

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Joseph Martin	Organization:	Creative Corrections
Email address:	[REDACTED]	Telephone number:	270 625-[REDACTED]

AGENCY INFORMATION

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

Name of Field Office:	Chicago Field Office
Field Office Director:	Ricardo A. Wong
ERO PREA Field Coordinator:	[REDACTED]
Field Office HQ physical address:	101 W. Congress Pkwy. Chicago, IL 60605
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Pulaski County Detention Center		
Physical address:	20 Justice Drive Ullin, IL. 62992		
Mailing address: (if different from above)			
Telephone number:	618-845-3512		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	Damon Acuff	Title:	Facility Administrator/Warden
Email address:	[REDACTED]	Telephone number:	618-845-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Scott Spurlock	Title:	Sexual Assault Awareness Coordinator
Email address:	[REDACTED]	Telephone number:	618-845-[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 Pulaski County Detention Center (PCDC) in Ullin, Illinois was conducted on August 14-16, 2018, by Joseph Martin, a PREA Auditor contracted through Creative Corrections, LLC. PCDC is a 240 bed facility that houses for Pulaski and Alexander counties and for the Immigration and Custom Enforcement (ICE). [REDACTED] from the External Reviews and Analysis Unit (ERAU) contacted the Auditor and advised when the facility documentation had been uploaded on the ERAU share point for the Auditor to review prior to the on-site visit. This documentation included the facility Pre-Audit Questionnaire (PAQ), policies, training records, and other information as needed.

On August 15th the detainee count consisted of 167 men and 20 women for a total of 187. PCDC consists of one building with 6 different housing pods. Male detainees are housed in five of these with one pod housing female detainees. One of these pods is also the segregation unit which houses detainees for disciplinary or administrative purposes. PCDC also has two infirmary beds used for Medical observation. PCDC reported 4,089 detainees booked into the facility during the last 12 months with an average stay of 45 days.

PCDC employees a total of [REDACTED] staff that includes [REDACTED] security staff with [REDACTED] being male and [REDACTED] being female. PCDC employees eight medical staff and has contractors and volunteers that work and visit the facility. PCDC has mental health staff that provide mental health services to the facility along with volunteers who provide religious services. facility.

On August 14th at approximately 8:00 a.m. an entry briefing was held and opened by the ICE Team Lead. In attendance were:

[REDACTED]	ICE ERAU/Office of Professional Responsibility (OPR)
Scott Spurlock	PCDC Sexual Assault Awareness Coordinator (SAAC)/Preventive Sexual Assault Compliance Manager (PSAC)
Damon Acuff	PCDC Warden
Joseph Martin	Auditor/Creative Corrections
[REDACTED]	ICE Enforcement and Removal Operations (ERO)
[REDACTED]	ICE ERAU/OPR

Immediately following the entry briefing, a tour of the facility was conducted and led by SAAC Scott Spurlock. All areas of the facility were toured to include: Booking, Barber Shop, Kitchen, Laundry, Medical Department, Video Court Room, A-pod, B-pod, C-pod, D-pod, E-pod, F-pod, North Recreation Yard, South Recreation Yard, Visitation Area and the Law Library. The Auditor spoke informally to staff and detainees during the tour.

The Auditor observed [REDACTED] video monitoring throughout the facility. [REDACTED] The Auditor observed live camera feed in the [REDACTED] and ensured that no cameras viewed detainees in the state of undress while performing bodily functions, showering, or changing. Each pod had a shower curtain that provided sufficient privacy while the detainee showered, and rules are in place that only allows one detainee in the shower at a time. The Auditor also observed signs that reminded staff of the opposite gender to announce his or her presence before entering a housing pod that contained detainees of the opposite gender. The Auditor observed this practice being performed during the tour.

The Auditor observed in the Booking Area a female detainee being housed in one of the cells. This area has four cells that have toilets in each one. The Auditor observed each cell had an observation window in the door. The Auditor noticed one holding cell with a female detainee was covered with paper. Upon asking the Booking staff, it was explained the detainee was being held in this cell for mental health watch. Female detainees that need segregation are usually held in the Booking Area and male detainees are held in the Segregation pod as male detainees and female detainees are prohibited from contact.

The Auditor observed PREA information on posters, flyers and notices posted throughout the facility for detainees. This information included the reporting mechanism of how to report sexual abuse allegations to the Office of Inspector General (OIG) and the agency zero tolerance policy. The Auditor also observed PREA Audit notices posted throughout the facility with the exception of the Segregation Unit. During the tour while in this area the Auditor asked if an audit notice was posted in the pod and one could not be found.

The Auditor received one letter from a detainee who had written from the facility before the on-site visit. This letter was reviewed by the Auditor and it was determined it contained no allegations involving anything PREA related. The Auditor asked if the detainee was present during the on-site visit and was informed the detainee had been transferred. This letter was forwarded to the Chicago Detentions Standards Compliance Unit (DSCU) by Mitchell Trump ICE/OPR.

PCDC reported 6 allegations of sexual abuse had been reported in the last 12 months with 5 alleging that it occurred at the facility and one at a different facility. One of the allegations that was alleged to occur at the facility was found to be substantiated with the other four were determined unfounded.

During on-site visit, the Auditor interviewed [REDACTED] staff members that included: the Warden, the Prevention of Sexual Assault Compliance Manager, Human Resources, Training Supervisor, [REDACTED] Intake staff, Investigative Staff, Grievance Coordinator, Classification Supervisor, [REDACTED] Volunteers, [REDACTED] Medical Staff and [REDACTED] Security Staff, including Line-Staff and First-Line Supervisors. The Auditor interviewed 21 detainees which included one detainee Who Reported Sexual Abuse, nine Limited English Proficient which included male and female detainees with Spanish, Polish and Romanian languages being translated using the language translator provided by Creative Corrections. In addition, 11 Random Sample of Detainees interviews were conducted which included eight males and 3 females from different housing units. Detainee and random line staff interviews were conducted in the visitation area while specialized staff interviews were conducted in staff office areas. All areas provided sufficient confidentiality while performing the interview.

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 August 16th at approximately 4:00 p.m. an Exit Briefing was held and was opened by the ICE Team Lead. Those in attendance were:

██████████	ICE ERAU/OPR
██████████	ICE/ERAU/OPR
Damon Acuff	Warden
Scott Spurlock	PCDC SAAC/PSAC
██████████	ICE ERO
██████████	Auditor/Creative Corrections.

ICE Team Lead ██████████ opened the Exit Briefing by communicating the on-site portion of the audit was complete and that a report would follow in the upcoming weeks after reviews were completed. ██████████ then turned the meeting over to the Auditor. The Auditor expressed his gratitude for all staff of the facility for their hospitality and patience during the audit process. The Auditor explained that compliance for several of the standards were to still be determined and that follow-up communication or additional documentation still may be needed. The Auditor explained that he would write the audit report in the upcoming weeks and submit to the appropriate Creative Corrections personnel.

The Auditor found that PCDC exceeded two standards, met 29 standards, does not meet eight standards, and found two standards to be non-applicable.

Standards found to "Exceed" compliance: 115.31 and 115.32

Standards found to "Meet" compliance: 115.11, 115.13, 115.15, 115.17, 115.21, 115.22, 115.34, 115.35, 115.42, 115.43, 115.51, 115.54, 115.61, 115.62, 115.63, 116.64, 116.65, 115.66, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.201

Standards found as "Does Not Meet" compliance: 115.16, 115.33, 115.41, 115.52, 115.53, 115.67

Standards found as "Non-Applicable": 115.14 and 115.18

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	2
Number of standards met:	31
Number of standards not met:	6
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:

PCDC policy 4.04 Sexual Abuse and Assault Prevention and Intervention mandates zero tolerance towards all forms of sexual abuse and outlines the facility's approach to preventing, detecting and responding to sexual abuse. PCDC has designated Scott Spurlock as the facility Prevention of Sexual Assault Compliance Manager (PSA) who oversees the facility's compliance with its PREA policies and procedures. The PSA works directly for the Warden and has the authority to carry out his duties. The PSA interview indicated he has sufficient time to oversee all duties as the PSA.

§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) The Warden and PSA Compliance Manager interviews indicated that appropriate staffing levels are used to protect detainees from sexual abuse. The Auditor observed video monitoring well placed throughout the facility to assist security officers in maintaining the security of the facility. The Auditor reviewed the facility organizational chart and staffing plans that demonstrate this adequate level of staff.
- (b) PCDC policy 4.04 directs specific guidelines regarding detainee supervision and the Warden's interview gave clear indication that PCDC policy 4.04 as well as all of the facility's policies are reviewed annually by the Chief of Security and ultimately by him.
- (c) The Warden and the PSA Compliance Manager interviews indicated that when determining adequate staffing level the facility considers generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors including the length of time detainees spend in custody. The interviews also indicated there have been no judicial findings of inadequacy. The facility's staffing plan provides for sufficient staff and security practices to keep separate male detainees from contact with female detainees. There was one substantiated finding of sexual abuse at the facility within the last 12 months that had no recommendations from the incident review team to affect the facility staffing plan. It is recommended that the facility start keeping documentation that it has reviewed each of the components from this section annually with its annual staffing plan review which is completed at the end of each calendar year.
- (d) PCDC policy 4.04 outlines unannounced rounds and prohibits staff from alerting others when these rounds are being performed. The Auditor reviewed a sample of documentation by way of log books that were from 5/27/18 and 6/10/18 that demonstrated supervisory unannounced rounds being performed at different shifts to include day and night shifts.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

PCDC does not house juvenile and family detainees.

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

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

Notes:

- (b) All security staff interviewed following the protocol for Line Staff and First-Line Supervisors interviewed indicated that cross-gender searches are not performed at the facility. The facility reported no occurrences of cross gender pat-down searches occurring within the last 12 months. It is recommended that the language of this section be added to the facility's policy 4.04.
- (c) PCDC policy 4.04 states that staff of the same gender as the detainee should perform a pat search of a female detainee, unless staff of the same gender are not present at the facility at the time the pat search is required. PCDC supplied documented by memorandum that no occurrences of cross gender pat-down searches of female detainees had been performed within the last 12 months. The interviews of security staff corroborated no occurrences within the last 12 months. It is recommended the facility revise policy 4.04 to be more clear on when cross-gender pat-down searches of female detainees would be allowed which is only under exigent circumstances.
- (d) PCDC reported no occurrences of cross-gender pat-down searches and this was corroborated from all security staff interviews. It is recommended that PCDC add to its policy 4.04 that these searches are to be documented.
- (e) PCDC policy 4.04 states that all strip searches shall be performed by staff of the same gender. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe the strip search performed by an officer of the opposite gender. PCDC does not house juvenile detainees. The interviews from security staff indicated that no cross-gender strip searches or cross-gender visual body cavity searches are performed on detainees at the facility.
- (f) The PCDC PAQ indicates that all strip searches and visual body cavity searches are documented but the Auditor could not find this written in the facility policy 4.04. The facility has reported no occurrences within the last 12 months. The Auditor recommends the facility add to its policy 4.04 that all strip searches and visual body cavity searches shall be documented.
- (g) PCDC policy 4.04 states that detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. PCDC policy 4.04 also states that staff of the opposite gender from the detainee housing unit shall announce his or her presence before entering. The housing units at PCDC contain bathroom and shower areas that detainees can shower, perform bodily functions and change clothing. The security staff and random sample of detainee interviews indicated all staff announce his or her presence before entering the housing units and that all detainees felt the facility provides enough privacy for showering, performing bodily functions or changing clothing without being viewed by staff of the opposite gender.

- (h) This section is N/A as PCDC is not a family residential facility.
- (i) PCDC policy 4.04 states that detainees shall not be searched or physically examined for the sole purpose of determining the detainee's genital status. The genital status may be determined as part of a standard medical examination that all detainees undergo as part of intake performed by a medical practitioner in private. The medical staff and security staff interviews indicated knowledge of this standard and that the practice of searching to find out a detainee's genital status is prohibited.
- (j) The PCDC PAQ indicated that all security staff are trained in the proper procedures for conducting pat-down searches, including pat-down searches by staff of the opposite gender and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner possible. The Auditor reviewed the training curriculum which demonstrated all required components are included to be sufficient. The security staff interviewed indicated that they all receive this training annually and when the Auditor asked specifically how each would search a transgender detainee, all answered correctly in using the gender technique that he or her was trained on.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a) PCDC 4.04 states that PCDC takes reasonable steps to provide meaningful access to the facility's sexual abuse and assault prevention and intervention program for detainees with limited English proficiency (LEP) and that PCDC makes available competent foreign language and sign language interpreters to ensure effective communication with detainees with LEP and disabilities to include those who are deaf, hard of hearing, or blind and detainees with low vision during all aspects of the facility's efforts to fulfill its zero-tolerance policy. The policy adds that detainee notification, orientation and instruction must be in a language or manner that the detainee understands and to maintain documentation of the detainee's participation in the instruction session. The Warden's interview indicated that this protocol is performed for all detainees upon admission to the facility to include those that are blind, or low vision, deaf or hard of hearing, or those who have intellectual, psychiatric or speech disabilities. PCDC has a MOU with a sign language contractor for assistance with detainees who are deaf or hard of hearing. PCDC has an assistive device called a TTY machine that is used for those who are deaf or hard of hearing. Security staff interviews and medical staff interviews indicated this device is available for use. Security staff interviews indicated that for deaf detainees he or she would ensure the detainee was able to read the handbook or would use the TTY machine as needed. These interviews also indicated that for blind or low vision detainees that staff would read the handbook to them and when needed use the interpreter service that is available at the facility for interpretation.
- (b) PCDC 4.04 states that all detainees shall receive notification, orientation and instruction in a language or manner that the detainee understands and that documentation of detainee participation in the instruction session shall be maintained. The facility provides the detainee handbook in English and Spanish. Some of the intake staff and security staff interviews indicated that the translator service is used in conjunction with the detainee being able to receive a detainee handbook in the language that he or she understands. Some of the detainees with limited English proficiency replied that they were not provided a handbook in the language they understand and some stated they received no PREA information upon admission. The Auditor asked for documentation of where a Polish speaking detainee had received the information in the handbook through translator services or evidence that he was provided a handbook in Polish. An acknowledgment form was provided that he received the handbook, but there was nothing noted that it was translated in his language of understanding or that he had received a handbook in Polish. The detainee handbook contains pertinent PREA information that either must be translated or given to each detainee in a language that he or she understands. The Auditor finds this practice is not being done to provide detainees who are limited English proficient with the same meaningful aspects of the facility's efforts to prevent, detect and respond to sexual abuse. The Auditor feels that the facility should document as previously mentioned that the handbook is translated in a language the detainee understands and document such was completed or ensure that all detainees receive the handbook in a language he or she can understand as there are items that the detainee may not remember or need to know until a sexual abuse incident occurs. The Auditor finds this section is not compliant. A recommendation could be to keep documentation of the translator service being used as previously stated or to keep documentation that the detainee received a handbook in a language he or she understands. Policy 4.04 outlines that documentation of detainee participation in the instruction session shall be maintained but the facility failed to supply the evidence in the example asked for by the Auditor of the detainee who spoke and understood Polish.
- (c) PCDC provides an interpreter and translator service by US Citizenship and Immigration Services Language Services Section (LSS) and Lionbridge for translation. The security staff interviews indicated that allowing the use of another detainee to interpret for a detainee who wanted to report an allegation of sexual abuse would not be allowed unless the reporting detainee expresses a preference for the interpretation to be provided by another detainee, and it was within the guidelines of Department of Homeland Security (DHS) policy.

§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) The Warden requested to serve as the Human Resources staff to be interviewed. This interview indicated that it is the facility's practice not to hire or promote anyone or to enlist the service of any contractor or volunteer who has engaged in sexual abuse. The Warden stated that everyone hired or promoted has a background investigation completed and it is reviewed before hiring or promoting any applicant, current staff or enlisting the service of a contractor or volunteer. The Auditor asked the Warden if there was documentation of where it was asked to applicants if 1) they had engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution. 2) if they had been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3) if they had been civilly or administratively adjudicated to have engaged in such activity. The Warden stated there was not documentation but these questions were asked verbally and that prior employers are contacted to the fullest extent possible before hiring. The Auditor asked the Warden if the facility imposed on employees a continuing affirmative duty to disclose any such misconduct. The Warden stated in the employee handbook it did and provided the Auditor with a copy of the appropriate section of the employee handbook. The Auditor reviewed the section highlighted in the employee handbook "Code of Conduct" and it states that employees charged with, arrested or convicted of any felony or misdemeanor, shall immediately report the incident to the Warden or his designee. This exempts traffic violations resulting in fines of less than \$150. It is recommended that the specific language in section a of this standard be incorporated in the facility's application to ensure all question required by this standard are asked.
- (c) PCDC policy 3.04 Personnel Selection and Retention directs for background investigations to be completed for any applicant being considered for employment. This policy does not include requirements for the five-year updated background investigation. The Auditor asked the Warden how often updated background investigations were performed and he stated every two to three years. The Auditor was

provided three examples of staff for review and two had background investigations completed every two years and one had a background investigation completed on in two years consecutive.

- (d) The Warden indicated during the Human Resources interview that before enlisting the service of any contractor that a background investigation is completed. The PCDC PAQ indicates this is the protocol as well. After the on-site visit the Auditor requested through Team Lead [REDACTED] that the facility provide two examples of this being completed. PCDC supplied two demonstrating background investigations being completed for contractors.
- (e) PCDC policy 3.02 Background Screening states that deliberately falsifying information would eliminate an applicant's opportunity for employment. The Human Resources interview corroborated that deliberately falsifying information would eliminate an applicant's consideration for employment.
- (f) The Warden stated during the Human Resources interview that when an institutional employer requests information on a former employee that the information is provided. The PAQ indicated this is the practice of the facility. The Auditor recommends that this section be added to the PCDC policy 3.02 to include that documentation must be kept.

§115.18 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

PCDC was built in 1997 and has not made a substantial expansion to the facility or updated a video monitoring system since the facility was constructed. The Warden's interview stated the facility has not made a substantial expansion or updated the video monitoring system since the facility was constructed.

§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) The PCDC Sexual Assault Intervention Protocol attachment 1 is a written evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal investigations. This protocol protects DNA to the extent possible to include the victim, perpetrator and crime scene. The PSA Compliance Manager interview confirmed this protocol is taught to all staff and the Auditor observed security staff wearing a card that was attached to their identification card that gave a step by step process of what to do in the case he or she is the first responder to an incident of sexual abuse. The PSA Compliance Manager interview indicated that there was no documentation that DHS has coordinated with PCDC in developing the facilities policies, procedures, and protocols had been reviewed during scheduled applicable ICE staff visits to the facility.
- (b) PCDC has a contractual agreement with the Family Counseling Center, Inc. located in Golconda, IL. This center provides in person mental health services for detainee victims of sexual abuse at the request of staff at PCDC. PCDC also has appropriately trained staff that serve in the role of providing emotional support, crisis intervention, information and referrals as appropriate. The PSA Compliance Manager interview confirmed these services are available from the Family Counseling Center and designated staff. The Warden's interview indicated the training he and other staff attended for detainee rape victim's included providing emotional support and crisis intervention.
- (c) PCDC policy 4.04 states that medical staff of the facility will be trained on forensic medical examinations. The Auditor reviewed certificates of medical staff of the facility who are trained in the exam process. However, the medical staff interviews indicated that forensic examinations would be provided at the Union County hospital where they have SAFE's or SANE's employed to perform an exam and that there would be no cost to the detainee victim. The facility reported no occurrences of where a forensic examination was performed or any allegation that would require such.
- (d) The PCDC Evidence Protocol allows for the presence of a victim advocate during the exam and investigatory interviews as requested by the detainee victim. PCDC has appropriately trained staff to serve in this role and has an agreement with the Family Counseling Center, Inc. for victim advocacy counseling services to be conducted at the facility. The PSA Compliance Manager interview confirmed this process is in place and would occur when requested by a detainee victim of sexual abuse.
- (e) PCDC provided the Auditor with the collaborative agreement between the facility and the Pulaski County Sheriff's Department. This agreement states that the sheriff's office will act as the lead agency that is responsible for the investigation of all reported acts of sexual assault and/or sexual abuse on behalf of offenders. This agreement states that the sheriff's department will be responsible for gathering direct and circumstantial evidence, including physical and DNA evidence when available, interview alleged victims, suspected perpetrators, and witnesses and review prior complaints and reports of abuse involving the suspected perpetrator. This agreement does not include language of allowing the use of victim advocates during the exam process and/or investigatory interviews and it does not discuss the process of forensic examinations. If the Sheriff's Office is going to establish a MOU with itself then it should include the request that it follows sections a through d of this standard.

§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) PCDC policy 4.04 states that a prompt, thorough, objective and fair investigation shall be conducted by qualified investigators for every incident or allegation of sexual abuse or assault. PCDC has a memorandum of understanding (MOU) with the Pulaski County Sheriff's Department for the sheriff's department to be the investigative authority for criminal allegations. PCDC policy 4.04 also states that the Jail Administrator or his designee shall report incidents of sexual abuse to the ICE Field Office Director (FOD) and to contact the Pulaski County State's Attorney for specified investigative instructions. The Warden's, PSA Compliance Manager and Investigative interviews indicated that an administrative investigation is conducted for every allegation of sexual abuse and when potential criminal behavior is found the case is communicated with the State's Attorney's office for investigative instructions. The PSA interview also indicated investigative files are maintained indefinitely.
- (c) The Auditor reviewed the PCDC website "pulaskicountyil.net" and found the investigative protocols on the 2017 Annual Report. It states that all cases that appear potentially to support criminal prosecution will be referred to the appropriate law enforcement agency having jurisdiction for investigation. Contact with the Pulaski County States Attorney will also be made for specified investigative instructions.
- (d, e, f) PCDC policy 4.04 states that all sexual abuse or assault allegations are reported to the Warden and then he reports the incident if it involves potential criminal behavior to the State's Attorney office and the Pulaski County Sheriff's Department. The interview with the Warden indicated that he communicates with the facility's ICE staff who in returns communicates the information to the appropriate staff

within ICE. The Auditor asked if the incident would be reported to the Joint Intake Center (JIC) or the Field Office Director (FOD) and he stated the facility ICE staff would communicate that information. The Auditor found no written protocols to ensure that the incident is reported to the JIC, ICE Office of Professional Responsibility (OPR), or the DHS Office of Inspector General (OIG). PCDC provided on the ERAU share point an investigation from May 27, 2018 that was a substantiated detainee on detainee sexual abuse incident. There was no documentation in this report that the JIC, FOD, OPR or OIG was contacted. Additional documentation was provided after the on-site audit of where notifications were made through the SAAPI case management center.

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a, b, c) PCDC policy 4.04 states training on the facility's sexual abuse and assault prevention and intervention program shall be included in initial and annual refresher training for all employees, volunteers and contract personnel. The Auditor reviewed the training curriculum the facility uses and all nine components of this section are included. The security staff and training supervisor interviews confirmed this training is completed at initial service and annually thereafter. PCDC uses acknowledgment forms for this annual training. The Auditor reviewed Acknowledgment forms for ■ staff from 2017 and 47 staff from 2018 that was shared on the ERAU share point. The Auditor finds this standard as "Exceeds" as the facility performs this training annually which is a step above the requirement of this standards which states refresher training to be conducted every two years.

§115.32 – Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a, b, c) PCDC policy 4.04 states all staff shall receive training in the detection, prevention and intervention of sexually abusive behavior. Training on the facility's sexual abuse and assault prevention and intervention program shall be included in initial and annual refresher training for all employees, volunteers and contract personnel. The Auditor reviewed the curriculum and it includes the facility's zero-tolerance policy and indicators of sexual abuse, prohibition of retaliation, and the right to receive treatment and counseling. Intake staff interviews and random sample of detainee interviews confirmed this orientation to the facility.

The Auditor finds this standard to "Exceed" as this training is performed annually for all staff to include volunteers and contractors. The volunteer and contractor interviews corroborated they receive training annually on the facility's zero-tolerance policy and how to report detainee sexual abuse.

§115.33 – Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a) PCDC policy 4.04 states that upon admission to PCDC all detainees shall be notified of the facility's zero-tolerance policy for all forms of sexual abuse and assault through the orientation program and detainee handbook, and provided with information about the facility's sexual abuse and assault prevention and intervention program. Such information shall include: the facility's zero-tolerance policy for all forms of sexual abuse or assault, the name of the facility's sexual abuse and assault prevention and intervention program coordinator and information of how to contact him, prevention and intervention strategies, definitions and examples of sexual abuse and coercive sexual activity, explanation of the ways of reporting sexual abuse or assault and the investigation process, the right of detainees to report an incident or allegation of sexual abuse, assault or intimidation to any staff member and to the ICE DHS, information about self-protection and indicators of sexual abuse, prohibition of retaliation, and the right to receive treatment and counseling. Intake staff interviews and random sample of detainee interviews confirmed this orientation to the facility.
- (b) PCDC policy 4.04 states that detainee notification, orientation and instruction must be in a language or manner that the detainee understands and that documentation of detainee participation in the instruction session shall be maintained. In addition, this policy states that PCDC takes reasonable steps to provide meaningful access to the facility's sexual abuse and assault prevention and intervention program for detainees with LEP. PCDC makes available competent foreign language and sign language interpreters to ensure effective communication with detainees with LEP and disabilities to include those who are deaf, hard of hearing, or blind and detainees with low vision during all aspects of the facility's efforts to fulfill the zero-tolerance policy. A TTY phone is available for deaf or hard of hearing and orally communicated for blind and low vision. PCDC has a MOU with a sign language contractor for assistance with detainees who are deaf or hard of hearing. PCDC has on hand, detainee handbooks which contain PREA information in English and Spanish and the facility plays a PREA informational video during orientation. The Auditor found during detainee interviews that some LEP detainees stated that they did not receive a detainee handbook in their language or were not told any PREA information upon intake to the facility. A Polish speaking detainee informed the Auditor during a LEP interview that he had not received any information concerning sexual abuse or how to report such. The Auditor followed this information and asked for documentation of where the detainee received a detainee handbook in Polish or where the handbook has been translated for him. An acknowledgment form was produced of where the detainee had signed for a detainee handbook but there was no documentation that a translator service was used or that the detainee had received a handbook in the Polish language. During one of the security staff interviews the Auditor was told that the Polish speaking detainee had just received a handbook in Polish. The Auditor finds that PCDC failed to produce sufficient evidence that LEP detainees are getting the PREA orientation information in a language that the detainee understands therefore all detainees are not being educated on the zero-tolerance policy for all forms of sexual abuse and assault. A corrective action could be for the facility to start documenting whether a translator service is used to communicate the information or if the detainee receives a handbook in the language he or she understands. This measure would help ensure all detainees are receiving PREA education in a manner each can understand.
- (c) PCDC policy 4.04 states that the facility shall maintain documentation of detainee participation in the instruction session. PCDC uses an acknowledgment form which states the detainee acknowledges that they have received a copy of the PCDC detainee handbook, ICE National handbook and facility I.D. The Auditor reviewed the PCDC detainee acknowledgement form which includes English and Spanish.
- (d) The Auditor observed during the tour of PCDC that information was posted throughout DHS sexual assault awareness notices, the name of the PCDC Prevention and Sexual Abuse Compliance Manager and Family Counseling Inc. which is a local organization that provides services for detainee victims of sexual abuse. In addition, the PCDC detainee handbook informs that medical and mental health staff and chaplains are available for emotional support.
- (e, f) PCDC distributes the National Detainee handbook in addition to the PCDC handbook. The ICE handbook contains information on how to report sexual abuse to the ICE detainee helpline, and to the JIC.

§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) PCDC policy 4.04 states that staff who perform investigations of sexual abuse or sexual assault shall receive specialized training. The Auditor reviewed three staff certificates of its investigators for training in investigating sexual abuse in confinement settings, PREA investigators, Internal Affairs and sex crimes.

§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) PCDC policy 4.04 directs for all medical and mental health staff to receive training that includes: how to detect and access signs of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, how and to whom to report allegations or suspicions of sexual abuse, and how to preserve physical evidence of sexual abuse. PCDC has nurses that have received training on performing forensic examinations however, medical staff interviews indicated forensic examinations are not performed at the facility but when appropriate the detainee victim is taken to the Union County hospital where SAFE's and SANE's perform the exam.
- (c) A memorandum was provided by PCDC that stated there is no available documentation that ICE has approved the facilities policy and procedure for examining and treating victims of sexual abuse. The compliance tool notes that the Auditor shall not find compliance or noncompliance if the agency has not completed the review.

§115.41 – Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a) PCDC policy 4.04 states all detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault. This policy also states each new detainee shall be kept separate from the general population until he or she has been classified and may be housed accordingly. The Intake staff and random sample of detainee interviews confirmed this facility process. PCDC has its medical staff perform the risk screening for sexual victimization and/or sexual abusiveness during the intake process.
- (b) The PCDC Intake staff and random sample of detainee interviews indicated that the initial classification process and housing assignment are normally completed within 12 hours of admission to the facility. The Auditor observed three examples that demonstrated the 12-hour requirement was met on the initial classification and housing assignment process.
- (c) PCDC uses a standard medical tool that incorporates the following questions during the intake process: whether the detainee has a mental, physical or developmental disability, the age of the detainee, the physical build and appearance of the detainee, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has any convictions for sex offenses against an adult or child, whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming, and the detainee's own concerns about his or her safety. The Auditor asked for and reviewed three examples of the facility's assessment tool and all confirmed compliance with this section. The Intake staff and Medical staff interviews confirmed this practice.
- (d) The assessment tool reviewed by the Auditor includes questions of each detainee's prior acts of sexual abuse, prior convictions for violent offenses and the history of his or her prior institutional violence or sexual abuse as known to the facility. The Auditor reviewed three examples of the assessment tool process which demonstrated compliance. The Intake and Medical staff interviews confirmed this facility practice.
- (e) The Auditor finds PCDC as "Does Not Meet" on this section of the standard. The Auditor reviewed three examples; and each showed that the reassessments occurred 13 days after arrival for 2 detainees and 12 days after arrival for 1. The Medical and Intake staff interviews indicated that the facility performs reassessments 14 days after arrival. This section directs for reassessments to occur between 60 and 90 days from the date of initial assessment and at any other time when warranted including following an incident of abuse or victimization. PCDC reported it houses detainees for an average of 45 days. A corrective action plan may include revision of policy 4.04 and to train appropriate staff of when the reassessment is needed. On October 26, 2018 the Auditor requested two historic examples and one specific example from a detainee interviewed while at the facility whose length of stay would merit a reassessment from the facility demonstrating re-assessments are completed within the 60 to 90 day timeframe. On November 6, 2018 ICE Team Lead provided documents provided by the facility. The documents show two examples of detainees that were re-assessed due to victimization as indicated on the documents. The facility failed in providing the Auditor the documentation requested of two historic examples demonstrating the practice of 60-90-day reassessments throughout the audit year and one specific example from a detainee interviewed while at the facility whose length of stay would merit a reassessment from the facility demonstrating re-assessments are completed within the 60 to 90-day timeframe. The documentation of the practice of 60-90-day reassessments was not provided.
- (f) PCDC policy 4.04 states that detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questioning while completing the screening process. The PSA Compliance Manager, Intake staff, and Classification supervisor interviews confirmed detainees are not disciplined for not answering questions related to risk of victimization or abusiveness during the screening process.
- (g) PCDC medical staff perform the risk assessment screening for each detainee. This task is performed on the electronic medical record System that only medical staff have access to. The PSA Compliance Manager, Intake staff, and Classification supervisor interviews confirmed this security measure. and that only applicable staff have access to use the information for housing and programming assignments.

§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, b, c) PCDC policy 4.04 states that all detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault. Each new detainee shall be kept separate from the general population until he or she has been classified and may be housed accordingly. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate, custodial options may not be available at the facility. Pulaski County will consult with the ICE Field Office director to determine if ICE can provide additional assistance or consult with the arresting agency for custodial options. In addition, policy 4.04 states some detainees are at risk for victimization due to one, or a combination of factors such as physical appearance, age, demeanor, special situations, high profile, suspected sexual activity with a child, if the detainee is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming. These individuals will be closely monitored and placed in population with low risk of association with potential sexual predators. PCDC reported having no detainees who identify as transgender or intersex. The PSA Compliance Manager, Intake Staff, Classification supervisor, and security staff interviews indicated that transgender and intersex detainees are housed in the safest environment possible and housing is done on a case-by-case basis depending on the detainee. In addition, these interviews indicated that a transgender or intersex detainee's assessment and housing decision consider the effects of placement on the detainee's health and safety and the detainee's own perception of his or her own safety is considered. The detainee would be given the opportunity to shower separately as the facility has showers that are located outside of the housing unit in booking or in the medical department. The PSA Compliance Manager and the Classification supervisor interviews indicated that transgender and intersex detainees are assessed bi-annually.

§115.43 – Protective custody.

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

Notes:

(a, b) PCDC policy 7.02 Special Management Unit, states that a detainee that has been determined to be vulnerable to sexual abuse or assault may be placed in administrative detention, for his or her protection, only after reasonable efforts to provide other appropriate housing have failed. Only the Jail Administrator or Chief of Security may authorize the detainee placement in administrative detention, when no other viable housing options exist. The Shift Supervisor will prepare an Administrative Detention Order which provides a detailed justification for placement of the detainee in administrative detention on the basis of his or her vulnerability to sexual abuse or assault. In addition, policy 7.02 states that ordinarily, Administrative detention shall not exceed 30 days. The Warden's interview corroborated this facility practice. During the on-site visit PCDC had no detainees in Administrative detention based on a vulnerability to sexual abuse or assault.

(c) PCDC policy 7.02 states that detainees placed in administrative detention for their protection shall have access to all services and programs available to the general population, to the extent possible. There were no detainees in Administrative detention for this purpose during the on-site visit.

(d, e) PCDC policy 7.02 states a supervisory staff member shall conduct a review of the detainee placement within 72 hours to determine whether the placement is still warranted. Additionally, a supervisory staff member shall conduct an identical in person review after the detainee has spent seven days in administrative detention, and every week thereafter for the first 30 days, and every ten days thereafter. Policy 7.02 also includes that for immigration detainees, the ICE FOD or designee must be provided a copy of the Administrative detention order. The Auditor recommends policy PCDC 7.02 be revised to add a 72 hour timeframe that the FOD has to be notified within.

§115.51 – Detainee reporting.

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

Notes:

(a, b, c) PCDC policy 4.04 states that detainee reports of sexual abuse or assault may be made using any available methods of communication including but not limited to: verbal reports to staff including the Sexual Abuse and Assault Prevention and Intervention Program Coordinator, medical staff or volunteers, written informal or formal requests, grievances, sick call request, reporting to an individual or organization outside the facility who can contact facility staff, telephone or written reports to the DHS OIG or DHS OPR. The PCDC detainee handbook gives specific instructions on how detainees can call or write the OIG. The Auditor observed posted materials throughout the facility that describes how a detainee can report sexual assault to the DHS OIG and JIC. PCDC also has an anonymous facility hotline where the detainee does not have to give his or her name. The PSA Compliance Manager, Security staff, and random sample of detainee interviews indicated all knew the many different ways a detainee could report and the staff responsibility in accepting any report and documenting immediately any verbal reports received.

§115.52 – Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a, b) PCDC policy 8.03 Grievance Procedures states that a detainee has the right to file a formal grievance and pursue the formal grievance process and may file a complaint about sexual abuse at any point directly to the Jail Administrator. This policy also states that detainees will receive a detainee handbook upon admission and that the handbook will define procedures for filing and resolving a grievance including emergency grievances and the availability of assistance from staff in preparing a grievance. The PCDC detainee handbook states that grievance forms are available in every housing unit and that detainees have the right to pursue an informal grievance through the formal channels. The handbook also states that a grievance must be filed within 15 days of the occurrence of the incident and that a written response will be made within 15 working days of the receipt of the pre-grievance. If after the response the detainee feels that the problem still exists, then the detainee may file a formal grievance. The Auditor finds that the information in policy 8.03 and the detainee handbook do not match and is misleading to the detainee. Detainees should have the right to file a formal grievance at any time regarding an allegation of sexual abuse. The Grievance Coordinator interview indicated that the detainees may not have access to the PCDC 8.03 policy but reference grievance procedures from the handbook they receive. The Auditor finds these sections do not meet compliance. A corrective action may be to revise the detainee handbook to include clear and specific guidelines on to time limit being imposed and that a formal grievance may be filed when filing a grievance involving sexual abuse.

- (c) PCDC policy 8.03 states that emergency grievances which may involve an immediate threat to a detainee's health, safety, or welfare will be responded to in an expeditious manner. Once the receiving employee is approached by a detainee and determines he or she is in fact raising an issue requiring urgent attention emergency grievances procedures shall apply and bring the matter to the immediate attention of the Jail administrator. The PCDC detainee handbook states that detainees who feel they have an issue which represents an immediate and serious threat to their health, safety, or welfare may present an emergency grievance, either verbally or in writing directly to staff. The staff member receiving the emergency grievance will bring the issue to the immediate attention of the Warden. The Grievance Coordinator interview confirmed this facility protocol and its operation.
- (d) PCDC uses specific grievance forms to address medical issues or complaints and these grievances are only collected by medical staff on a daily basis. The detainee handbook outlines this procedure. The Grievance Coordinator, Medical, and security staff interviews all confirmed that medical emergencies are immediately brought to the attention of medical staff for assessment.
- (e) PCDC policy 8.03 states that a written response of the decision to a grievance will be completed within five days of receipt of the grievance and that there are two appeal options. The first is to appeal the decision to the grievance officer and a written decision shall be issued within 15 days after receipt of the appeal. The second option is to appeal the grievance officer's decision to the Jail Administrator and he or she will issue a written response within five days of receiving the appeal. The detainee handbook also states what policy 8.03 directs. The Auditor could find no written directives in policy that stipulates the appropriate ICE FOD shall be sent all grievances related to sexual abuse and the facility's decision. It is recommended this be added to the PCDC policy 8.03.
- (f) The PCDC detainee handbook states that if requested, staff will be available to assist detainees with the grievance process. The Grievance Coordinator, security staff, and random sample of detainee interviews indicated that staff would help in expediting requests for assistance by detainees when requested for preparing a grievance.

§115.53 – Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a, b) PCDC policy 4.04 states victims of sexual assault or abuse will be offered the services of a victim advocate to be present for support. If requested by the victim, the victim advocate will accompany and support the victim through the medical examination process, and assist with investigatory interviews by providing emotional support, crisis intervention, information and referrals. If the victim advocate is a trained facility staff member, they may not be utilized for any other purpose then support for the victim. PCDC has a MOU with the Family Counseling Center, Inc. for crisis intervention, counseling and other support services for sexual abuse victims. PCDC has designated staff appropriately trained to serve as victim advocates. PCDC also has a MOU with the Pulaski County Sheriff's Department for investigating sexual abuse allegations that involve potential criminal behavior.
- (c) PCDC displays information in each housing unit that gives information and addresses for the Family Counseling Center, Inc. and the Illinois Coalition Against Sexual Assault. These services are available for detainees to communicate with and receive services. The PSA Compliance Manager confirmed these services are available and both render counseling services when needed.
- (d) The Auditor finds PCDC does not inform the detainees of the extent communication with the Family Counseling Inc. and the Illinois Coalition Against Sexual Assault will to the extent of which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor observed signs by the detainee phones in the housing units that's says all phone calls are monitored. Nor does the facility detail the monitoring of written correspondence with these organizations in accordance to the extent of which sexual abuse would be forwarded. Corrective action could consist of posting the information of when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws involving the communication with these organizations.

§115.54 – Third-party reporting

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

Notes:

PCDC policy 4.04 states detainee reports of sexual abuse or assault may be made through family members, friends, or other outside entities such as the DHS OIG, DHS OPR and state or local law enforcement agencies. The Auditor observed third-party reporting information on the bulletin board at the entrance to the facility that is easily observable by anyone entering the facility. The Auditor recommends adding the reporting methods and applicable telephone numbers on the facility's website.

§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.) PCDC policy 4.04 states that all staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred at the facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy 4.04 also states staff may report outside of their chain of command. The PSA Compliance Manager and Security staff interviews corroborated this requirement for all staff.
- (c) The PCDC PAQ indicates that staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim, prevent further victimization of other detainees or staff in the facility, and to make medical treatment, investigation, law enforcement, or other security and management decisions. The Security staff interviews indicated that each were aware of the confidentiality involved and that only staff that needed to know were told. PCDC policy 4.04 also prohibits staff from revealing any information regarding sexual abuse other than to staff that need to know.
- (d) This section is N/A as PCDC does not detain juvenile detainees 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:

PCDC policy 4.04 states staff shall take immediate action to separate any detainee who alleges that he or she has been sexually assaulted from the alleged assailant and shall refer the detainee for a medical exam and a clinical assessment for potential negative symptoms. The Warden and Security staff interviews indicated that when a detainee is at risk of sexual abuse that staff interact to protect the detainee and keep them safe. The Auditor recommends policy 4.04 be revised to add that detainees who are at imminent risk of being sexually abused or assaulted be immediately protected as well as detainees who allege they have been sexually assaulted.

§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) PCDC policy 4.04 states that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility administrator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible and no later than 72 hours after receiving the allegation. The Warden and PSA Compliance Manager interviews confirmed this facility practice.
- (c) The PCDC PAQ states that documentation is kept when notifying another facility when a detainee alleges he or she was abused while confined at that facility. The Auditor reviewed a written report of such documentation of an incident that was reported to PCDC staff on 5/17/2017. This documentation demonstrated of where the other facility head was contacted within 72 hours of receiving the allegation.
- (d) The PCDC PAQ indicates that when the facility receives such a notification that the allegation is investigated in accordance with PREA standards and reported to the ICE FOD. The Warden and PSA Compliance Manager interviews confirmed this facility practice. There were no reports of this occurrence within the last 12 months at the facility.

§115.64 – Responder duties.

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

Notes:

- (a, b) PCDC policy 4.04 states the following: that staff shall take immediate action to separate any detainee who alleges that he or she has been sexually assaulted from the alleged assailant, if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, staff should instruct the victim and abuser not to shower, wash, brush teeth, drink, eat, defecate, urinate or change clothing until examined and escorted to the Health services unit, and to protect the suspected crime scene. PCDC requires all staff to be potential first responders. The Security staff interviews indicated that each knew their responsibilities and job duties when responding to alleged sexual abuse and each wore a first responder card with their identification card which gave easily accessible directions for them to remember. PCDC policy 4.04 directs for all staff whether security or non-security to be trained on how to respond appropriately to sexual abuse including the four requirements of this standard, The Auditor reviewed five investigations where allegations were made by a detainee while housed at PCDC. All investigations demonstrated immediate response by staff of applicable duties to include separation and medical assessments where appropriate.

§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) PCDC policy 4.04 incorporates a written institutional plan to coordinate actions taken by first responders, medical and mental health practitioners, investigators and facility leadership following an incident of sexual abuse. This institutional plan includes a multidisciplinary team approach to responding to sexual abuse. The Auditor reviewed five sexual abuse investigations that occurred at PCDC during the audit period. All demonstrated the facility uses a coordinated response by first responders, investigators, medical and mental health staff and the facility leadership.
- (c, d) The Warden's interview indicated that anytime a detainee is transferred from the facility to another that the facility informs the receiving facility of the potential needs of the victim to include medical or social services. PCDC reports no transfers of sexual abuse victims to a non-DHS facility within the last 12 months.

§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:

PCDC policy 4.04 states all staff to include contractors and volunteers suspected of perpetrating sexual abuse will be removed from all duties including detainee contact pending the outcome of the investigation. The Warden and Human Resources interviews indicated all staff to include volunteers and contractors are removed from detainee contact when an allegation of sexual abuse is received that involves the person as the alleged perpetrator. PCDC reported no instances of sexual abuse allegations that involved a contractor or volunteer.

§115.67 – Agency protection against retaliation.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a, b, c) PCDC policy 4.04 states the Sexual Abuse and Assault Prevention and Intervention Coordinator will monitor the conduct or treatment of detainees or staff who report sexual abuse, cooperate with the sexual abuse investigation, and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by detainees, or staff for a period of no less than 90 days through documented status checks. This policy also states the Sexual abuse and Assault Prevention and Intervention Coordinator will continue to monitor changes beyond 90 days if initial monitoring indicates a continued need. The need for monitoring shall terminate if it is determined the allegation is unfounded and that if any of these requirements cannot be met that PCDC will consult with the ICE FOD for possible assistance. The Auditor found that staff are trained on an annual basis that retaliation of any type in accordance with this standard is prohibited and that detainees are educated on prohibition of retaliation during the intake process. The Auditor finds sections b and c as “Does Not Meet”. The Warden and PSA Compliance Manager interviews indicated lack of knowledge of monitoring detainees for disciplinary reports, housing or program changes and for staff, negative performance reviews or reassignments. The Auditor reviewed all investigations for the past 12 months. PCDC reported six allegations in the last 12 months to which five were alleged to have occurred at PCDC while one was alleged to have occurred at another facility. Out of the five that allegedly occurred at PCDC four were found to be unfounded and one was found to be substantiated. The Auditor asked to review the monitoring efforts of the one substantiated case and was informed there was no documentation of the monitoring but the two victims involved in the case had been transferred approximately a month after the incident. Corrective action for these standards could be for the facility to produce a form which outlines the components of these sections to include what is to be checked when monitoring if it is for a detainee or staff member.

§115.68 – Post-allegation protective custody.

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

Notes:

- (a) PCDC policy 7.02 Special Management Unit states vulnerable detainees placed in Administrative detention for their protection shall have access to all services and programs available to the general population, to the maximum extent possible. The PSA Compliance Manager interview confirmed this facility practice. PCDC reported no detainee victims of sexual abuse or for high-risk of sexual victimization in segregated housing during the on-site visit.
- (b) PCDC policy 4.04 states that victims of sexual assault or abuse shall not be held in Administrative segregation for a period not to exceed five days. Under highly unusual circumstances or at the request of the detainee an extension may be given with the permission of the Jail Administrator. The PSA Compliance Manager interview confirmed this facility practice.
- (c) The PCDC PAO states that the facility ensures detainee victims who are in protective custody after having been subjected to sexual abuse are properly reassessed before they are returned to general population. PCDC policy 4.04 states that victims of sexual assault or abuse who do not wish to remain in Administrative segregation and no other appropriate housing options are available, a transfer of the detainee to a more suitable and supportive environment will be recommended. The PSA Compliance Manager interview indicated that any detainee in segregated housing would be re-assess before returning to general population or would be transferred to a different facility.
- (d) PCDC policy 7.02 states that the ICE FOD or designee must be provided a copy of the Administrative detention order for any detainee being placed in segregation. The Warden and PSA Compliance Manager interviews confirmed this facility practice and stated the ICE staff person at the facility would be notified for him to forward proper notifications. This ICE staff person is Agapito Lopez who is with ICE ERO. The Auditor recommends that PCDC revise policy 7.02 to add the 72 hour required notification to the FOD.

§115.71 – Criminal and administrative investigations.

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

Notes:

- (a, b) PCDC policy 4.04 states that all investigations of allegations of sexual abuse shall be prompt, thorough, objective, and conducted by specially trained, qualified investigators. PCDC performs an Administrative investigation for all allegations whether the allegation involves criminal behavior or not. PCDC notifies the ICE staff point of contact located at the facility, [REDACTED], ERO, for every allegation involving a detainee. PCDC coordinates investigations of criminal behavior with the States Attorney’s Office and the Pulaski County Sheriff’s Office to which the facility has a MOU with for an authority to perform criminal investigations of sexual abuse or assault at the facility. The Warden and PSA Compliance Manager interviews confirmed this facility practice. The Auditor reviewed the five investigations that occurred at the facility within the last 12 months and all were well written, thorough, and objective. The one investigation that was substantiated was referred to the State Attorney’s Office.
- (c) PCDC policy 4.04 directs that sexual abuse or assault investigations shall: preserve evidence to include DNA and available video monitoring, interview alleged victims, suspected perpetrators and witnesses, and that all investigations shall be in a written report which shall detail the evidence gathered to include physical and testimonial. PCDC performs an Administrative investigation for all allegations and refers potential criminal acts to the States Attorney’s Office and Pulaski County Sheriff’s Office. Policy 4.04 does not include all the components of this section but the Auditor finds the investigators at PCDC, primarily Scott Spurlock, understands each of the required components of this section. In addition, Mr. Spurlock states sexual abuse investigations are maintained indefinitely. The Auditor recommends that PCDC start documenting in each investigation that the investigator reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator, assessed the credibility of victims, suspects or witnesses and document the reasoning behind credibility assessments and determine whether actions or failures to act at the facility contributed to the abuse. The Auditor also recommends these subjects be added to PCDC policy 4.04. The Wardens, PSA Compliance Manager and Investigative staff interviews indicated that the facility investigates all allegations of sexual abuse or assault and refers to the States Attorney’s Office and local Sheriff’s Office when potentially criminal behavior is found.
- (e, f) PCDC policy 4.04 states that PCDC will cooperate with outside investigators and will remain informed of the progress of the investigation. The Wardens, PSA Compliance Manager and Investigative staff interviews indicated that the departure of the alleged abuser or victim would not provide a basis for terminating the investigation but the facility would proceed as normal.

§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:

The PCDC PAQ indicates that no standard higher than a preponderance of the evidence is used to determine whether allegations of sexual abuse are substantiated. The PCDC Sexual Assault Investigative Reporting Checklist specifically identifies this standard. The Investigative staff interview indicated this standard is known and understood. The Auditor reviewed five investigations of sexual abuse had been alleged to have occurred at the facility within the last 12 months. All demonstrated using a preponderance of the evidence when determining a finding.

§115.73 – Reporting to detainees.

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

Notes:

PCDC policy 4.04 states that the detainee victim of sexual abuse shall be notified of the result of the investigation. The PSA interview indicated that after an investigation he verbally tells the detainee of the outcome of the investigation. The Warden's interview corroborated this facility practice. PCDC could provide no documentation of this notification occurring. The Auditor recommends that the facility start documenting this notification.

§115.76 – Disciplinary sanctions for staff.

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

Notes:

- (a) PCDC policy 4.04 states that staff shall be subject to disciplinary action up to and including dismissal for substantiated allegations of sexual abuse or violating the sexual abuse policy. The Warden's interview confirmed this facility policy. PCDC reported no substantiated allegations of sexual abuse where staff was the alleged perpetrator.
- (b) PCDC is a detention center that contracts with ICE for housing immigration detainees. PCDC provided a memorandum that stated they have no documentation that ICE has reviewed their policies.
- (c) PCDC policy 4.04 states that the facility will report criminal activity to appropriate law enforcement of all removals or resignations in lieu of removal for violations of the sexual abuse policy. The Warden's interview confirmed this reporting requirement. PCDC reported no substantiated incidents during this audit period of where staff was the alleged perpetrator.
- (d) PCDC policy 4.04 states that the facility will report removals or resignations in lieu of removal for violations of its sexual abuse policy to any relevant licensing body. The Warden's interview confirmed this reporting requirement.

§115.77 – Corrective action for contractors and volunteers.

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

Notes:

- (a, b, c) PCDC policy 4.04 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and that the facility will report to local law enforcement and to any relevant licensing bodies incidents of substantiated sexual abuse by any contractor or volunteer. PCDC policy 4.04 also prohibits contact from suspected contractor or volunteer perpetrators from detainees pending the outcome of the investigation. The Warden's interview indicated the facility will follow these policies of prohibiting contact of suspected perpetrators and reporting to law enforcement and licensing bodies substantiated allegations of sexual abuse by contracted or volunteer staff. The Warden's interview also indicated that remedial measures are taken and the facility considers whether to prohibit contact between contractors or volunteers from detainees who have violated other provisions of the facility's sexual abuse policies. PCDC reported no alleged incidents of where a contractor or volunteer engaged in sexual abuse with a detainee.

§115.78 – Disciplinary sanctions for detainees.

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

Notes:

- (a, b, c, d, e) PCDC policy 7.01 Disciplinary System, is the facility disciplinary policy that follows a formal disciplinary process that incorporates detainee rule infractions and sanctions that can be imposed for the rule that was violated. Sexual Assault is one of these rule violations. The PCDC disciplinary process outlined in this policy includes progressive levels of reviews, appeals, procedures and documentation procedures. This policy also considers whether a detainee's mental disability contributed to the behavior when determining sanctions. The Warden's interview indicated the PCDC disciplinary policy and procedure is a disciplinary process that imposes sanctions for detainee rule violations that are commensurate with the sanctions that are imposed and that detainees are not disciplined for sexual contact with staff unless there is a finding the staff did not consent to the contact. PCDC reported no incidents of where detainees had sexual contact with staff of where staff did not consent.
- (f) PCDC policy 4.04 states that detainees aren't disciplined for making reports of sexual abuse that are made in good faith. The Warden's interview indicated the facility refrains from disciplining detainees who make reports in good faith.

§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) PCDC policy 4.03 Facility Medical Services, states the facility medical staff will conduct a preliminary screening of all detainees within 12 hours of intake, in a setting that respects the detainee's privacy. The time and date of the screening will be documented on the Medical Condition Health History profile. The detainee will be questioned regarding his or her personal health status and any notable signs of health problems will be recorded. This policy also states that any detainee referred for mental health treatment shall receive a comprehensive evaluation by the mental health provider no later than 72 hours after the referral or sooner if necessary. PCDC medical staff perform the risk screening pursuant to standard 115.41. PCDC reported by memorandum that no detainees had reported prior sexual victimization within the last 12 months. The Medical staff interviews indicated that this process occurs for all detainees and that if any were to disclose prior sexual victimization that treatment would be offered as appropriate that may include mental health services by the facility provider.

§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) PCDC policy 4.04 states detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services including emergency contraception and sexually transmitted infections prophylaxis. This policy also directs that emergency medical services provided to sexual abuse victims will be without cost. PCDC reported no sexual abuse occurrences where emergency medical and crisis services were needed or appropriate. Medical staff interviews indicated that detainee victims of sexual abuse would be treated with appropriate services at the facility and if a forensic exam was needed the detainee would be transported to the Union hospital where SAFE's and SANE's are available.

§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, d, e, f) PCDC policy 4.04 directs for detainee sexual abuse victims to be provided emergency and ongoing medical and mental health services as needed. If adequate health care services are not available, then PCDC will consult with the ICE FOD to determine if ICE can provide additional assistance. Victims shall immediately receive physical and mental health examinations including testing and for follow up sexually transmitted diseases, prophylactic treatment, preventive measures for disease control, emergency contraceptive treatments and counseling. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Upon the victim's consent he or she shall be referred to an outside medical provider to be examined by trained health care professionals equipped to perform forensic medical exams, and appropriate laboratory testing. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The Medical staff interviews indicated all knew the provisions of this standard and their facility policy and the steps would be followed. PCDC reported no occurrences of where emergency medical services were needed within the last 12 months.

(g) Medical staff interviews indicated that the facility practice is to offer mental health evaluations of known detainee-on-detainee sexual abusers but the facility does not make them participate in such evaluations.

§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) PCDC policy 4.04 directs that PCDC will conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the finding was determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation. The incident review team shall recommend whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect or respond to sexual abuse. The facility shall implement the recommendation for improvement or document its reasons for not doing so. PCDC uses a departmental form that ensures the review team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation or perceived sexual orientation, gang affiliation, or was motivated or otherwise caused by other group dynamics. The PSA Compliance Manager interview confirmed this practice and the Auditor reviewed the one substantiated allegation incident review team report and it incorporated all the requirements of this standard.

(c) The PCDC PAQ indicates that the facility conducts an annual review of its sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention and response efforts, including preparation of a negative report if the facility does not have any sexual abuse reports during the year. The Warden's and PSA Compliance Manager interview indicated this practice is completed and forwarded to the facility ICE staff, [REDACTED], ERO. The Auditor reviewed the facility's 2017 Annual report and observed the report was very detailed with the incidents that occurred during the 2017 reporting year.

§115.87 – Data collection.

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

Notes:

PCDC policy 4.04 states that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post release treatment and or counseling shall be maintained in the PCDC Special Investigations File. The Auditor observed the filing cabinet these are kept in and they are securely maintained in the SAAC's office.

§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 Auditor had access to, and observed all areas of the facility, documentation to complete a thorough audit of the facility, was able to conduct private interviews with detainees, and detainees had the opportunity to send confidential information or correspondence to the Auditor. On the final day of the on-site visit the Warden expressed his dislike of the length of time the interviews were taking so the Auditor interviewed [REDACTED] Medical staff instead of [REDACTED] that had been previously indicated and the Warden wanted to be the interviewee for Human Resources because of the workload of the Human Resources staff. The Auditor communicated to the Warden the interview guides for each of the staff and detainees interviewed were followed with some staff served as more than one category.

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.

Joseph Martin
Auditor's Signature & Date

October 21, 2018

**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
Email address:	[REDACTED]	Telephone number:	270 625-[REDACTED]
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Chicago Field Office		
Field Office Director:	Ricardo A. Wong		
ERO PREA Field Coordinator:	[REDACTED]		
Field Office HQ physical address:	101 W. Congress Pkwy, Chicago, IL 60605		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Pulaski County Detention Center		
Physical address:	20 Justice Drive, Ullin, IL 62992		
Mailing address: (if different from above)			
Telephone number:	618-845-3512		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	Damon Acuff	Title:	Facility Administrator/Warden
Email address:	[REDACTED]	Telephone number:	618-845-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Scott Spurlock	Title:	Sexual Assault Awareness Coordinator
Email address:	[REDACTED]	Telephone number:	618-845-[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 DHS Prison Rape Elimination Act (PREA) on-site audit of the Pulaski County Detention Center (PCDC) in Ullin, Illinois was conducted on August 14-16, 2018, by Joseph Martin, a PREA Auditor contracted through Creative Corrections, LLC. PCDC is a 240-bed facility that houses inmates for Pulaski and Alexander counties and detainees for the Immigration and Customs Enforcement (ICE).

There were 41 standards reviewed for compliance, the Auditor found PCDC exceeded in 2 standards (115.31 and 115.32), met 31 standards, had 6 standards that did not achieve compliance (115.16, 115.33, 115.41, 115.52, 115.53, 115.67), and 2 standards were non-applicable (115.14 and 115.18).

On February 7, 2019, Auditor Mark Stegemoller, received ICE PREA Corrective Action Plan from the External Reviews and Analysis Unit (ERAU) Team Lead [REDACTED] for PCDC. The ERO developed the CAP with facility and the plan addressed the six standards that did not meet compliance during the PREA Audit conducted August 14-16, 2018. The Auditor reviewed the plan, and the documentation submitted and was able to clear standards (115.52 and 115.53 immediately). The Auditor found the ICE PREA Corrective Action Plan and further submitted documentation addressed the areas of non-compliance for the other four deficient standards (115.16, 115.33, 115.41, 115.67).

On February 26, 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 clear the last four remaining standards. (115.16, 115.33, 115.41, 115.67).

Of the 41 standards reviewed, the Auditor found that PCDC exceeded 2 standards (115.31 and 115.32), met 37 standards, and had 2 standards that were non-applicable (115.14 and 115.18).

PROVISIONS

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

§115. 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:

PCDC 4.04 policy states that all detainees shall receive notification, orientation and instruction in a language or manner that the detainee understands and that documentation of detainee participation in the instruction session shall be maintained. The facility provides the ICE detainee handbook in English and Spanish. Some of the intake staff and security staff interviews indicated that the interpretive service is used in conjunction with the detainee being able to receive a detainee handbook in the language that he or she understands. Some of the detainees with limited English proficient (LEP) replied that they were not provided a handbook in the language they understand, and some stated they received no PREA information upon admission. The Auditor asked for documentation of where a Polish speaking detainee had received the information in the handbook through interpretive services or evidence that he was provided a handbook in Polish. An acknowledgment form was provided that the detainee received the handbook, but there was nothing noted or demonstrated that it was translated in his language of understanding or that he had received a handbook in Polish. The detainee handbook contains pertinent PREA information that either must be translated or given to each detainee in a language that he or she understands. The Auditor found this practice is not being done to provide detainees who are LEP with the same meaningful aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. The Auditor feels that the facility should document as previously mentioned that the handbook is translated in a language the detainee understands and document such was completed or ensure that all detainees receive the handbook in a language he or she can understand as there are items that the detainee may not remember or need to know until a sexual abuse incident occurs.

Corrective Action:

The auditor received 20 completed samples of the facility's revised orientation form used to document that detainees receive a handbook in a language he or she understands

that included detainee and staff signatures acknowledging the information received was in a language and format the detainee could understand. The form now includes a checkbox for translator service if required, and a location to indicate a service reference number, which further confirms the use of a translator service providing detainees information in a language they understand.

The standard is now in full compliance.

§115. 33 - Detainee education

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

Notes:

PCDC policy 4.04 states that detainee notification, orientation and instruction must be in a language or manner that the detainee understands and that documentation of detainee participation in the instruction session shall be maintained. In addition, this policy states that PCDC takes reasonable steps to provide meaningful access to the facility's sexual abuse and assault prevention and intervention program for detainees with LEP. PCDC makes available competent foreign language and sign language interpreters to ensure effective communication with detainees with LEP and disabilities to include those who are deaf, hard of hearing, or blind and detainees with low vision during all aspects of the facility's efforts to fulfill the zero-tolerance policy. A Text Telephone/Teletype Terminal (TTY) phone is available for deaf or hard of hearing and orally communicated for blind and low vision. PCDC has a memorandum of understanding (MOU) with a sign language contractor for assistance with detainees who are deaf or hard of hearing. PCDC has on hand, detainee handbooks which contain PREA information in English and Spanish and the facility plays a PREA informational video during orientation. The Auditor found during detainee interviews that some LEP detainees stated that they did not receive a detainee handbook in their language or were not told any PREA information upon intake to the facility. A Polish speaking detainee informed the Auditor during an LEP interview that he had not received any information concerning sexual abuse or how to report such an incident. An acknowledgment form was produced of where the detainee had signed for a detainee handbook but there was no documentation that a translator service was used or that the detainee had received a handbook in the Polish language. During one of the security staff interviews the Auditor was told that the Polish speaking detainee had just received a handbook in Polish. The Auditor found that PCDC failed to produce sufficient evidence that LEP detainees are getting the PREA orientation information in a language that the detainee understands. Therefore, all detainees are not being educated on the zero-tolerance policy for all forms of sexual abuse and assault.

Corrective Action:

The auditor received completed samples of the facility's revised orientation form used to document that detainees receive a handbook in a language he or she understands that included detainee and staff signatures acknowledging the information obtained was in a language and format the detainee could understand. The form now includes a checkbox for translator service if required, to add a reference number and a checkbox for the handbook translation language used. The standard is now in full compliance.

§115. 41 - Assessment or risk of victimization and abusiveness

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

Notes:

The Auditor reviewed three examples of Detainee Risk Screenings; and each showed that the reassessments occurred 13 days after arrival for 2 detainees and 12 days after arrival for 1. The medical and intake staff interviews indicated that the facility performs reassessments 14 days after

arrival. This section directs for reassessments to occur between 60 and 90 days from the date of initial assessment and at any other time when warranted including following an incident of abuse or victimization. PCDC reported it houses detainees for an average of 45 days. On October 26, 2018 the Auditor requested two historic examples and one specific example from a detainee interviewed while at the facility whose length of stay would merit a reassessment from the facility demonstrating re-assessments are completed within the 60 to 90-day timeframe. On November 6, 2018, ERO provided the documentation by the facility. The documents show two examples of detainees that were re-assessed due to victimization as indicated on the documents. The facility failed in providing the Auditor the documentation requested of two historic examples demonstrating the practice of 60-90-day reassessments throughout the audit year and one specific example from a detainee interviewed while at the facility whose length of stay would merit a reassessment from the facility demonstrating re-assessments are completed within the 60 to 90-day timeframe.

Corrective Action:

Revision to policy 4.04 has been made advising staff of when a reassessment is to be completed. The first re-assessment is to be completed within 60 to 90 days after the date of the initial assessment. Subsequent reassessments are to be completed at 90-120-day intervals thereafter and at any other time when warranted, based upon the receipt of additional, relevant information following an incident of abuse or victimization. Amendments to the Detainee/Offender Classification-Reclassification Worksheet have been made to reflect the first re-assessment is to be completed within 60 to 90 days after the date of initial assessment. Subsequent reassessments are to be completed at 90-120-day intervals thereafter and at any other time when warranted, based upon the receipt of additional, relevant information following an incident of abuse or victimization. A special assessment is to be completed within 24 hours before a detainee is released from disciplinary segregation. The Auditor received 10 examples of completed Risk Assessments upon arrival, to include completed reassessments within 60-90 day ranges. The standard is now in full compliance.

§115. 52 - Grievances

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

Notes:

PCDC policy 8.03 Grievance Procedures states that a detainee has the right to file a formal grievance and pursue the formal grievance process and may file a complaint about sexual abuse at any point directly to the Jail Administrator. This policy also states that detainees will receive a Facility Orientation detainee handbook upon admission and that the handbook will define procedures for filing and resolving a grievance including emergency grievances and the availability of assistance from staff in preparing a grievance. The PCDC Facility Orientation detainee handbook states that grievance forms are available in every housing unit and that detainees have the right to pursue an informal grievance through the formal channels. The handbook also states that a grievance must be filed within 15 days of the occurrence of the incident and that a written response will be made within 15 working days of the receipt of the grievance. If after the response the detainee feels that the problem still exists, then the detainee may file a formal grievance. The Auditor finds that the information in policy 8.03 and the detainee handbook do not match and is misleading to the detainee. Detainees should have the right to file a formal grievance at any time regarding an allegation of sexual abuse. The Grievance Coordinator interview indicated that the detainees may not have access to the PCDC 8.03 policy but reference grievance procedures from the handbook they receive. The Auditor found these sections do not meet compliance.

Corrective Action:

Facility Orientation Handbook has been revised and clearly defines a detainee's ability to submit a formal grievance, by passing the informal grievance process for all issues relating to their health and safety. The Auditor has reviewed and approves the revision made to the Facility Orientation Handbook; Grievance Procedures. The added language clearly defines an individual's ability to file a grievance relating to their health, safety, or welfare and may be submitted at any time without limitation regardless of when the incident occurred. The standard is now in full compliance.

§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:

The Auditor finds PCDC does not inform the detainees of the extent communication with the Family Counseling Inc. and the Illinois Coalition Against Sexual Assault reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Nor does the facility detail the monitoring of written correspondence with these organizations in accordance to the extent of which sexual abuse would be forwarded. The Auditor observed signs by the detainee phones in the housing units that's says all phone calls are monitored.

Corrective Action:

Facility Orientation Handbook has been updated and clearly defines the reporting requirements for cases of sexual assault/abuse. The Auditor has reviewed, and approved revisions made to Policy PCDC-4.04 Sexual Abuse and Assault Prevention and Intervention; the Facility Orientation Handbook; Zero Tolerance, which now clearly defines mandatory reporting laws involving communication to appropriate authorities via phone calls or written communication. The standard is now in full compliance.

§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:

PCDC policy 4.04 states the Sexual Abuse and Assault Prevention and Intervention Coordinator will monitor the conduct or treatment of detainees or staff who report sexual abuse, cooperate with the sexual abuse investigation, and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by detainees, or staff for a period of no less than 90 days through documented status checks. This policy also states the Sexual Abuse and Assault Prevention and Intervention Coordinator will continue to monitor changes beyond 90 days if initial monitoring indicates a continued need. The need for monitoring shall terminate if it is determined the allegation is unfounded and that if any of these requirements cannot be met that PCDC will consult with the ICE Field Office Director (FOD) for possible assistance. The Auditor found that staff are trained on an annual basis that retaliation of any type in accordance with this standard is prohibited

and that detainees are educated on prohibition of retaliation during the intake process. The Auditor found sections (b) and (c) as "Does Not Meet." The Warden and PSA Compliance Manager interviews indicated lack of knowledge of monitoring detainees for disciplinary reports, housing or program changes and for staff, negative performance reviews or reassignments. The Auditor reviewed all investigations for the past 12 months. PCDC reported 6 allegations in the last 12 months to which 5 were alleged to have occurred at PCDC while 1 was alleged to have occurred at another facility. Out of the five that allegedly occurred at PCDC four were found to be unfounded and one was found to be substantiated. The Auditor asked to review the monitoring efforts of the one substantiated case and was informed there was no documentation of the monitoring, but the two victims involved in the case had been transferred approximately a month after the incident.

Corrective Action:

PCDC has implemented a Sexual Assault Status Evaluation Form which outlines the components of sections 115.67(b)(c) to include what is to be checked when monitoring for retaliation and ensure that monitoring staff is trained on the requirements. The Auditor received completed examples of the facility's revised Sexual Assault Status Evaluation Form for the monitoring of retaliation. The Auditor requested and received documentation demonstrating the PSA Compliance Manager, who is responsible for monitoring retaliation has received training utilizing the new Sexual Assault Status Evaluation Form. The standard is now in full compliance.

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 April 20, 2019

Auditor's Signature & Date