, 2104 and the next was due on January 23, 2019. This background check was not completed by the required date. The Auditor has recognized that mitigating circumstances has delayed the background check completion with the federal furlough of six weeks beginning in December 2018. The background check has been scheduled within the priority timeframe of the Personal Security Unit (PSU). The Auditor has determined that the facility has meet substantial compliance on this standard with a recommendation made for timely background checks for all employees moving forward.

Recommendation: The facility and agency needs to develop a plan to ensure all required 5-year background check reinvestigations for employees are completed within the five years from the previous background check. The background checks must be completed, not just scheduled to be in compliance with the standard.

§115.18 – Upgrades to facilities and technologies.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) This standard is non-applicable as IAH has not acquired a new facility, made a substantial expansion or updated their video monitoring system since IAH took over this facility in 2015. IAH has installed an additional ███ cameras, to include ██████████ Interviews with the Warden and PSA Compliance Manager supports this finding.

The Warden advised they [redacted] and determined placement of the cameras based on keeping detainees sexually safe. At this time there is no formal documentation of this discussion.

RECOMMENDATION: IAH should develop a plan to document how decisions on upgrading video monitoring ties to keeping detainees sexually safe.

All cameras at IAH are monitored 24 hours a day by officers in [redacted]. The Warden and Deputy Warden also have [redacted]. The Auditor observed [redacted] and found [redacted] and the [redacted]

§115.21 – Evidence protocols and forensic medical examinations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(e) IAH conducts administrative investigations only. All criminal investigations are conducted by the Polk County Sheriff's Office.

MTC policy 903E.02 and IAH Coordinated Response both detail an evidence protocol that maximizes the potential for securing physical evidence. This protocol includes staff reporting procedures, medical and mental health staff response to sexual abuse and investigative procedures. The policy and plan are coordinated with ICE under DHS. IAH detains no juveniles.

MTC policy 2.1.18 states, "An appropriately trained health care provider, Sexual Assault Nurse Examiner, (SANE), at the community hospital will complete a forensic examination (sexual assault kit) of the victim free of charge: this examination will not be conducted by facility medical staff. The results of the physical examination and all collected physical evidence will be provided to authorize staff only. Part of the investigative process may also include an examination and collection of physical evidence from the suspected assailant(s). Detainees going through the process will be provided an advocate through an MOU with the Sexual Assault and Abuse Free Environment (SAAFE) House."

There were no SANE's conducted on victim detainees since MTC took over the operation of the facility in 2015. The Auditor reviewed three closed investigative files. No forensic examinations were ordered in these cases. In each of these cases, advocate services were offered and refused by victims.

IAH has a memorandum of understanding (MOU) with SAAFE House to provide SANE/SAFE exams as needed. While the SAAFE House does not conduct forensic exams, the MOU with IAH outlines detainee victims would be transported by the facility to CHI St. Luke's Health Memorial in Livingston, Texas. The Auditor reviewed a letter from CHI St. Luke's outlining the services provided to IAH, which includes forensic exams. This organization will make sure SANE/SAFE nurse will be available at the hospital. Per the MOU, "The purpose of this MOU between Management and Training Corporation (MTC) – IAH Secure Adult Detention Facility (IAH) and Sexual Assault and Abuse Free Environment (SAAFE) House, will set forth provisions for victim assistance and advocacy services that are essential for IAH to comply with the Prison Rape Elimination Act (PREA) providing family violence and sexual assault services."

The PSA Compliance Manager reported, "SANE's are done at St. Luke's Memorial Hospital. They are available 24 hours of a day, seven days of week." The PSA Compliance Manager reported there have been no SANE's since May 2014. IAH PSA Manager states, "SAAFE House will provide SANE/SAFE at the community hospital." It should be noted the Auditor was informed that SAAFE House has an agreement with the community hospital to provide SANE/SAFE as needed for detainees. The Auditor reviewed the pamphlet from SAAFE House, in this pamphlet SAAFE House provides registered nurses certified in SANE/SAFE services.

It should be noted that the MTC policy 903E.02 does state, "If MTC is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MTC will request (through agreement/MOU) that the responsible agency follow PREA requirements for evidence protocol and forensic examinations." Both the Warden and the PSA Compliance Manager reported that if an allegation is criminal in nature, local law enforcement will be contacted.

IAH also has an MOU with the Polk County Sheriff's Office to conduct investigations when allegations are criminal in nature. This MOU is dated November 11, 2017. MTC policy 2.1.18 states, "An administrative or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The initial investigation will begin immediately by correctional staff to ensure preservation of physical and/or circumstantial evidence. All reports of alleged sexual abuse or assault must be handled and investigated in accordance with the PREA Rape Elimination Act (PREA). Once all the proper contracts have been made aware than allegation has been made the administrative investigation begins. It will include an effort to determine whether any staff actions or failures to act contributed to the alleged abuse. It will be documented in written reports that include a description of any physical and testimonial evidence, the reasoning behind credibility assessment, any prior complaints and or reports of abuse, and investigative facts and findings. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible."

The three closed investigative files the Auditor reviewed found written reports, including interviews, review of video monitoring, and findings of the investigation. All investigative files were found to be in compliance with this standard.

This same policy continues, "Substantiated allegations of conduct that appear to be criminal will be referred prosecution. All administrative investigations will be referred to the parent agency for determination regarding whether the allegation is unfounded, substantiated, or unsubstantiated. All written reports of administrative and criminal investigations will be maintained for as long as the alleged abuser is incarcerated or employed by MTC, plus an additional five years. The departure of an alleged abuser or victim from the employment or control of IAH does not provide basis for terminating an investigation. In the event that the Polk County Sheriff's Office assumes control of a criminal investigation, IAH staff will endeavor to remain informed about the progress of the investigation. To the extent possible, the Warden will request that outside investigative authorities conduct the investigation in accordance with PREA investigative standards. In addition, Polk County Sheriff's Office investigation, IAH may proceed with administrative disciplinary sanctions as well."

Polk County Sherriff's Office did not assume control of any of the closed investigative files reviewed by the Auditor.

In regards to prosecution, this same policy states, "Should the Polk County Sheriff's Office or District Attorney determined that the allegations are not criminally punishable and should be investigated internally, the investigation will be referred to the parent agency for determination regarding whether an allegation is unfounded, substantiated or unsubstantiated."

It should be noted that the reference to the "parent agency" in the policy refers to IAH as IAH conducts all administrative investigations of sexual abuse and sexual harassment allegations.

(b)(d) MTC policy 903E.02 states, "If requested by the victim, a victim advocate, qualified MTC staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic examination process and investigatory interviews and provide emotional support, crises intervention, information and referrals." IAH's protocol includes intervention by SAAFE House, a rape crises center which provides victim advocate services 24/7. SAAFE House provided in-person advocacy when resources and staff availability permit."

During the auditor tour, Auditors viewed flyers from SAAFE House in English and Spanish on bulletin boards in the housing units and as well as in the Segregated Housing Unit (SHU). Information on the flyers included information on 24/7 services of SANE/SAFE nurses, follow-up services and contact information for SAAFE House. The interview with the PSACM supported the practice of contacting SAAFE House when victim advocate services are requested by a victim of sexual abuse or sexual harassment.

The Auditor reviewed three closed investigative files and found all victims were offered victim advocacy service. Each declined those services.

(c) MTC policy 903E.02 states, "MTC will offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by SAFE's or SANE's where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. MTC will document efforts to provide SAFE or SANE." In an interview with a medical professional at IAH, they confirmed "everything we do is free of charge to detainees." IAH PSA Manager states, "SAAFE House will provide SANE/SAFE at the community hospital." It should be noted the Auditor was informed that SAAFE House has an agreement with the community hospital to provide SANE/SAFE as needed for detainees. The Auditor reviewed the pamphlet from SAAFE House, in this pamphlet SAAFE House provides registered nurses certified in SANE/SAFE services.

The Auditor reviewed the MOU with SAAFE House and found a specific reference to services being at no cost to detainees at IAH.

§115.22 – Policies to ensure investigation of allegations and appropriate agency oversight.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(d)(e)(f): IAH conducts administrative investigations and refers all criminal allegations to the Polk County Sheriff's Office for investigation. In addition, IAH also notifies ICE of all allegations. ICE then determines if they will investigate an allegation in conjunction with the Polk County Sheriff's Office.

If ICE determines they will investigate, then all investigations are coordinated through Enforcement and Removal Operations (ERO). For criminal investigations, IAH is only responsible for collecting all necessary information to forward to investigators at the ICE Field Office Director, the Joint Intake Center, and the ICE Office of Professional Responsibility (OPR) or the DHS Office of Inspector General. ERO is contacted by OPR after a review is conducted of the information provided by IAH of the allegation. A determination is made at that time if ERO will conduct an investigation. In accordance with U.S. Immigration and Customs Enforcement policy 11062.2: Sexual Abuse and Assault Prevention and Intervention, the ICE OPR has oversight responsibilities to ensure all components of the investigative process have been conducted, as well as coordinating all investigative efforts with federal, state, or local law enforcement or facility incident review personnel. This same policy also states, "All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collections, unless Federal, State, or local law requires otherwise."

ICE Directive 11062.2 states, "When the incident occurs in ERO custody, the FOD shall: When feasible, securing and preserving the crime scene and safeguarding information and evidence consistent with established protocols; conducting a prompt, thorough and objective investigation by qualified investigators; arranging for the victim to undergo a forensic medical examination, where appropriate, ensuring that the presence of the victim's outside or internal victim advocate, as requested by the victims, is allowed for support during forensic exams and investigatory interviews…"

This same directive also states, "When the incident occurs in ERO custody, the FOD shall: Ensure the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse or assault. The FOD shall notify the appropriate law enforcement agency directly if necessary; Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or assault or as soon as practical thereafter, according to procedures…Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse or assault, in in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum…"

Interviews with the Warden and the PSA Compliance Manager supported this process. The three closed investigative cases reviewed by the Auditor were conducted by Polk County Sheriff's Office. While the Joint Intake Center, ICE and OIG was properly notified, no ERO fact finders conducted any of these investigations. No ERO fact finders conducted any of these investigations. The Auditor found documentation showing ICE was notified the same day Polk County Sheriff's Office was notified of these allegations. These dates matched the date IAH received the reports of sexual abuse.

(c) The investigative protocol for all ICE detention facilities is posted on the ICE website at www.ice.gov/prea. MTC's website for IAH contains a link to ICE for family and friends to report concerns. MTC'S website also includes information on how sexual abuse allegations are handled.

§115.31 – Staff training.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c) MTC policy 2.1.18 covers the topics all employees will be trained on in regard to PREA. Those topics include, how to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, definitions and examples of prohibited and illegal sexual behavior, detainee and staff rights to be from sexual abuse and sexual harassment, the right of detainees and employee to be free from retaliation from reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with detainees, including gay, bisexual, transgender, intersex, or gender nonconforming detainees, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

This same policy adds, "All training provided to staff, volunteers, and contractors will be based on the level of services provide in relation to contract with detainees. All completed training will be documented."

IAH documents training via a computer system which tracks every training an employee receives. Transcripts of training can be printed out for review. The Auditor reviewed transcripts for all staff interviewed for this audit.

MTC policy 903E.02 states, "MTC trains all employees on matters related to PREA as detained in MTC Policy 901D.02, Training Requirements." Auditor reviewed lesson plans titled, "Prison Rape Elimination Act (PREA)," and found all nine subcomponents of this standards covered in the curriculums. Interviews with random staff supported that they received PREA pre-service training and annual refresher training. The Training Supervisor reported during his interview, "We have a refresher every year."

While onsite, the Auditor reviewed training rosters dating back to 2015 and found that employees have received pre-service PREA training and annual refreshers. The Auditor also reviewed the curriculum and found all required subsections of this standard listed.

> **RECOMMENDATION:** While IAH is conducting the required refreshers, MTC policy 2.1.18 does not address this requirement. It is recommended that verbiage be included in this policy to reflect the practice of annual PREA refreshers at IAH.

§115.32 – Other training.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) (c) MTC policy 903E.02 states, "MTC will train all volunteers and contractors who have contact with inmates as detailed in MTC policy 901D.02 Training Requirements." The Training Supervisor reports, "All volunteers and contractors receive PREA training similar to full-time and part-time staff; however, they do not receive pat search training. If they have low contact, then they receive zero-tolerance information and reporting techniques." During the interview with a volunteer at IAH, the volunteer was highly knowledgeable of the protocols at IAH and how to report sexual abuse of detainees.

Auditor reviewed the lesson plan for contractors and volunteers titled, "Sexual Abuse and Assault Prevention and Intervention: PREA." This lesson plan contains the following 10 objectives:

1. Explain the SAAPI Policy
2. Explain PREA
3. Discuss the Eighth Amendment…
4. Define sexual assault and abuse by staff, employees, volunteers…
5. Explain characteristics of victims/predators
6. Describe Rape Trauma Syndrome
7. Discuss first responder intervention
8. Discuss first responder protocol
9. Identify staff intervention and practices

While onsite, the Auditor reviewed training rosters and found that contractors and volunteers have received pre-service PREA training and annual refreshers. IAH documents training via a computer system which tracks every training an employee, contractors and volunteers receive. Transcripts of training can be printed out for review. The Auditor reviewed transcripts for all contractors and volunteer interviewed for this audit.

§115.33 – Detainee education.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(f) MTC policy 2.1.18 states, "During the Orientation admission process allows the detainees to familiarize themselves with the operations of the facility thus making the transition an easier one. All detainees that enter the IAH facility will be distributed a Sexual Assault Awareness Information Pamphlet as well as a Detainee handbook. These items will include either the facility's PREA Compliance Managers information, the name of local organizations who are willing to assist with victims of sexual assault or ways to report sexual abuse. All detainees will sign documentation that they have received these items. In an effort to make sure detainees are aware of the information provided, the information will also be posted throughout the facility on bulletin boards and posters. Detainees who are limited English proficient, disabled, deaf, visually impaired or who may have limited reading abilities will be forwarded the information in formats accessible." Detainees who are visually impaired or who may have limited reading abilities have all the information read to them. IAH also uses a sign language service to interpret information to those detainees who are hard of hearing. In addition, for those detainees who are limited English proficient, staff utilize the interpretive services provided by Lionbridge.

During the tour of IAH, the Auditor found PREA posters with telephone numbers and instructions how to contact the facility's PSA Compliance Manager, ICE Detention Reporting and Information line (1-888-351-4024) and OIG (1-800-323-8603) to report any sexual abuse or sexual harassment allegation. The telephone number was also posted for the SAAFE House, a local rape crises center, informational poster. This information, with exception of the SAAFE House information, is also provided in the detainee handbook and in the orientation video detainees watch while in intake.

This same policy continues, "IAH Unit Policy will notify and inform detainees about the agency's Zero-Tolerance for all forms of sexual abuse and include instructions on: prevention and intervention, definitions and examples of detainee on detainee and staff on detainee sexual abuse and coercive sexual activity, reporting any type of sexual abuse, indicators of sexual

abuse as well as ways to protect one's self from harm, agency's prohibitions on retaliations in all forms including a detainee's immigration status, detainee victims right to receive treatment and counseling."

MTC policy 903E.02 states "Inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment…" Auditor found all subcomponents of this standard listed in policy. The Auditor reviewed the detainee handbook and reporting information was included on page 9. During the tour of intake, the Auditor observed the PREA orientation video that is played in the holding rooms while detainees go through the intake process.

(b)(e) Interviews with both staff and detainees confirmed that information on sexual abuse and/or assault is provided in formats accessible to all detainees. Written materials are provided in English and Spanish. If other languages or formats are required, IAH has access to interpretive services that can provide the material in the format or language needed. The intake staff interview supported that intake makes every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the orientation for those who have intellectual, psychiatric or speech disabilities. Intake staff advised the intake process will take longer as they provide the information to the detainees in smaller amounts to ensure understanding. Intake reports they advise medical as soon as any disability is identified. They also advised if the detainee's intellectual, disability, psychiatric, or speech disabilities are beyond the skillset of intake staff, trained medical personnel will be contacted to provide this information. IAH has the PREA education video available on a television channel playing in the holding rooms, which is accessible by all detainees in English and in Spanish. Detainees all receive a copy of the DHS prescribed "Sexual Assault Awareness Information" pamphlet. This pamphlet is available in English and Spanish and is also posted on housing units bulletin boards. Intake staff shared that if a detainee spoke a language other than English or Spanish, interpretive services would be used to read intake materials to the detainee. (It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the detainee.) Staff advised that is has been a long time since a detainee with a disability has come through the facility.

(c) MTC policy 9903E.02 states, "MTC maintains documentation of inmate participation in PREA education sessions." IAH provided examples of signed detainee acknowledgements of receiving the Detainee Handbook and watching orientation video in the pre-audit documentation. They also provided an example of a new arrival log from August 18, 2017. This log contained the names of the detainees, data of arrival, and date of orientation. While on-site, the Auditor requested copies of eight detainees' orientation signed acknowledgements. The Auditor selected eight out of the 35 detainees interviewed. All eight detainees selected had signed acknowledgements on file.

(d) MTC policy 903E.02 states, "MTC ensures that key information about MTC's PREA policy is continuously and readily available or visible through posters, inmates' handbooks, or other written formats." During the tour of IAH, the Auditors noted PREA posters and reporting information posted in each living area on the bulletin boards. This poster "Break the Silence" contained the DHS prescribed sexual assault awareness notice, the name of IAH's PSA Compliance Manager, and the name of the local organization, SAAFE House that can assist detainees who have been victims of sexual abuse. The Special Housing Unit (SHU) also had this same information available to detainees. Information also included on how to reach SAAFE House. All information can be located in a three-ring binder attached to the phone the detainees use.

§115.34 – Specialized training: Investigations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "In addition to general training provided to all employees, specialized training is required for medical, mental health, and investigations staff. The staff and investigation training will include: techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral… The training department/PREA Manager

will maintain documentation that investigations, medical, and mental health staff have received appropriate specialized training."

MTC policy 903E.02 states "If MTC conducts its own investigation of allegations of sexual abuse, investigators are trained in conducting sexual abuse investigations in a confinement setting…Documentation of such training will be maintained showing that investigators have completed the required training."

All sexual abuse and sexual harassment allegations that are criminal in nature are referred to local law enforcement, and the Office of Professional Responsibilities (OPR). Criminal investigations at the IAH are completed by local law enforcement and OPR if it is determined they will investigate. The Auditor found notification was made to the appropriate DHS agency and Polk County was also notified. OPR declined to conduct an investigation. However, Polk County did investigate these allegations and an administrative investigation was conducted by IAH.

The Assistant Warden and the PSA Compliance Manager conduct all administrative investigations at IAH. They received specialized training through NIC (National Institute of Corrections) e-learning course plan. The training they received focused on sexual assault investigations in confinement settings. This training covers all requirements listed in this standard. The Auditor reviewed the training certificates received from NIC.

§115.35 – Specialized training: Medical and mental health care.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "In addition to general training provided to all employees, specialized training is required for medical, mental health, and investigations staff… Medical and mental health practitioners specialized training will include: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment…The training department/PREA Manager will maintain documentation that investigations, medical, and mental health staff have received appropriate specialized training."

MTC policy 903R.02 outlines the specialized training medical and mental health care employees will receive regarding sexual abuse and assault. The Auditor was advised that medical and mental health staff at IAH all received the following training from NIC Learning Center: Specialized Training for Medical and Mental Healthcare. The policy and training lists all training subcomponents required by this standard. The Auditor reviewed training certificates for medical and mental health that were selected to be interviewed.

Medical and mental health staff are all employees of at IAH. Medical staff at IAH do not conduct forensic exams.

(c) IAH also provided documentation showing their policy requiring training was reviewed and approved by ICE/DHS.

§115.41 – Assessment for risk of victimization and abusiveness.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "In order to take necessary precaution, IAH staff will follow protocol by filling out the Screening for Risk of Victimizations and Abusiveness form. During the initial process, all detainees will be kept separate from general population until they have been assessed to identify those who are likely to be sexual aggressors or sexual abuse victims taking no longer than twelve hours to complete."

Intake staff report that all detainees completed the intake process within 12 hours of their arrival to IAH. This also matched the information the Auditor received during the interview with the Classification Supervisor. Interviews with detainees supported the intake practice at IAH. They advised they were not placed in general population until they completed interviews with intake and medical. The detainees reported this occurred on the first day they arrived at IAH.

Of the 35 detainees interviewed, the Auditor requested copies of ten detainee's initial risk screening and found that all ten detainees had their initial risk screening done within 12 hours of arrival at IAH. This was confirmed by the date and signature of the detainee and intake staff on the form. The date was then compared to the admission record of the detainee to confirm the risk screening occurred within the appropriate timeframe.

(c)(d) The Auditor reviewed completed forms of the Screening for Risk of Victimization and Abusiveness. This form gathers all the information required in subsection 115.41c and 115.41d. Interviews with intake staff supported this practice.

(e) MTC policy 2.1.18 states, "Form the date of the initial assessment, unless an incident of abuse or victimization occurs or when warranted based upon other relevant information each detainee shall be reassessed for their risk of victimization or abusiveness between 60-90 days.

An interview with intake staff supports the reclassification process at IAH. The Classification Manager reports, "They are reclassified 60-90 days after arrival then 90-120 days when they get a disciplinary or go to segregation. Also, if we get new information." Intake staff advised new information could range from disciplinary reports or if the detainee decides they feel safe enough to self-identify as gay, bisexual, or transgender.

It should be noted that the average length of stay at IAH is 54 days. However, there are times when detainees may stay longer. While on-site the Auditor was provided a copy of an IAH detainee roster which included names of detainees who have been at IAH longer than 60 days. The Auditor selected five random names from the list of names who have a length of stay longer than 60 days. Of the five selected, all had the 60-day reclassification. IAH reclassification process involves completing the Screening for Risk of Victimization and Abusiveness Form. This form is marked "subsequent" to indicate it is a reassessment.

(f)(g) MTC policy 2.1.18 states, "At no time will detainees be disciplined for refusing to answer or complete any questions during the intake process. All information given on any documentation shall remain private and confidential."

Staff interview responses report that the practice at IAH is to not to discipline detainees for refusing to answer, or for not disclosing complete information in responses to questions asked during the intake/classification process.

Interviews with intake staff advised they have never had a detainee refuse to answer any questions on the risk screening form. They shared if they did have one refuse to answer, they would house them in an eight-man dorm until they can gather more information and reassess them.

Interviews with staff support that information obtained during the risk screening is only accessible to the PSACM and administration outside of intake. Intake staff reported this information is not stored electronically. It is maintained in the detainee's file in the record department. Only certain staff with a need to know have access to these files and they must check them out if they need to review any information.

§115.42 – Use of assessment information.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a) MTC policy 2.1.18 states, "Intake staff will use the risk assessment form along with other supporting documents to determine how to assign detainee housing, the detainee's ability to volunteer in the work program, and for recreation purposes along with any other activities."

IAH consists of 71 eight-man dorm style housing units and 16 twenty-four-man dorm style housing units. Intake staff advised if a detainee is afraid for their safety or is identified as a higher risk for victimization, they are placed in the eight-man housing units. They also advised detainees identified as being at a higher risk for abusiveness are housed separately from those who may be at a higher risk to be victimized. The Auditor reviewed the risk screening tool used by IAH and verified placement of those detainees identified as a higher risk for victimization into eight-man housing units.

(b)(c) MTC policy 2.1.18 states, "Should a transgender and/or intersex detainee be assigned to IAH, their housing and programming assignments will be considered on a case by case basis to ensure the detainees' health and safety. At no time will a detainee's placement be determined solely on the basis of identification of a transgender/intersex status unless such placement is for the purpose of protecting the detainee. The detainees' own views with respect to their own safety will be given serious consideration. Medical and mental health professionals are to be notified of assessment as soon as possible. Housing and programming assignments will be reassessed at least twice each year to review any threats to safety experienced by the detainee. Transgender and intersex detainees are given the opportunity to shower separately from other detainees, when feasible."

Interviews with intake staff, medical staff, and the PREA Compliance Manager supports this policy. While the current length of stay at IAH averages 54 days, classification staff advised that if a transgender or intersex detainee would be housed at IAH for longer than 180 days, they would be reassessed per ICE policy. Classification staff were aware of the requirement to reassess transgender and intersex detainees every six months. While IAH currently houses four transgender females, they have not been housed at IAH longer than 180 days.

These same staff also reported that transgender detainees would be given the opportunity to shower separately from other detainees

There were four transgender detainees onsite during this portion of the audit process and no intersex detainees. The transgender detainee's onsite during this audit all confirmed that IAH took their views of personal safety in consideration when determining placement. This question was asked during the risk assessment process and documented. If they did express concern for their safety, they would be placed in an eight-man housing unit. Intake staff would notify administration and the PREA manager of this placement. These detainees had not requested separate shower times. This information is also documented in the detainee's intake file.

Intake staff also reported that if a detainee was found to be at higher risk for victimization, he would be placed in an eight man housing unit instead of a larger units. The smaller housing units are on a separate hallway.

§115.43 – Protective custody.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

IAH has not had any detainees placed in administrative segregation on the basis of vulnerability to sexual abuse in the past twelve months.

(a)(b) (c) (d)(e) MTC policy 2.1.18 states, "On the condition that a victim of sexual assault is placed in protective custody for administrative segregation purposes for protection the ICE FOD has to be notified as soon as possible. It has to be the least restrictive housing. The Detainee cannot be held longer than five days, except in extenuating circumstances or at the request of the detainee. A detainee victim subjected to sexual abuse and placed in protective custody will not return to general population until a re-assessment has been completed and no other possible threats or abuse are a factor. Once notified the ICE FOD will review the detainee victim's placement in administrative segregation for the following: If the placement is a last resort and when no other housing option are available, and, in cases were the detainee has been held longer for 5 days ICE FOD will determine if it is justifiable."

The interview with the PREA Manager supported this practice at IAH. The PREA Manager also advised that while no detainee has been placed in protective custody based on vulnerability to sexual abuse, she stated if this did occur, the detainee would still have access to their attorney, visitation and services.

NOTE: MTC 2.1.18 is used for protective custody at the initial report of sexual abuse and after the investigation process.

The interview with the Warden supports this practice. "The language in the PREA standard describes what we do. We use the least restrictive housing (general population) before we even look at administrative segregation. We do our required review within 24 – 72 hours and notify ICE immediately. We do a review every week following if they remain in protective custody."

The Auditor reviewed a memo stating ICE has reviewed and approved this practice.

§115.51 – Detainee reporting.

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

Notes:

(a)(b) MTC policy 2.1.18 states, "Detainees will be provided with information on how to report sexual abuse or harassment to facility staff as well as public and/or private agencies not affiliated with IAH, and procedures for permitting third-party reports of sexual abuse/harassment of a detainee. All reports of sexual victimization, regardless of the source of the report and to whom the reports are given should be responded to in a supportive and non-judgmental manner, documented, and immediately reported. Detainees may privately report sexual abuse, sexual harassment, retaliation by other detainees or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents in several ways: verbal reports to a staff member (including the Sexual Abuse and Assault Prevention and Intervention Program Coordinator or medical staff), sick call request, reports to family members, friends, or other outside entities, reports to an individual or organization outside the facility who can contact facility staff reports to DHS/ICE, telephone calls or written reports to DHS/OIG or ICE/OPR, written informal or formal requests or grievances to the facility or ICE (including emergency grievances." These are echoed in the Detainee Handbook, page 36.

Detainees can report sexual abuse to either OIG or Polk County Sheriff's Office other than IAH.

During the tour of IAH, the Auditors viewed multiple bulletin boards in the living units with reporting information. This included posters with DHS/OIG reporting information and ICE Zero Tolerance posters with the PSACM reporting information. Detainees also received this information via the Detainee Handbook, pamphlets, and orientation during the intake process. Interviews with detainees supports this practice.

MTC policy 2.1.18 states, "At no time will staff rely on detainee interpreters, detainee reads or other types of detainee assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromised the detainee's safety, the preservation of evidence, or the investigation of the detainee's allegations."

The Auditors randomly checked phones throughout the facility and found that reporting can be made in a confidential manner and anonymously to OIG. Detainees are not required to identify themselves in order to make a report of sexual abuse or sexual harassment. The Auditor discovered DHS/OIG documents the calls on their end and then forwards the information back to the facility. This was discovered when the Auditor was asked their name and the reason for the call to DHS/OIG. The detainee can remain anonymously and confidentially by not providing their name when asked. Detainees are notified this information can be made in a confidential manner through posters throughout the facility and the detainee handbook. During the tour, the Auditor found phones in each living unit and phones located in the outside and inside recreational areas.

(c) MTC policy 2.1.18 mandates that staff are to accept reports made verbally, in writing, anonymously, and from a third party. Staff interviews support this mandate. They also reported that they would document verbal reports before the left shift. Staff advised this information is documented in the log book located at the officer's station.

§115.52 – Grievances.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

IAH reported there has been no grievance filed related to a sexual abuse allegation in the past 12 months relating to sexual abuse or since 2015 when MTC took over this facility.

(a)(b)(e)(f) MTC policy 2.1.18 states, "All detainee grievances related to sexual abuse or involve an immediate threat to a detainees health, safety, or welfare will be handled as time-sensitive, and still not impose a time limit and can be filed at any time. In order to prepare such grievances detainees may obtain assistance from another detainee, staff, family or legal representation. Decisions on the grievance will be made in 5 days or receipt and all appeals of the grievance will be responded to within 30 days. At the end of each grievance process all information should be forwarded to the appropriate ICE Field Office Director."

An interview with the Grievance Lieutenant supported this policy. "There are no limits on any of type of grievances filed. We have 24 hours to respond if it is considered an emergency. The detainees are not required to submit an informal grievance first." This is also reflected in the Detainee Handbook which states, "If informal resolution is unattainable or impractical, a formal grievance may be submitted, including medical grievances."

The Detainee Handbook also states, "Grievances will be investigated by the Unit Grievance Coordinator or Unit Health Administrator and reviewed before a response is returned to you. If you are not satisfied with the decision, you may submit a step 2 appeal for consideration by the facility Warden. If you are still dissatisfied, you may submit another appeal to the ICE Officer in Charge. You are able to submit any grievance at any time to the ICE Officer in Charge. If you need assistance in filing a grievance, assistance may be provided to you by staff or other detainees."

In addition, the Detainee Handbook states, "Detainees may file a complaint about staff misconduct, physical or sexual abuse or civil rights violations at any point to the Department of Homeland Security, Office of Inspector General (OIG) or by calling the number listed below or by writing the address listed below…"

The Grievance Officer reported a detainee can appeal a grievance to the Warden and if they don't agree with the Warden then it gets submitted to ICE. The following was shared, "Once we gather all of the findings, we send it to ICE and it goes through ERO. Once they have made their decision we respond to the detainee with their findings." The Grievance Officer reported that although the Warden has up to a month to respond to an appeal; however, it does not take that long.

This information is also located in the Detainee Handbook, page 19.

(c) The Grievance officer reported, "There are grievance boxes in each hallway extension, outside medical and in the rotunda area for detainees to use.

During the tour of IAH, the Auditor observed secured boxes for grievances located throughout the facility per this policy.

(d) MTC 2.1.18 states, "Staff shall alert proper medical personnel of any sexual abuse related medical emergencies…" Interviews with security staff and medical staff support this mandate.

§115.53 – Detainee access to outside confidential support services.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b) MTC policy 2.1.18 states, "IAH maintains a memorandum of understanding with the SAAFE House, a community service provider that will assist in providing detainees with emotional support related to sexual abuse which may be used at the detainee's request. Detainees will be informed that any outside resources used for the purpose will be monitored and forwarded to the authorities in accordance with mandatory reporting laws prior to access." Information on the monitoring of phone calls can be found in flyers given to the detainees during intake.

IAH and SAAFE House have entered into an inter-agency collaboration for SAAFE House to serve IAH and its detainees for victim advocate services related to victims of sexual abuse. This agreement was dated August 18, 2018. SAAFE House is included in IAH's sexual abuse prevention and intervention protocol. IAH policy 2.1.18 allows for this agreement.

During the past 12 months, advocacy services have not been used by detainees at IAH. The Auditor found documentation in the three closed investigative files that advocacy services had been offered; however, they were refused by the detainee victims.

(c) Posters are posted throughout IAH with contact information for SAAFE House and information on the services they can provide. This information is posted in English and Spanish. During intake, detainees are given flyers with information on SAAFE House and the services they can provide detainees. The Detainee Handbook states, "…Emotional support is available from the facility's mental health and medical staff, and from the chaplains…" There is no mention of being able to contact SAAFE House for these services.

Interviews with the detainees supported this lack of knowledge regarding services provided by SAAFE House.

CORRECTIVE ACTION: While informational posters on SAAFE House are provided in English and Spanish, detainees who speak other languages do not have access to this information. Update the Detainee Handbook to include contact information for outside emotional support services. If the Detainee Handbook is translated into another language, other than English or Spanish, all detainees would have access to this information. It is recommended that this information be included under the "PREA" section which starts on page 9. Develop a plan to educate detainees about this information.

(d) Detainees at IAH receive information regarding the extent to which communication with outside emotional support services would be monitored during orientation through flyers. This information is also provided through posters in the living units and through orientation. Interviews with the PSACM and intake staff supported this practice.

§115.54 – Third-party reporting
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

IAH has established more than one method for third parties to report incidents of sexual abuse. The Auditor reviewed the ICE website (www.ice.gov/prea) and the information was also posted in the living units which provides a toll-free number to OIG to contact for reporting an incident involving a detainee. Third-parties can contact OIG through the toll-free number or contact the facility directly by phone or written correspondence to report sexual abuse. IAH has this information posted in the visitation room so that family and visitors of the detainees can see it when they enter.

§115.61 – Staff reporting duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c) MTC policy 903E.02 states, "MTC requires all staff to report immediately and accordingly to MTC Policy 201.10 Employee Discipline, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the organization." Interviews with upper-level management and security staff supported this mandate. This is also echoed in MTC policy 2.1.18.

Staff interviewed stated they can report to any supervisor on duty or, if they feel uncomfortable, they can report it directly to the PREA Manager or the Warden. Staff advised they would write an incident report documenting any report they received. They stated this would be done before the end of shift.

The Auditor reviewed three closed investigative files and found that in each case, reporting was done immediately after the initial report from the detainee.

MTC policy 2.1.18 also states, "Any reported information from staff made verbally, in writing, anonymously, and from third parties will be promptly documented by the shift supervisor. Apart from reporting to the shift supervisor or other designated staff acting in their official capacity staff will not reveal any information related to a sexual abuse report to anyone. The shift supervisor will then report all allegations to the PREA Manager along with the Warden."

DHS/ICE approved MTC policy 2.1.18, regarding zero-tolerance on sexual abuse, sexual assault and sexual harassment. This policy includes first responder duties for all security and non-security staff. This was verified by a memo from DHS/ICE.

(d) This is non-applicable as IAH does not house juveniles or vulnerable adults.

§115.62 – Protection duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

MTC policy 903E.02 and policy 2.1.18 not only mirrors the language provided in this standard but provides guidance regarding staff member's action after a report of sexual abuse is received through first responder duties. Staff interviews support their knowledge of actions that need to be taken to protect the victim. Staff advised they would immediately separate the victim from the rest of the group to ensure their safety. They added they would then notify their supervisor of the situation.

Interview with the Warden supports this mandate. "We would notify the supervisor then everyone else that needs to know. The Classification Manger and medical would then get involved and talk to the detainee about their feeling of safety. We then would determine what needs to be done. We would work with ICE throughout this process."

In the past 12 months, IAH has had no reports of detainees in imminent danger of sexual abuse.

§115.63 – Report to other confinement facilities.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c) MTC policy 2.1.18 states, "If the act is alleged to have taken place at another facility, the PSA Compliance Manger will document all information and notify the previous facility and the ICE FOD, who will send notification within 72 hours." The Warden advises, "As soon as we receive the allegation, we would take action. We would gather the information and send it to that facility and to ICE. The PREA Manager would make that report and document it." THE PSACM stated she maintains an excel spreadsheet to document these reports. The Auditor was advised that documentation of this report would be in the form of emails and/or letters. A spreadsheet would also be used to track this information. IAH's PSA Compliance Manager reported no reports regarding allegations occurred at IAH.

(d) MTC policy 2.1.18 does not include how the facility would respond to reports received from another facility. Warden reported that if IAH would receive information of an allegation from another facility they would act as they always do in responding to an allegation. He reported, "Any allegations would be taken seriously and would follow the same protocol as we would anything else. IAH's PSA Compliance Manager reported no reports from other facilities regarding allegations that occurred at IAH.

RECOMMENDATION: Update policy 2.1.18 to include steps IAH will follow when receiving a report from another facility of a possible sexual abuse or sexual assault that had occurred at IAH. These steps should include the requirement that the allegation will be referred to investigation in accordance with these standards and reported to the appropriate ICE Field Office Director.

§115.64 – Responder duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 ensures the first staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlined in section (a) of this standard. Each staff member (security and non-security staff) also carries a PREA First Response card attached to their ID's. This card has each of these steps listed. The Auditor was advised full-time, part-time staff, contractors, and volunteers are all required to follow this policy. All carry a first responder card with their ID to remind them of what needs to be done when responding to all allegation of sexual abuse.

Interview with PSA Compliance Manager supports this practice. She reported she makes sure every staff member (including non-security staff) has this card on their person. Interviews with security and non-security staff also supports this practice. They were very knowledgeable of their first responder duties and were able to show this Auditor their PREA Response Cards.

The Auditor reviewed three closed investigative files and found in each case security personnel were the first staff to receive the allegation. The first responder to the allegation responded in a timely fashion. Protocol was initiated as soon as the

allegation was made, and the victim was removed from other detainees. The Auditor was able to put together a timeline of events from each file and found the IAH was in compliance with the standard.

§115.65 – Coordinated response.

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

Notes:

(a)(b) MTC policy 2.1.18 outlines IAH's plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations at IAH.

The Auditor reviewed three closed investigative files and found that in each case, reporting was done immediately after the initial report from the detainee. A security personnel was the first staff to receive the allegation in each case. The first responder to the allegation responded in a timely fashion. Protocol was initiated as soon as the allegation was made, and the victim was removed from other detainees. The files also had documentation of medical and mental health evaluations, notification to JIC, OIG and ICE. The Auditor was able to put together a timeline of events from each file and found the IAH was in compliance with the standard.

(c)(d) MTC policy 2.1.18 states, "In the event that a detainee is transferred to another facility, IAH will inform the receiving facility of the sexual abuse incident and the victims need for medical or social services, unless the victim requests otherwise."

The PSA Compliance Manager reported that IAH had not transferred any victims of sexual abuse to another facility covered by 6 CFR part 115, subpart A or B nor have they transferred a detainee to a facility not covered by 6 CFR part 115, subpart A or B. The Warden shared, "Those transfers would require a special precautions checklist. It would include any violent, vulnerable or significant events that have happened to the detainee. ICE would make that determination if movement is to be made." He also added, "I don't think we would ever send a detainee to a non-DHS facility (not covered by PREA) unless ICE requested it." The Warden added he would follow ICE's guidance on whether information would be passed onto a non-DHS facility.

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

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

Notes:

MTC policy 2.1.18 requires all employees, contractors, and volunteers suspected of perpetrating sexual abuse be removed from all duties pending the outcome of an investigation. Interviews with the Warden and Human Resource Manager confirmed this practice.

IAH had no employees or contractors removed from duties in the past 12 months.

§115.67 – Agency protection against retaliation.

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

Notes:

(a) MTC policy 2.1.18 states, "Detainee reporting or alleging a sexual assault will not be subject to retaliation." MTC policy 903E.02 states, "MTC protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff."

(b)(c) MTC policy 2.1.18 states, "All reported cased of sexual abuse or sexual harassment will be monitored for at least 90 days following the report along with periodic status checks, to ensure retaliation does not occur. The facility will monitor all disciplinary reports, housing or program changes, performance reviews, and reassignments for periodic status checks. For any detainee who fears retaliation for reporting sexual abuse, sexual assault, sexual harassment, or for cooperating with an investigation, multiple protection measures will be used as appropriate. Accommodations can be one or more of the following: housing changes, transfers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for staff and detainees."

This policy continues, "The facility PREA Manager shall monitor for a minimum of 90 days following a report of sexual abuse, any behaviors from a person towards any person that may suggest possible retaliation and if behaviors are identified take prompt actions to remedy such behaviors. Areas to monitor include but are not limited to: detainee disciplinary reports, detainee housing changes, detainee program changes, negative performance review, or reassignment of staff. The Warden along with the PREA Compliance Manager will discontinue any monitoring if it is determined that the allegation is unfounded."

The PREA Compliance Manager reported the monitoring for retaliation occurs every 30 days for a maximum of 90 days. She added retaliation monitoring can go past the 90 days if needed.

The Auditor reviewed three closed investigations and found that retaliation monitoring was done in each case. In each case file, documentation was found indicated a check-in of the detainee was conducted, disciplinary reports, and housing assignments were reviewed. This was documented on retaliation monitoring form. This documentation included sections for a 30-day, 60-day, and 90-day checks. In each of these cases, there were no cases of retaliation.

§115.68 – Post-allegation protective custody.

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

Notes:

It should be noted that IAH has not had any detainees placed in post-allegation protective custody in the past 12 months.

(a)(b)(c)(d) MTC policy 2.1.18 states, "On the condition that a victim of sexual assault is placed in protective custody for administrative segregation purposes for protection the ICD FOD has to be notified as soon as possible. It has to be the least restrictive housing. The Detainee cannot be held longer than five days, except in extenuating circumstances or at the request of the detainee. A detainee victim subjected to sexual abuse and placed in protective custody will not return to general population until a re-assessment has been completed and no other possible threats or abuse are a factor. Once notified the ICE FOD will review the detainee victim's placement in administrative segregation for the following: If the placement is a last resort and when no other housing option are available, and, in cases were the detainee has been held longer for 5 days ICE FOD will determine if it is justifiable."

NOTE: MTC 2.1.18 is used for protective custody at the initial report of sexual abuse and after the investigation process.

The interview with the Warden supports this practice. "The language in the PREA standard describes what we do. We use the least restrictive housing (general population) before we even look at administrative segregation. We do our required review within 24 – 72 hours and notify ICE immediately. We do a review every week following if they remain in protective custody." The Warden also added, if a detainee was placed in protective custody after an allegation was made, IAH would look at alternative housing to ensure the safety of the detainee. He stated if it was determined IAH was not a safe environment for them, IAH would request a transfer of that detainee through ICE. The PREA Manager reported if a detainee was place in protective custody after an allegation was made, there would be a reassessment completed before they would be moved back to general population.

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee-on-detainee sexual abuse, contained all the components required under this standard to include detainee notification and were conducted by trained Polk County Sheriff's Office. IAH also conducted an administrative investigation for each of these three cases. OPR was also notified but chose not to investigate.

One of the open investigative cases does include staff on detainee sexual abuse. This case was opened May 2018.

§115.71 – Criminal and administrative investigations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

All criminal sexual abuse allegations are investigated by the Polk County Sheriff's Office. All administrative investigations are conducted by the PSACM. Administrative investigations were conducted by the Deputy Warden/PREA Compliance Manager. OPR was also notified but chose not to investigate.

(a)(b)(c)(e) (f) MTC policy 2.1.18 states, "An administrative or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The initial investigation will begin immediately by correctional staff to ensure preservation of physical and/or circumstantial evidence. All reports of alleged sexual abuse or assault must be handled and investigated in accordance with the PREA Rape Elimination Act (PREA)…Once all the proper contracts have been made aware than allegation has been made the administrative investigation begins. It will include an effort to determine whether any staff actions or failures to act contributed to the alleged abuse. It will be documented in written reports that include a description of any physical and testimonial evidence, the reasoning behind credibility assessment, any prior complaints and or reports of abuse, and investigative facts and findings. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible."

It is the practice at IAH for the PREA Compliance Manager to conduct administrative investigations on all sexual abuse and sexual harassment allegations no matter the outcome of a criminal investigation.

The Auditor reviewed three closed investigative files and found they met all the requirements of 115.71.

This same policy continues, "Substantiated allegations of conduct that appear to be criminal will be referred prosecution. All administrative investigations will be referred to the parent agency for determination regarding whether the allegation is unfounded, substantiated or unsubstantiated. All written reports of administrative and criminal investigations will be maintained for as long as the alleged abuser is incarcerated or employed by MTC, plus an additional five years. The departure of the of an alleged abuser or victim from the employment or control if IAH does not provide basis for terminating an investigation. In the event that the Polk County Sheriff's Office assumes control of a criminal investigation, IAH staff will endeavor to remain informed about the progress of the investigation. To the extent possible, the Warden will request that outside investigative authorities conduce the investigation in accordance with PREA investigative standards. In addition, Polk County Sheriff's Office investigation, IAH may proceed with administrative disciplinary sanctions as well."

In regards to prosecution, this same policy states, "Should the Polk County Sheriff's Office or District Attorney determined that the allegations are not criminally punishable and should be investigated internally the investigation will be referred to the parent agency for determination regarding whether an allegation is unfounded, substantiated or unsubstantiated."

MTC policy 2.1.18 continues, "When the quality of evidence appears to support criminal prosecution, compelled interviews will be conducted only after consulting with prosecuting attorneys to determine whether compelled interviews may be an obstacle for subsequent criminal prosecutions. Any alleged detainee victims will be afforded timely access to nonimmigrant

status information. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will be determined by the person's status as detainee or staff. Detainees who allege sexual abuse will not be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation…All case records associated with claims of sexual abuse, including incident reports, investigations, offender information, case disposition, medical and mental health counseling evaluation findings, and recommendations for post-release treatment and/or counseling will be treated as confidential information. Staff may only release this information to persons authorized by the Warden unless an emergency exists where the information is needed for investigative purposes."

ICE Directive 11062.2 states, "Immediately following notice of an alleged sexual abuse or assault: 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 or assault. 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 assault or as soon as practical thereafter, according to procedures outlined in the June 8, 2006 Memorandum from ██████████, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (█████ Memorandum); c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse or assault, and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the █████ Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG); d) when a non-ICE employee, contractor, or volunteer is alleged to be the perpetrator of the sexual abuse or assault, ensure that the facility administrator has also contacted the corporation or locality that operates the facility…"

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee-on-detainee sexual abuse, contained all the components required under this standard to include detainee notification and were conducted by trained Polk County Sheriff's Office. IAH also conducted an administrative investigation for each of these three cases. The administrative investigations were conducted by a trained investigator. ERO was also notified but chose not to investigate.

The Assistant Warden and the PSA Compliance Manager conduct all administrative investigations at IAH. They received specialized training through NIC (National Institute of Corrections) e-learning course plan. The training they received focused on sexual assault investigations in confinement settings. This training covers all requirements listed in this standard. The Auditor reviewed the training certificates received from NIC.

The PSA Compliance Manager reported all investigations would continue even if the victim and the alleged abuser leave the facility.

§115.72 – Evidentiary standard for administrative investigations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

MTC policy 903E.02 states, "MTC poses a standard of preponderance of evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated."

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee-on-detainee sexual abuse, contained all the components required under this standard to include detainee notification. IAH's administrative investigation conducted by a trained investigator, for each of these three cases. OPR was also notified but chose not to investigate.

It was also noted that the Auditor found the findings in these cases to be reflective of the preponderance of the evidence.

The PSA Compliance Manager stated the preponderance of evidence IAH follows would be 51%. She stated this always the measurement taken with sexual abuse and sexual harassment cases. It was also stated that all investigations include who, what, when, where, how, and if there is any physical evidence. She reported that all investigative outcomes are based on the evidence collected.

§115.73 – Reporting to detainees.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

MTC policy 2.1.18 states, "Following an investigation into a sexual abuse allegation, the detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted by an outside investigative agency, IAH staff will request relevant information from such authority in order to inform the detainee."

There were no detainees onsite that reported sexual abuse to IAH administration.

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee on detainee sexual abuse, contained all the components required under this standard to include detainee notification and were conducted by trained Polk County Sheriff's Office. IAH also conducted an administrative investigation for each of these three cases. OPR was also notified but chose not to investigate.

All files contained all the components required under this standard 115.71 and included attempted detainee notification. The PSA Compliance Manager reported she is responsible for making notification or attempts to notify victims. All three investigative files the Auditor reviewed contained information on notification to detainees.

§115.76 – Disciplinary sanctions for staff.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(c)(b)(d) MTC policy 903E.02 states, "…Staff is subject to disciplinary sanctions up to and including terminations for violating agency sexual abuse or sexual harassment policies." MTC 2.1.18 states, all staff, contractors, and volunteers are subject to disciplinary sanctions for violating any IAH sexual abuse and sexual harassment policies. Disciplinary sanctions for violations relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstance of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination is the presumptive disciplinary sanction of staff, contractors, and volunteers who have engaged in sexual abuse. All terminations for violations of IAH sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal." The Employee Handbook, under Rules of Conduct/Discipline, outlines behavior that may result in immediate dismissal. Those behaviors include sexual abuse of a detainee. The Auditor reviewed a memo for ICE stating policies regarding discipline of staff for sexual abuse allegation have been reviewed and approved.

The same policy also states, ""In the event that a detainee alleges sexual abuse or harassment by staff, contractors, or volunteers a non-contact assignment will be imposed during the investigation. Depending on the severity of the allegation staff may be placed on administrative leaving pending the outcome of the investigation."

Interview with the Human Resource Manager supported this practice at IAH. She advised there have been no staff terminated or placed on administrative leave as part of a sexual misconduct investigation due to sexual abuse or sexual harassment of detainees in the past 12 months. She also advised no staff have resigned in lieu of termination for the same reason.

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee-on-detainee sexual abuse, contained all the components required under this standard to include detainee notification and were conducted by trained Polk County Sheriff's Office. IAH also conducted an administrative investigation, by a trained investigator, for each of these three cases. ERO was also notified but chose not to investigate. One of the open investigative cases does include staff on detainee sexual abuse. This case was opened May 2018. The Auditor was told this staff person was placed on a non-contact assignment pending the investigation outcome.

§115.77 – Corrective action for contractors and volunteers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 903E.02 states, "MTC policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies."

The Warden advised, "Everyone here has the same requirement. Just as I have told staff, I will testify against them at trial."

MTC policy 2.1.18 states, "In the event that a detainee alleges sexual abuse or harassment by staff, contractors, or volunteers a non-contact assignment will be imposed during the investigation. Depending on the severity of the allegation staff may be placed on administrative leaving pending the outcome of the investigation."

(c) MTC policy 903E.02 states, "MTC facilities take remedial measures and prohibit further contact with inmates in the case of any other violation of MTC sexual abuse or sexual harassment policies by a contractor or volunteer."

The interview with Human Resources supported this practice. There have been no cases of contractors or volunteers being removed from IAH for sexual abuse or sexual harassment of detainees.

§115.78 – Disciplinary sanctions for detainees.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

While onsite the Auditor reviewed three closed files from 2017 and 2018. IAH reported two allegations in the review period that investigations are still open. The open cases were not available for review. The files reviewed contained three unfounded detainee-on-detainee sexual abuse, contained all the components required under this standard to include detainee notification and were conducted by trained Polk County Sheriff's Office. IAH also conducted an administrative investigation, by a trained investigator, for each of these three cases. OPR was also notified but chose not to investigate.

(a) MTC policy 2.1.18 states, "Detainees shall be subject to disciplinary sanctions following an administrative or criminal finding of guilt for detainee-on-detainee sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories." MTC policy 903E.02 states, "Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse." The Warden reports, "We used the ICE discipline statutes. We use due process afforded to detainees."

(b)(c) The Auditor reviewed the Detainee Handbook and found steps to the disciplinary process and sanctions that would be imposed. The sanctions are progressive in nature and meet the requirements under this standard.

(d) MTC policy 903E.02 states, "MTC facilities offer therapy counseling, of other interventions designed to address and correct underlying reasons or motivations for abuse. While offering therapy, counseling or other interventions designed to address and correct underlying reasons and motivations for abuse, MTC facilities will consider whether to require the offending inmate to participate in such intervention as condition of access to programming or other benefits." In addition to this, MTC policy 2.1.18 states, "A detainees' mental disabilities or mental illness, and how it may have contributed to his behavior will be considered when determining what type of sanction, if any, should be imposed."

There have been no instances of detainees receiving therapy counseling or other interventions to address underlying reasons or motivations for abuse. No detainees involved in the investigations as IAH had an identified mental disability or mental illness.

(e) MTC policy 903E.02 states, "MTC disciplines inmates for sexual conduct with staff only upon finding that staff did not consent to such contact." This is also echoed in MTC policy 2.1.18.

There have been no detainees disciplined for engaging in sexual conduct with staff.

(f) MTC policy 903E.02 states, "MTC prohibits action for a report of sexual abuse made in good faith based upon a reasonable believe that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation." This is also echoed in MTC policy 2.1.18.

There have been no detainees sanctioned for reporting any allegation of sexual abuse or sexual harassment.

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

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

Notes:

(a)(b)(c) MTC policy 903E.02 states, "All residents are screened by security staff within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly."

It should be noted, when this policy refers to security staff, it means intake staff. The only staff screening detainees who enter IAH are staff assigned to intake. Interviews with intake staff support the practice of screening detainees within 12 hours of arriving at IAH. Intake staff reported, "If any detainee show a potential for being at a higher risk for victimization, they are placed in separate holding area from other detainees. We have them go to medical for an assessment before we place them in general population. These detainees are then placed in a smaller housing unit."

MTC Medical Policy 904E.118 Intake Health Screening dated October 1, 2017 states, "Intake medical screening for residents commence upon residents arrival at facility and is performed by health-trained or qualified health care personnel…All residents receive initial mental health screening at the time of admission to the facility by mental health or qualified mental health care personnel…Where there is a clinically significant findings as a result of the initial screening, a referral shall be initiated."

The Auditor reviewed random intake files and found documentation for referrals for mental health evaluations completed in the appropriate timeframe. The Auditor interviewed the mental health professional on staff and was told, "We are notified the same day they arrive at intake if a detainee reports they have been a victim of sexual abuse." The mental health professional also added this is the same process for those detainees who report they have been sexually aggressive.

Medical personnel reported, "We refer them to mental health when they report sexual abuse history or report a sexual assault. When we make the referral, he has 48 hours to see them. If it is after a report of sexual abuse, we also give them pamphlets on STI's and offer a syphilis test." Medical personal stated this information is then documented in the detainee's medical file.

§115.82 – Access to emergency medical and mental health services.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "If it is suspected that the detainee was sexual assaulted, the detainee should be advised of the importance of getting help to deal with the assault, that they may be evaluated medically for sexually transmitted diseases and other injuries, and that trained personnel are available to assist. All detainee victims will have timely, unimpeded access to emergency medical treatment, crises intervention services and all medical services will be provided to the victim without financial costs regardless of whether the victim names the abusers or cooperates with the investigation."

Medical personnel reported, "We refer them to mental health when they report sexual abuse history or report a sexual assault. When we make the referral, he has 48 hours to seem them. If it is after a report of sexual abuse, we also give them pamphlets on STI's and offer a syphilis test. We provide this immediately if possible, but not later than 72 hours. We also offer this to the perpetrator. Cooperation does not impact the level of service we provide."

Medical personnel also reported that while they do not conduct SAFEs or SANEs they do provide emergency and life-saving treatment to detainees before they would be transferred to the community medical facility.

MTC policy 2.1.18 states, "Mental health staff should be notified immediately after the initial report of an allegation of sexual abuse or assault of a detainee. If the alleged victims is examined in the facility to determine the extent of injuries, all findings should be documented both photographically and in writing and placed in the detainee's medical record, with a copy to supervisory security staff and appropriate law enforcement officials. If deemed necessary by the examining physicians, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility. Notify staff at the community medical facility and alert them to the detainee's condition. The victim should be transported as soon as possible to a community hospital for medical care and additional evaluation and collection of evidence. If the assailant is transported, he should be transported separately."

While reviewing the closed investigative files, the Auditor found referrals to medical and mental health staff where made immediately after the allegation was received. The investigative files contained emails from medical and mental health staff stating no follow up services were needed for the victim after the initial evaluation.

MTC policy 903E.02 states, "MTC will offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by SAFE's or SANE's where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. MTC will document efforts to provide SAFE or SANE." In an interview with a medical professional at IAH, they confirmed "everything we do is free of charge to detainees." They also reported, "While we do not do forensic exams here, we do provide emergency medical services before we transport."

The Auditor reviewed three closed investigative files and found no emergency medical services were needed and victims were not transported for a SAFE or SANE. However, the Auditor did find referrals to medical in the investigation files reviewed. The Auditor also reviewed the corresponding medical files and found that medical services were provided to these detainees.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(e)(f)(g) MTC policy 2.1.18 states, "As deemed appropriate, victims of sexual abuse while detained at IAH, will be offered medical and mental health evaluations which shall include but are not limited to: follow-up services, treatment plans, referrals for continued care following transfer placement in another facility or release, pregnancy test and test for STD and HIV. The services provided by IAH medical and mental health staff will be consistent with the community level of care. The facility shall attempt to conduct mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Medical personal stated they provide triage type services when there is an assault or report of abuse; any other type of medical services is provided by the community and then they (IAH) provide follow up treatment as ordered by the community provider. They also stated that all services provided to detainees are done without cost to the detainee.

Mental Health providers stated while there have no mental health evaluations have been completed on any known detainee-on-detainee abusers, evaluations would be completed at IAH.

MCT Medical Policy 904E.310FNI Sexual Abuse/Assault states, "…In the event of sexual abuse/assault, the following applies: …Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up." Medical staff also reported that detainees receive the same level of care as if they were in the community with the exception of not charging fees to the detainees.

MTC Medical Policy 904E.210FNI states, "In the event of sexual abuse/assault, the following applies: …Provision is made for testing sexually transmitted diseases (for example HIV, gonorrhea, hepatitis, and other diseases) and counseling as appropriate. Prophylactic treatment and follow-up sexually transmitted diseases are offered to all victims, as appropriate."

Interviews with medical personnel supported this practice at IAH. Medical personnel advised information on sexually transmitted diseases would be provided at the hospital and IAH would then follow any treatment plans hospital staff developed.

(d) This is non-applicable as this is a male only facility

Interviews with medical personnel reported that once it has been determined that detainee has suffered sexual abuse or has been the sexual abusers, they both would receive a mental health evaluation and would be offered treatment where appropriate.

While onsite the Auditor reviewed three closed files from 2017 and 2018. In all cases, the victims were referred to medical and to mental health for evaluations. The investigative files contained emails from medical and mental health staff stating no follow up services were needed for the victim after the initial evaluation.

§115.86 – Sexual abuse incident reviews.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "The facility Sexual Abuse and Assault Prevention and Intervention Program Manger shall, together, with the Warden, conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation to assess an improve prevention and response efforts. Such review shall ordinarily occur within 30 days of the conclusion of the investigation." This policy also contains language outlined in subsection (b) of this standard. Interviews with the Warden and the PSA Compliance Manager supports this practice at IAH.

The Auditor reviewed three investigations from the past 12 months and found that the incident reviews occurred within the 30-day timeframe and were completed on an incident review form. There were no recommendations as a result of these reviews. These files also included the date the information was forwarded to the PSA Coordinator.

(c) The auditor reviewed IAH's annual review from 2017 showing IAH began implementing PREA standards in 2016 and did not provide their first annual review until 2017. This annual review meets all the components outlined in this standard. It lists all allegations received, they type of allegations, the outcomes. This review is approved by the Warden and forwarded to the Field Office Director and the PSA Coordinator.

§115.87 – Data collection.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

MTC policy 2.1.18 states, "All case records associated with claims of sexual abuse, including incident reports, investigations reports, offender information, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, shall be maintained. All documentation will be kept for a minimum of the time the detainee is housed at the facility plus 5 years." Interviews with the Warden and PSA Compliance Manger confirmed this practice. The PSA Compliance Manager stated files are secured in a locked file cabinet and are secure in her office. The office is locked when not occupied. The Auditor viewed this office and found the files are secured.

§115.201 – Scope of audits.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

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

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

/s/ Elisabeth M. Copeland March 25, 2019
Auditor's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Mark Stegemoller	**Organization:**	Creative Corrections, LLC
Email address:	[redacted]	**Telephone number:**	785-294-[redacted]
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Houston Field Office
Field Office Director:	Patrick Conteras
ERO PREA Field Coordinator:	[redacted]
Field Office HQ physical address:	3400 FM 350 South, Livingston, TX
Mailing address: *(if different from above)*	

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	IAH Secure Adult Detention Facility		
Physical address:	3400 FM 350 South, Livingston, TX		
Mailing address: *(if different from above)*			
Telephone number:	937-967-8000		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	H.R. Terry	**Title:**	Warden
Email address:	[redacted]	**Telephone number:**	936-967-[redacted]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Jennifer DeWalt	**Title:**	PSA Compliance Manger
Email address:	[redacted]	**Telephone number:**	936-967-[redacted]

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the IAH Secure Adult Detention Facility (IAH) in Livingston, Texas was conducted on September 18 – 20, 2018, by Elisabeth Copeland, Lead Auditor, and Joe Rion, Auditor, both are PREA Auditors contracted through Creative Corrections, LLC. This was the first PREA audit for IAH. IAH is an Immigration and Customs Enforcement (ICE) contract detention facility, operated by Management & Training Corporation (MTC) with a designed capacity of 1,054 beds. The detention facility houses adult male detainees to hold, process, and prepare individuals pending the results of judicial removal review. IAH also houses for the United States (U.S.) Marshall Service. There is no contact between ICE detainees or U.S. Marshall detainees at IAH. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards.

Of the 41 standards reviewed, the Auditor found that IAH met 37 standards, had two standards (115.14 and 115.18) that were non-applicable, and two standards were non-compliant (115.16 and 115.53).

On April 30, 2019, Auditor Mark Stegemoller, received ICE PREA Corrective Action Plan (CAP) (PREA Audits) from the External Reviews and Analysis Unit (ERAU) Team Lead [redacted] for IAH. The Office of Enforcement and Removal Operations (ERO) developed the CAP with the facility, and the plan addressed the two standards that did not meet compliance during the PREA Audit conducted September 18-20, 2018. The Auditor reviewed the corrective action plan and concurred with the recommendations for meeting compliance with the deficient standards.

On May 21, 2019, the Auditor received completed documentation examples from the ERAU Team Lead [redacted]. The ERO developed the CAP with the facility, and the Auditor reviewed the supplied documentation and found it to be sufficient to find both standards 115.16 and 115.53 compliant.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence 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. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a) MTC policy 2.1.18 states, "During the Orientation admission process allows the detainees to familiarize themselves with the operations of the facility thus making the transition an easier one. All detainees that enter the IAH facility will be distributed a Sexual Assault Awareness Information Pamphlet, as well as, a detainee handbook. These items will include either the facility's PSA Compliance Manager's information, the name of local organizations who are willing to assist with victims of sexual assault, or ways to report sexual abuse. All detainees will sign documentation that they have received these items. In an effort to make sure detainees are aware of the information provided, the information will also be posted throughout the facility on bulletin boards and posters. Detainees who are limited English proficient, disabled, deaf, visually impaired, or who may have limited reading abilities will be forwarded the information in formats accessible."

PREA Auditor, Elisabeth Copeland, was able to verify detainees receive all the information listed in the policy. This was verified through interviews with intake personnel and orientation records of detainees reviewed by the auditing team. The audit team reviewed orientation records of 10 detainees. During the tour of IAH, the Auditor found PREA posters with information on how to contact the facility's PSA Compliance Manager and Office Inspector General (OIG) to report any sexual abuse or sexual harassment allegation. Information was also posted on how to reach the Sexual Assault & Abuse Free Enviorment (SAAFE) House, a local rape crises center. This information is also provided in the detainee handbook.

IAH also uses Lionbridge Technologies, Inc. who has interpretive services for over 200 languages and interpretive services available for detainees who communicate via sign language (It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the detainee.). When interviewing intake staff, the Auditor was told that if they had a detainee arrived who could not hear they would utilize the interpretive services through Lionbridge Technologies or if needed, contact ICE for an interpreter. While intake forms are provided in both English and Spanish, if it were determined the detainee could not read English or Spanish, intake personnel would read the intake forms to them and ask if they understand the information. Interviews with limited English proficient (LEP) detainees supported this practice of intake personnel accommodating their needs. LEP detainees advised they have translated materials available to them and knew how to report sexual abuse. Intake staff shared that if a detainee spoke a language other than English or Spanish, interpretive services would be used to read intake materials to the detainee.

Intake staff also shared that if a detainee had low vision or were blind, they would read all information to the detainee and check for understanding. This would also occur if the detainee reported they were unable to read. For those detainees who displayed low cognitive behaviors or behaviors that may require psychiatric interference, intake staff said they would immediately contact medical staff to assist with the intake process. IAH had no disabled detainees in custody during the onsite portion of this audit. There were no opportunities to observe staff using Lionbridge while the Auditor was onsite. Majority of staff at IAH are bilingual, speaking English and Spanish, detainees in intake (at the time we were there) spoke Spanish.

(b)(c) The majority of the detainees have LEP, and IAH has much staff who can be used as interpreters. IAH has several staff who can speak Spanish, French, and Portuguese. If detainees speak a language, other than English or Spanish, interpretive services are used to relay information to detainees during intake. IAH also has an agreement with Lionbridge Technologies, Inc. to provide interpretive services for any language requested. Intake staff reported the PREA orientation video is provided in English and in Spanish, which was confirmed by the auditor through observation. This video is shown while detainees are in a holding room during the intake process.

MTC policy 903E.02 states, "For PREA related activities, MTC prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responders duties under 115.64, or the investigation of the inmate's allegations." Staff reported they would immediately take the detainee to medical and use interpretive services in that location.

The policy did not indicate a detainee can use another detainee upon request as an interpreter if they request to do so.

CORRECTIVE ACTION COMPLETED:

IAH - Policy 2.1.18 has been revised and now states, all staff is trained to understand that a detainee may act as an interpreter for another detainee, upon request, in reporting a Sexual Abuse and Assault Prevention and Intervention (SAAPI) allegation. Training includes how and where this should occur. The Auditor was provided with 36 IAH training records/staff sign-in sheets acknowledging the training received. Standard 115.16 is now fully compliant.

§115. 53 - Detainee access to outside confidential support services
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) MTC policy 2.1.18 states, "IAH maintains a memorandum of understanding with the SAAFE House, a community service provider that will assist in providing detainees with emotional support related to sexual abuse which may be used at the detainee's request. Detainees will be informed that any outside resources used for this purpose will be monitored and forwarded to the authorities in accordance with mandatory reporting laws prior to access." Information on the monitoring of phone calls can be found on flyers given to the detainees during intake.

IAH and SAAFE House have entered into an inter-agency collaboration for SAAFE House to serve IAH and its detainees for victim advocate services related to victims of sexual abuse. This agreement was dated August 18, 2018. SAAFE House is included in IAH's sexual abuse prevention and intervention protocol. IAH policy 2.1.18 allows for this agreement.

During the past 12 months, advocacy services have not been used by detainees at IAH. The Auditor found documentation in the three closed investigative files that advocacy services had been offered; however, they were refused by the detainee victims.

(c) Posters are posted throughout IAH with contact information for SAAFE House and information on the services they can provide. This information is posted in English and Spanish. During intake, detainees are given flyers with information on SAAFE House and the services they can provide detainees. The detainee handbook states, "...Emotional support is available from the facility's mental health and medical staff, and from the chaplains." There was no mention of being able to contact SAAFE House for these services.

Interviews with the detainees supported this lack of knowledge regarding services provided by SAAFE House.

CORRECTIVE ACTION COMPLETED:

The Auditor received a revised copy of the IAH Secure Adult Detention Facility Detainee Handbook, which now includes a full page both in English and Spanish delineating resources available through SAAFE HOUSE (Sexual Assault & Abuse Free Environment) to include toll-free hotline numbers. Detainees who speak a language other than English or Spanish can receive the information through an interpretive service, provided by Lionbridge Technologies, Inc. Standard 115.53 is now fully compliant.

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Outcome:
Notes:

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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.

Mark Stegemoller June 20, 2019
Auditor's Signature & Date