PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	3/15/2022	**To:**	3/17/2022
AUDITOR INFORMATION			
Name of auditor:	Mark McCorkle	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(661) 618-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(772) 579-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	New Orleans Field Office
Field Office Director:	(b)(6), (b)(7)(C)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras St. New Orleans LA 70113
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Richwood Correctional Center		
Physical address:	180 Pine Bayou Circle Monroe LA 71202		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	318-325-8409		
Facility type:	D-IGSA		
PREA Incorporation Date:	4/8/2019		
Facility Leadership			
Name of Officer in Charge:	Jason Robinson	**Title:**	Warden
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	318-278-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	212-432-(b) (6), (b)

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Richwood Correctional Center (RCC) was conducted on March 15-17, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Mark McCorkle, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is April 8, 2019, through March 17, 2022. RCC is operated by La Salle Corrections.

The ERAU Team Lead forwarded the audit notification poster to the facility. The poster included the dates of the audit, the purpose of the audit, the Lead Auditor's contact information through Creative Corrections LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all housing units, and all common areas. The Auditor verified the placement of the audit notification posters during the facility tour and the detainee and staff interviews. The Auditor received no correspondence from detainees, staff, or other parties.

The facility employs a total of 105 security staff members: 44 males and 61 females. There are 29 medical staff and 2 mental health staff members. The RCC houses adult male and female detainees with a design capacity of 1,101. The average time in custody at RCC is 60 days. In the previous 12 months, the facility booked/processed 2,343 detainees. RCC houses low security detainees. At the time of the onsite audit, there were 68 male detainees being housed at the facility and there were no female detainees.

At the time of the onsite audit, the Deputy Warden of the facility was the acting Facility Administrator in the absence of the assigned facility Warden, who had been reassigned. For the purposes of this audit, the Deputy Warden will be identified throughout this report as the Acting Facility Administrator.

On March 15, 2022, at approximately 8:00 a.m., the Auditor arrived at the facility and established a working area in a secure conference room at the RCC. At approximately 8:15 a.m., the Team Lead (b) (6), (b) (7)(C) who was present for the onsite audit, moderated an entry briefing conducted by the Auditor. In attendance at the briefing were the following:

- (b) (6), (b) (7)(C) Deputy Warden, Facility Administrator (Acting), RCC
- (b) (6), (b) (7)(C) LaSalle Management Company (LMC), Compliance Manager
- (b) (6), (b) (7)(C) Supervisory Detention & Deportation Officer (SDDO), ICE/ERO
- (b) (6), (b) (7)(C) PSA Compliance Manager, RCC
- (b) (6), (b) (7)(C) Compliance Manager, RCC
- (b) (6), (b) (7)(C) Grievance Manager, RCC
- (b) (6), (b) (7)(C), Case Manager, RCC
- (b) (6), (b) (7)(C) Intake Supervisor, RCC
- (b) (6), (b) (7)(C), PREA Investigator, RCC
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
- Mark McCorkle, Auditor, Creative Corrections, LLC

The entry briefing provided an opportunity for all parties to establish a positive working relationship and outline the proposed schedule for the three onsite audit days. At the completion of the entry briefing, the Auditor was provided a complete tour of the RCC by the Acting Facility Administrator and the PSA Compliance Manager.

The facility consists of six buildings, three of which are dedicated to detainee housing. The other three structures contain administrative offices, the detainee intake area, medical services, the kitchen/dining area, and laundry.

The detainee housing areas of the facility consist of 11 dormitory housing areas, 9 segregation cells, 4 multiple occupancy cells, and 4 mental health beds. The Auditor toured all areas of the facility, with the exception of one housing area due to COVID-19 cohort protocols being in place.

Additionally, the DHS Zero-Tolerance Posters were prevalent in all areas where detainees would be present and contained the name and telephonic contact information for the PSA Compliance Manager. Multiple telephones were tested in detainee housing areas and in each case the PSA Compliance Manager was successfully contacted.

All the housing areas have telephones available to the detainees. Posted by the telephones is the information on DHS Office of Inspector General (OIG) Poster, ICE Detention Reporting and Information Line (DRIL) Poster, and consulate information. Advocacy services provided by Wellspring Alliance for Families information is also posted near each of the telephone areas in each housing area.

In two of the housing area buildings, each contained a hallway with two dormitory housing units on each side of the hallway. The housing units are monitored by an officer from a control booth, and multiple officers on the floor. Each of these dormitory housing units consisted of 99 bunks. (b) (7)(E) The Auditor viewed the various angles of the video cameras and determined that none violated opposite gender viewing requirement of standard 115.15 while detainees are using the restroom or shower facilities or changing clothes.

Each of the dormitories contained a logbook, which was inspected by the Auditor. All contained unannounced rounds by supervisory staff at random hours throughout each day and night. The entries contained the exact time the round was made and were not posted at regular intervals.

Within the hallways of each of these two housing buildings were individual cells, which could be used for segregated housing. None of the single cells at the facility were occupied at the time of the onsite audit. Each contained a window to enable staff to view the inside of the cell. (b) (7)(E)

The third housing building is "L" shaped and contains two 110-bed dormitories and three single-person cells. This building is used exclusively for housing female detainees and was unoccupied at the time of the audit. (b) (7)(E)

The kitchen area is in operation 24 hours per day, 7 days per week. The kitchen is managed entirely by staff and no detainees are allowed to work in the area. However, a logbook is maintained, and the Auditor's inspection revealed that unannounced rounds are being made at all hours of the day and not at regular intervals.

The laundry area is supervised by two staff members and typically has two to three detainees working when the laundry is in operation. There are no video surveillance cameras in the laundry area, but two convex mirrors have been installed to cover areas that could be blind spots. The Auditor reviewed the logbook for the laundry and determined unannounced rounds were being conducted by supervisory staff each day and night.

The facility had four closed PREA allegations since the facility's PREA incorporation date. Two involved allegations of staff-on-detainee sexual abuse, one which was determined to be unfounded, and the other unsubstantiated. The other two cases were detainee-on-detainee allegations, with both being unsubstantiated. All four were investigated by the specially trained facility investigators. A fifth case was discovered by the Team Lead during her preparation for the audit. It was determined that this case, which was reported after the detainee had left the facility, was deemed by the ERO SAAPI Unit to be a non-PREA case, and RCC was never notified. During the onsite audit, the Team Lead allowed the Auditor to review a computer screen from the SAAPI Case Management System, which stated the case was "Closed – Doesn't meet SAAPI criteria." In their interviews with the Auditor, both the Acting Facility Administrator and PSA Compliance Manager confirmed that the facility was never notified of the case, and did not take part in any investigation, or gather information and evidence for a case. One of the staff-on-detainee cases involved an allegation of sexual assault perpetrated by a staff member on a detainee; however, the investigation did not document any referral to local law enforcement for criminal investigation (see standard 115.22(d) for further information on this case).

At the conclusion of the facility tour, the Auditor began interviews of staff, which took place during all three days of the onsite audit. All interviews were conducted in private settings between the Auditor and staff member. The auditor interviewed a total of 26 individual staff members, 12 randomly selected and 14 specialized. The 12 randomly selected staff were chosen by the Auditor from a list of all staff members assigned to the facility. Specialized staff interviews included three supervisory staff, four medical/mental health staff members, two intake staff, the PSA Compliance Manager, two investigators, the Human Resources Manager, the Deputy Warden, and the Training Manager. The PSA Compliance Manager is one of the two specially trained Facility Investigators interviewed for this audit.

The Auditor conducted the interviews with all staff in the same manner, with a prefacing statement to the interview relayed to the staff member explaining the purpose of the interview, how they were selected, that they did not have to speak with the Auditor if they chose not to. No staff refused to speak with the Auditor. The Auditor asked all interviewed staff questions utilizing the various staff Interview Guides for Immigration Detention Facilities.

The Auditor also randomly selected 10 personnel records, 10 staff training records, and 10 detainee files to review while onsite.

On the second and third days of the onsite audit, the Auditor interviewed a total of 16 detainees. All interviews conducted with detainees occurred in a private office between the detainee and the Auditor. The Auditor conducted the interviews with all detainees in the same manner with a prefacing statement made to each detainee with the Auditor explaining the purpose of the interview, how they were selected, and that they did not have to speak with the Auditor if they chose not to. No detainees refused to speak with the Auditor. All detainees were asked questions utilizing the Detainee Interview Guides for Immigration Detention Facilities. During the interviews, the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, which includes the ICE National Detainee Handbook, Richwood Correctional Center Supplement to the National Detainee Handbook, and the DHS prescribed Sexual Abuse and Assault Awareness pamphlet. The Auditor further utilized a blank copy of the

acknowledgment form the detainees sign for the PREA information received at intake. These materials were used to visually stimulate the detainee's recollection of their initial intake process.

All 16 detainees interviewed were randomly selected by the Auditor from a list of all detainees housed at the facility during the audit. Of the 16 randomly selected detainees interviewed, 13 were limited English Proficient (LEP), and 1 identified as bisexual. No other targeted categories were interviewed.

Three of the interviews were conducted in English, and 13 were conducted using the language services telephone line contracted by Creative Corrections, LLC. Translation services were utilized for the following languages: Spanish (11); Somali (1); and Arabic (1). The detainees interviewed represented the following countries: Colombia (5); Nicaragua (5); and one each from the following: Jamaica, Ecuador, Mexico, Somalia, Sudan, and Russia.

There were several targeted detainee populations not being housed at the facility at the time of interviews. Those included detainees with a cognitive or physical disability, detainees who reported sexual abuse history, and transgender or intersex detainees.

After the onsite audit, an exit briefing was conducted by the Auditor, with Team Lead Jennifer Stepanian moderating. In attendance at the briefing were:

- (b) (6), (b) (7)(C) Deputy Warden, (Acting) Acting Facility Administrator, RCC
- (b) (6), (b) (7)(C) AFOD, ICE/ERO (via phone)
- (b) (6), (b) (7)(C) SDDO, ICE/ERO (via phone)
- (b) (6), (b) (7)(C) Compliance Manager, La Salle Corrections (via phone)
- (b) (6), (b) (7)(C) Lieutenant La Salle Corrections (via phone)
- (b) (6), (b) (7)(C) PREA Compliance Coordinator La Salle Corrections (via phone)
- (b) (6), (b) (7)(C) PSA Compliance Manager, RCC
- (b) (6), (b) (7)(C) Compliance Manager, RCC
- (b) (6), (b) (7)(C) Grievance Manager, RCC
- (b) (6), (b) (7)(C) Case Manager, RCC
- (b) (6), (b) (7)(C) Intake Supervisor, RCC
- (b) (6), (b) (7)(C) PREA Investigator, RCC
- (b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU
- Mark McCorkle, Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) APM, Creative Corrections, LLC (via phone)

At the exit briefing, the Auditor provided an overview of the audit findings. The Auditor expressed that all staff members interviewed possessed an excellent grasp of not only the PREA standards, but specifically how they are applied at the facility. He also conveyed that nearly all detainees interviewed expressed at least basic knowledge of PREA and the resources available to them if needed. Even with the multitude of languages spoken by detainees, nearly all understood the basic concepts of sexual safety at ICE detention facilities.

The Auditor expressed that an inspection of randomly selected detainee records indicated that 100% of the records reflected detainees had received the required educational material and orientation required by the standards. In fact, the Auditor applauded the facility for photographing detainees holding a copy of the RCC supplemental handbook for their facility identification cards. It was evident to the Auditor that tremendous strides had been made in the area of PREA education to the detainees. The ICE and Richwood Detainee Handbooks are available in 14 languages (English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, and Vietnamese), and when a specific language may not be on hand, processing staff has access to PDF files to print in the needed language). It was evident in interviews with detainees, that the PREA acronym is not easily understood by those who are non-English speaking. However, when specific questions were asked by the Auditor regarding sexual safety, and information extracted by officers at Intake, the detainees understood the subject matter.

At the time of the exit briefing, the Auditor informed those present that all other standards appeared to be in compliance; however, a thorough review of all documentation and interview results were necessary to make a final determination on each standard.

In the preparation of this audit report, the Auditor conducted a thorough review of RCC policies, related ICE policies, documentation provided by the facility, a complete review of investigative reports, interviews with staff, detainees, and contractors, all coupled with his observations and inspections during the three days of the onsite audit, to make a determination of compliance with each of the 41 DHS PREA Standards for a Subpart A facility.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2
§115.31 Staff training
§115.33 Detainee education

Number of Standards Met: 37
§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.18 Upgrades to facilities and technologies
§115.21 Evidence protocols and forensic medical examinations
§115.32 Other training
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 post-allegation protective custody
§115.71 Criminal and administrative investigations
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 1
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight

Number of Standards Not Applicable: 1
§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c) RCC Policy 2.11 mandates zero tolerance towards all forms of sexual abuse. The policy outlines the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The entirety of RCC Policy 2.11 was reviewed and approved by the Acting Facility Administrator and the Assistant Officer in Charge from the ERO New Orleans office on February 9, 2022.

(d) The facility employs a PSA Compliance Manager who is responsible for overseeing policies and procedures related to the PREA standards and ensures facility compliance and serves as the facility point of contact for the agency PSA Coordinator. The PSA Compliance Manager stated to the Auditor in his interview that he had sufficient time to dedicate to PREA and the Auditor found him to be extremely knowledgeable of the facility's PREA policies and procedures and his responsibilities for coordinating the facility's efforts to comply with the PREA standards. The PSA Compliance Manager was thoroughly engaged throughout the audit process and was an excellent resource when questions would arise.

The Auditor reviewed the facility organizational chart and determined that the PSA Compliance Manager has the resources and authority to carry out the duties of this position.

§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 Auditor reviewed the current staffing plan, the RCC Post Orders, current placement of video monitoring equipment and current staff roster. Those documents, coupled with observations made during the onsite inspection of the facility, and interviews with the Acting Facility Administrator and PSA Compliance Manager have enabled the Auditor to determine that the facility has incorporated sufficient levels of supervision for the detainee population.

During their interviews with the Auditor, the Acting Facility Administrator and PSA Compliance Manager stated that the evaluation of supervision of the detainee population is an ongoing process. Each said that the incorporation of video surveillance technology enhances safety for the detainees and staff alike. During the facility tour the Acting Facility Administrator and PSA Compliance Manager each discussed video surveillance enhancements made to the facility and how they provide another layer of safety for detainees and staff through the monitoring of cameras by staff, and by the historical value of recorded video. Each also stated that unannounced rounds conducted by supervisory staff, which are recorded in housing area and work area logbooks, help ensure the sexual safety of detainees. The Acting Facility Administrator specifically discussed how supervisory staff will take the time to speak to detainees during these rounds, giving them the opportunity to alert supervisors to any potential issues.

(b) The RCC provided its post orders (approved by the Acting Facility Administrator on November 10, 2021), which were inspected by the Auditor and found to be highly detailed and provided the requisite guidance necessary for staff to satisfactorily complete their duties, with the sexual safety of detainees being at the forefront. RCC Policy requires the annual review of the staffing plan, and that was confirmed in interviews with the Acting Facility Administrator and the PSA Compliance Manager.

During their interviews with the Auditor, all staff members said they had read and understood their post orders.

(c) RCC provided its staffing plan, which was approved December 13, 2021, by the Acting Facility Administrator, PSA Compliance Manager, Chief of Security, and the Human Resources Manager. The plan states that the following factors were considered in its development: "general accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant, (including "blind spots" or areas where staff or offender/detainees may be isolated); the composition of the offender/detainee population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations or standards; the prevalence of substantiated or unsubstantiated incidents of sexual abuse; and, any other relevant factors."

The Acting Facility Administrator, in his interview with the Auditor, said that all members of the team that approved the staffing plan have equal input and that the safety of staff and detainees is paramount.

(d) RCC Policy 2.11, states, "The Chief of Security shall ensure the Shift Supervisor or designee is conducting weekly rounds, as well as conducting unannounced PREA security rounds to include day shift and night shift and documenting those rounds. Both day and

evening shift supervisors, while conducting these rounds shall be looking at cross-gender viewing, gender announcement, staff-detainee communication, identify and deter sexual abuse of detainees and ensuring PREA signs are posted in housing areas and holding rooms. Employees are prohibited from alerting employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

During the onsite audit, the Auditor inspected the logbook in each housing area. Unannounced PREA rounds are notated in red. The Auditor observed that rounds were being conducted on each shift and were not conducted at the same time each day. Each of the dormitories contained a logbook, which was inspected by the Auditor. All contained unannounced rounds by supervisory staff at random hours throughout each day and night. The entries contained the exact time the round was made and were not posted at regular intervals.

The kitchen area is in operation 24 hours per day, 7 days per week; the Auditor's inspection of the logbook for the area revealed that unannounced rounds are being made at all hours of the day and not at regular intervals. The Auditor also reviewed the logbook for the laundry and determined unannounced rounds were being conducted by supervisory staff each day and night.

The Auditor interviewed two supervisors, and both confirmed that unannounced rounds are conducted on each shift daily and recorded in the housing area logbook. Randomly selected staff were asked by the Auditor during their interviews about unannounced rounds by supervisors. Each said they knew they were forbidden from alerting other employees; however, all stated that supervisors are on the floor all the time, so their presence is not unusual or alarming.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The RCC does not house juvenile detainees, which was articulated in a memo prepared by the PSA Compliance Manager and confirmed during his interview while onsite.

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

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

Notes:

(b)(c) RCC Policy 2.11, states, "The Facility shall not conduct cross-gender pat-down searches of male detainees unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Facility shall not conduct cross-gender pat-down searches of female detainees unless in exigent circumstances."

The Auditor interviewed 12 randomly selected staff members. Each stated that no detainees would ever be subjected to a cross-gender pat-down search unless an emergency existed. Each also said that in their experience, no emergency has ever existed requiring a cross-gender pat-down search of a detainee.

(d) In the event a cross-gender pat-down search was necessary due to exigent circumstances; the facility has created a form, Cross Gender/Pat Down Search Logbook, to document such instances. The Auditor reviewed a copy of the blank form/log and found that it provides a mechanism to properly account for such a search.

(e)(f) RCC Policy 2.11 states, "The Facility shall not conduct cross-gender strip searches or cross-gender body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners." Policy also requires that if a strip or body cavity search is performed, it must be documented. The facility provided a blank copy of the Strip Search/Cavity Search Logbook, which was reviewed by the Auditor.

In their interviews with the Auditor, medical staff stated that if a body cavity search needed to be performed, it would be conducted by a practitioner.

Each of the 12 randomly selected staff members stated that a cross-gender strip search would never be performed by security staff and that a body cavity search would need to be performed by a member of the medical staff.

(g) RCC Policy 2.11 states, "The Facility shall implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothes."

During the onsite audit, the Auditor observed the shower and toilet area in each housing unit and found that all had a privacy curtain that allowed adequate privacy for the detainee population yet allowed security staff to see that the area was occupied. Additionally, the auditor observed video surveillance angles and determined that they were positioned to prevent any opposite gender viewing from occurring in areas where detainees change clothes, use the restroom, or take a shower.

The Auditor interviewed 16 randomly selected detainees and 14 said they felt they had adequate privacy while showering or using restroom facilities. Additionally, 13 of the 16 said an announcement is made by female staff when they enter a housing area, but due to the language barrier, the announcement is not always understood. Two of those 13 said they do not speak English, so they are unaware of what specifically is being said but acknowledged that an announcement is made. One of the 16 said no announcements are made, and two said they were unaware if announcements by female staff were made.

During their interviews with the Auditor, all 12 randomly selected staff members said that announcements by females were required when entering all housing areas of the facility. While onsite for the audit, the Auditor observed that in each instance when a female entered a housing area, an announcement was made.

Recommendation (g): Based on interviews with Spanish-speaking detainees, the Auditor recommends that announcements made by female staff when entering an area occupied by male detainees, be made in both English and Spanish.

(h) RCC is not a family residential facility; therefore, this subpart is not applicable.

(i) RCC Policy 2.11 states, "The Facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. If a detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of the standard medical examination that all detainees must undergo as part of intake or other processing procedures conducted in private by a medical practitioner."

During the onsite audit, the Auditor interviewed two medical staff members, who each stated that gender of a detainee is determined through conversations with the detainee and a review of medical records. All said there has never been an instance where a medical exam was necessary to determine gender.

The Auditor also interviewed 12 randomly selected staff and two supervisory staff. Each said at no time would staff conduct a physical search or examination of a detainee to determine gender. Ten of the 12 randomly selected staff specifically said that if they could not determine the gender of a detainee through conversations, medical detainee records could be used to make a determination. The other two staff members made reference to medical but could not articulate exactly what would be done to determine the detainee's genital status.

(j) RCC Policy 2.11 states, "The Facility shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

RCC provided the curriculum for the training, which was reviewed by the Auditor and contained all the elements to satisfy the training requirements. Additionally, the Auditor randomly selected 10 employee training files. Each file inspected contained the records that they received instruction provided during the two-week cadet class, and the annual refresher training provided to all employees. Each training block completed is initialed by the employee and the training document itself is signed by the Training Manager. The Auditor interviewed the facility Training Manager and found him to be extremely knowledgeable about PREA training, and the curriculum regarding searches. Training records are currently maintained by a hard copy placed in each employee's training jacket. The files are secured in a locked cabinet in the training office.

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

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

Notes:

(a) RCC Policy 2.11 states, "The Facility shall take appropriate steps to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an opportunity to participate in or benefit from all aspect of the facility's efforts to prevent, detect, and respond to sexual abuse."

The Auditor interviewed the PSA Compliance Manager, Acting Facility Administrator, and an intake staff member. Each stated that there have been no detainees who met the definition of "detainees with a disability," and that there were no detainee records to review during the audit period.

In their interview with the Auditor, the intake staff member stated that if a detainee with low vision were to be processed, the intake staff member would read the transcript of the PREA education slide show/video to the detainee and ensure comprehension.
The intake staff member said the same would be done for detainees with a cognitive disability. In the case of a detainee with limited or no hearing, intake staff would utilize TTY technology and other resources available through the ERO Language Services Resources, in order to deliver the PREA training in a manner to ensure the individual understands. The Acting Facility Administrator and PSA Compliance Manager further explained that anyone with a special need would be called out separately by a staff member after the initial intake and individual determinations would be made as to how best to communicate the PREA education to the detainee.

(b)(c) RCC Policy 2.11 states that, "[the facility shall take appropriate steps in] providing access to in-person telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any

necessary specialized vocabulary; [and in] providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication."

During the onsite audit and tour, the Auditor observed the DHS PREA Posters were placed prominently in all housing areas of the facility, and all had the name of the PSA Compliance Manager printed on the first page of the poster. During the tour, the Auditor used a housing area telephone and was able to successfully reach the PSA Compliance Manager.

Additionally, RCC provided the ERO Language Services Resources Flyer. This flyer provides resources for use by staff to ensure effective communication with detainees. These resources include a 24-hour Language Line and translation or transcription services.

While touring the intake processing area, the Auditor spoke at length to an intake officer, who walked through the intake process with the Auditor as if he were a detainee, including demonstrating the access to language services via telephone. The intake officer only spoke English and said that she routinely uses interpretive services to complete the intake process for detainees. During the onsite visit, there were no detainees processed for the Auditor to observe.

In his interview, the Acting Facility Administrator emphasized the need for reliable interpretive services because such a small percentage of detainees are English-speaking. He was confident that all of the staff at the facility were familiar with accessing interpretive services since it is a routine aspect of their daily duties. In interviews with the 12 randomly selected staff, all had knowledge of not only the interpretive services available to them via telephone, but also interpretive services available to detainees. Each were able to acknowledge the presence of the PREA postings and how to access the ERO language service information when needed.

Additionally, the PSA Compliance Manager stated that when necessary, and if appropriate, a detainee could request that another detainee provide translation during the investigation of a PREA allegation.

Of the 13 detainees interviewed which were LEP, 11 said they received information in writing regarding PREA that they could understand. The other two detainees stated they did not receive any written information. However, each detainee's facility identification photograph is taken with the detainee holding the ICE National Detainee Handbook. In both cases where the detainees stated they did not receive the written information; the Auditor observed a photograph in the detainee's file where they were holding ICE National Detainee Handbooks in languages they said they understood. The Auditor additionally reviewed the detainee files for both of these detainees and confirmed that Spanish language interpreter services were documented as being used during the intake process.

Of the four allegations reviewed, files were clearly documented where interpreters were used for detainees who did not speak English, and the files contained translations of their written statements.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d) In her interview with the auditor, the Human Resources Manager said that the facility utilizes the ICE OPR Personnel Security Operations (PSO) to conduct the background investigations on any applicant, employee, or contractor with the agency. The facility conducts a criminal history background check for all prospective applicants which is the first level of clearance. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who has 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; or who has been civilly or administratively adjudicated to have engaged in such activity.

According to the Human Resources Manager, each new employee candidate is required to complete an application and an attestation to having not engaged in the sexual assault and abuse behaviors outlined in this standard. Additionally, the Human Resources Manager stated that during the application process, if any prospective employee provides information which indicates they have engaged in any of those behaviors, they would not be submitted to ICE for hire. These factors are in compliance with the ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive.

During the background process, the applicant, employee, or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard; these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. During staff interviews at the facility, the Auditor confirmed that all contractors and employees were asked these questions prior to being hired. The facility imposes a continuing affirmative duty to disclose any misconduct, whether it is related to sexual misconduct or not.

During the PSA Compliance Manager and Human Resources Manager interviews, the Auditor confirmed if any prospective employee or contractor were involved in any misconduct of this nature, they would not be offered employment by the facility; any employee or contractor involved in misconduct of this nature would be terminated.

The Auditor completed a PREA Audit: Background and Investigation for Employees and Contractors DHS Facilities form. This form was submitted to the OPR PSO. 5 CFR 731, and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor confirmed the background investigations and five-year reinvestigation for 10 randomly selected staff members at the facility. All of the backgrounds were in the specified time limit of five years. The Auditor reviewed the file of one contractor hired during the audit period and determined that all background check information was included and met with the requirements.

During this hiring process, and subsequent background investigation, the investigator asks questions related to character, integrity, and overall suitability for employment. The Auditor confirmed during the staff interviews at the facility that all interviewed staff had been asked the same questions during the background investigation process.

(e)(f) RCC Policy 2.11 states that candidates for employment and existing employees have a duty to report any misconduct related to the behaviors in this standard, and that any omissions or false information will be grounds for termination, or denial of an offer of employment. The Human Resources Manager confirmed this policy and practice in her interview with the Auditor.

The Unit Chief of OPR PSO informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law.

The prevention of sexual abuse in any agency begins with the hiring process and initial background investigation. ICE utilizes a system where not only current misconduct is identified, which will make the applicant, employee, or contractor unsuitable for employment, but continually monitors their employees and contractors for any misconduct or behavior that will make them unsuitable in the future. Due to the nature of the work DHS performs, this process is necessary to create a safe environment for detainees who are held in their custody or detained at a contracted facility. The process exceeds the language in the standards, as they not only are considering sexual misconduct, but any misconduct, dishonesty, alcohol abuse, or any other behavior or activity that is considered unsuitable.

The Auditor randomly selected 10 employee files and inspected each for appropriate documentation regarding this standard. The Auditor observed that all contained the pre-employment PREA screening acknowledgement. The facility does not currently conduct annual personnel evaluations or reviews; however, the PREA screening acknowledgement is completed and placed in the employee's file annually.

The Auditor discussed the hiring and promotional processes with the Acting Facility Administrator and the PSA Compliance Manager. Each demonstrated a thorough knowledge of the policy and confirmed that anyone who has any substantiated finding in a case regarding sexual abuse, sexual assault, or sexual harassment would automatically be disqualified from the hiring process. In his visual inspection of randomly selected personnel files, the Auditor found that every file was flawless, neatly organized and all documentation to verify this standard was easily located. The Human Resources Manager was extremely knowledgeable in her interview and understanding of the requirements for hiring and promotion.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a)(b) RCC Policy 2.11 states, "The Facility shall consider the effect any (new and upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect individuals in a Richwood Correctional Center from Sexual Abuse."

In its ongoing assessment of facility security and safety needs during the 2021 PREA Annual Review, the PSA Compliance Manager said that the review team identified several blind spots in the facility. In order to make an immediate correction, the facility purchased eight convex dome mirrors for installation in hallways and in the kitchen. The facility provided a copy of the purchase order dated December 7, 2021. The facility also provided a copy of that annual review which identified the upgrade and was approved by the Acting Facility Administrator, the PSA Compliance Manager, the Health Services Administrator, and the Mental Health Licensed Professional Counselor. Additionally, the Auditor was shown the placement of the mirrors during the facility tour and determined that each did correct what previously was a visual blind spot.

(b) (7)(E) [redacted] The Auditor confirmed during his tour that the installation of the cameras corrected previous issues and found no other areas of the facility that required upgraded technology.

(b) (7)(E) [redacted]

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a-d) RCC Policy 2.11 states, "To the extent [RCC] is responsible for investigating allegations of sexual abuse, RCC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable." The Acting Facility Administrator and PSA Compliance Manager both confirmed in their interviews that the facility strictly follows protocols which have been coordinated with DHS.

Agency policy 11062.2 (Sexual Abuse and Assault Prevention and Intervention) outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or a local law enforcement agency. The OPR will coordinate with the Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not accepted or assigned by the DHS OIG, OPR, or local law enforcement agency, the case would be referred to ERO for assignment and completion of an administrative investigation.

RCC Policy 2.11 goes on to say, "[RCC] has developed an evidence protocol utilizing available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims' needs. RCC has established procedures to make available, to the full extent possible, outside victim services following incidents of sexual abuse; RCC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, RCC shall make available a qualified staff member from a community-based organization, or a qualified agency staff member. A qualified agency staff member or qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals."

As it relates to access to forensic medical examinations, RCC Policy 2.11 states "The facility shall offer access whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs)…the examination can be performed by other qualified medical practitioners."

During their interviews with the Auditor, facility medical staff personnel stated that they would not perform sexual assault exams and that any detainee requiring a forensic exam would be transported to the local hospital where a SAFE or SANE would conduct the examination, with the detainee's consent. Each medical staff member stated their only treatment would be for any other traumatic injury suffered by the detainee.

The Auditor made contact telephonically with a representative at the LSU Ochsner Medical Center, who confirmed they would provide forensic medical exams for detainees from RCC.

RCC Policy 2.11 states, "As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting forensic exam, shall be allowed for support during a forensic exam and investigatory interviews."

The PSA Compliance Manager confirmed this practice in his interview with the Auditor. Additionally, the Auditor spoke telephonically with a representative from Wellspring Family Alliance, who said advocacy services would be provided to detainees from RCC. Also, the representative from the LSU Ochsner Medical Center also said that they could provide those services as well if Wellspring was unable to respond.

(e) The facility provided a copy of its MOU with the Ouachita Parish Sheriff's Office, which states that the sheriff's office will follow all requirements of paragraphs (a) through (d) of this standard. This was confirmed in interviews with the PSA Compliance Manager and an investigative supervisor at the sheriff's office.

In every telephone conversation the Auditor had with outside entities, such as the sheriff's office, Wellspring Family Alliance, and the LSU Ochsner Medical Center, there was no hesitation on any part of those resources to articulate their responsibilities in providing assistance and services to the facility. All of these factors indicated to the Auditor that RCC has invested significant time to ensure that all parties in a potential PREA emergency are prepared to respond appropriately. In his interview with the Auditor, the PSA Compliance Manager stated that no investigations were referred to law enforcement. He also stated that support and advocacy services were offered to detainees, however each detainee declined. The Auditor confirmed this information during the review of all investigative reports.

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

Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a) RCC Policy 2.11 states, "[RCC] shall establish an agency protocol…to ensure that each allegation of sexual abuse is investigated by the agency, or facility, or referred to an appropriate investigative authority. The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. [RCC] will ensure all allegations of sexual abuse [are] referred to Ouachita Parish Sheriff's Department for investigation to conduct criminal investigations. The facility shall document such referrals." The Auditor interviewed the Acting Facility Administrator as it pertains to this standard and he stated he would ensure that all allegations would be referred to the sheriff's office if the allegation contained possible criminal activity.

The agency's policy 11062.2 outlines the agency's evidence and investigation protocols. All investigations are to be reported to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. The PREA allegations are referred to OIG or OPR. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff.

(b) RCC Policy 2.11 states "RCC shall ensure that the agency and facility protocols include a description of responsibilities of the agency, the facility, and any other investigating entities; and require the documentation and maintenance, for at least 10 years, of all referrals of allegations of sexual abuse."

The auditor reviewed the MOU with the sheriff's office and confirmed that it contains language consistent with this standard. In addition, in their interviews with the Auditor, the Acting Facility Administrator, PSA Compliance Manager, a facility investigator, and an investigative supervisor from the sheriff's office all stated they understood and would adhere to the tenets of this standard.

(c) The Auditor confirmed that both the LaSalle (www.lasallecorrections.com/human-rights) and ICE (www.ice.gov/detain/prea) websites contain their respective protocols as it relates to PREA, and commitment to comply with those standards.

(d) RCC provided a memo signed by the Acting Facility Administrator, which stated that RCC had no allegations that required a criminal investigation. The memo goes on to say that "All allegations will be reported by the Acting Facility Administrator to the Deputy Field Office Director, Assistant Officer in Charge, and the Supervisor Detention Deportation Officer with ICE/ERO. All criminal investigations will be referred for criminal investigation to the Ouachita Parish Sheriff's Office."

In their interviews with the Auditor, both the Acting Facility Administrator and PSA Compliance Manager stated that any allegation involving a criminal allegation would be referred to the sheriff; however, review of the four investigative files indicated one case that met criteria for a referral was not presented to the sheriff's office for a criminal investigation.

(e)(f) RCC Policy 2.11 states that "all incidents are promptly reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD. If the incident is potentially criminal and a staff member, contractor, volunteer, or detainee is alleged to be the perpetrator of sexual abuse, the incidents are now reported to the Ouachita Parish Sheriff's Office for investigation."

The Auditor reviewed the investigative files for four allegations during the audit period. One of the investigations, reported by the alleged victim on September 28, 2020, contained an allegation by a detainee that he had been physically touched on the buttocks by a staff member. There was no documentation in the investigative file that indicated a referral had been made to local law enforcement for investigation. The lack of a criminal referral was confirmed in interviews with the Acting Facility Administrator and the PSA Compliance Manager. Both concurred in their interviews that a referral for a criminal investigation should have been made. An administrative investigation was completed by the facility, with a finding of unsubstantiated.

Does Not Meet (f): Based on the potentially criminal behavior described in the staff-on-detainee allegation of sexual abuse, a referral should have been made to the sheriff's office for a criminal investigation. Of the four allegations reviewed by the Auditor and confirmed through interviews with the Acting Facility Administrator and the PSA Compliance Manager, this case was the only one which required a referral for a criminal investigation. To become compliant, a referral needs to be made to the sheriff's office for a criminal investigation, and documentation of the decision from the sheriff's office to either investigate or defer the investigation.

The PSA Compliance Manager stated that notifications to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD are being made as per policy. The Auditor was able to determine by dated emails provided by the facility, that all notifications were made to these entities in a timely manner.

The Auditor also interviewed the Acting Facility Administrator regarding this standard. The Auditor found that he was extremely knowledgeable about the investigative process, and keenly familiar with notification protocols. He said that he and the PSA Compliance Manager speak regularly about any open PREA investigations, and that the PSA Compliance Manager does an excellent job of keeping him apprised of all investigations.

Each of the four cases reviewed by the Auditor was well-organized, with acceptable investigative techniques and use of evidence (video surveillance footage) to help support their findings. With the exception of the lack of criminal referral articulated in subsection (d), all notifications were made within the prescribed policies and the review processes were thorough and complete.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) The facility has provided training to all employees, contractors, and volunteers who may have contact with detainees. The Auditor reviewed the curriculum, and it provides the following content in regard to fulfilling their responsibilities under these standards, this training included: LaSalle's zero-tolerance policy for all forms of sexual abuse and assault; The right of detainees and staff to be free from sexual abuse or assault; Definitions and examples of prohibited and illegal behavior; Dynamics of sexual abuse and assault in confinement; Prohibitions on retaliation against individuals who report sexual abuse or assault; Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including Common reactions of sexual abuse and assault victims; How to detect and respond to signs of threatened and actual sexual abuse or assault; Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; How to avoid inappropriate relationships with detainees; Accommodating limited English proficient individuals and individuals with mental or physical disabilities; Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations; Procedures for fulfilling notification and reporting requirements under this Directive; The investigation process; and The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

(b) Training is completed annually which exceeds the minimum requirement of the standard for refresher information every two years. The training was verified by the Auditor through an interview with the Training Manager and by reviewing 10 signed training certification forms for facility staff, contractors, and one ICE SDDO, both electronic and hard-copy training files. The PREA training requirements are outlined in RCC Policy 2.11.

(c) The facility documents the training on a roster; the training ensures staff members and contractors understand LaSalle's and ICE's current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials provided to the Auditor during the pre-audit process. The Auditor further reviewed the training retention schedule for the facility, which indicates the records are retained for five years. This was confirmed during the review of training records that dated back five years.

All of the hard-copy training records are maintained in locked filing cabinets in the facility's secure Training Center, which was confirmed by the Auditor during his visit to the Training Manager's office.

During the staff interviews, the Auditor verified that all 14 interviewees (randomly selected staff and supervisory staff) had received the requisite PREA training. Each was able to verify that they had viewed the training, or received education in person, and were able to articulate their responsibilities under the standards. Each stated that the training sessions (both the initial PREA course and annual refresher) are completed in a classroom setting with the use of a slideshow presentation, along with interactive discussions between the students and the instructor.

It was evident after the review of documentation and interviews that the facility has done an extraordinary job of educating its staff and maintaining proper documentation.

§115.32 - Other training.

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

Notes:

(a)(b)(c) RCC Policy 2.11 requires all volunteers and contractors who have contact with detainees "have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures."

In his interview with the Auditor, the PSA Compliance Manager stated that due to COVID-19 the facility is not employing any volunteers. Prior to the onset of COVID-19, the facility did employ volunteers and they received the initial PREA training, as well as annual refresher training. The Auditor reviewed the training file of one religious services volunteer and all training records were in order.

The facility has trained all contractors who may have contact with detainees on their responsibilities under the facility's zero-tolerance policy, and their obligation to immediately report such incidents. The training is dependent upon the level of service they provide and the level of contact they have with the detainees.

The training is documented by the facility Training Manager, and the contractor acknowledges receipt of the training. During the interview with the Training Manager, he confirmed that the training took place and provided the Auditor with the signed acknowledgment forms. During the onsite audit, the Auditor interviewed two contractors who confirmed they received the training and understood their responsibilities under the RCC Policy 2.11.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) RCC Policy 2.11 outlines the facility intake process that ensures all detainees are notified of the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators, definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual activity. The facility also informs detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC. This includes the prohibition against retaliation, an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

RCC policy states that detainees shall be "informed about [RCC] sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands." RCC Policy 2.11 further states that, "[the facility shall take appropriate steps in] providing access to in-person telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; [and in] providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication." According to Intake staff, the vast majority of LEP detainees speak Spanish and the orientation video is produced in English and Spanish.

In their interview with the Auditor, the intake staff member stated that if a detainee with low vision were to be processed, the intake staff member would read the transcript of the PREA education slide show/video to the detainee and ensure comprehension. A referral to the multidisciplinary team may be made for detainees who are identified as having a cognitive, intellectual, or developmental disability and the team will decide the appropriate assistance to provide. In the case of a detainee with limited or no hearing, intake staff would utilize TTY technology and other resources available through the ERO Language Services Resources, in order to deliver the PREA training in a manner to ensure the individual understands. The Acting Facility Administrator and PSA Compliance Manager further explained that anyone with a special need would be called out separately by a staff member after the initial intake and individual determinations would be made as to how best to communicate the PREA education to the detainee.

Additionally, the facility has translated the RCC detainee handbook into 14 languages and have them in PDF format observed by the Auditor for printing when needed. These handbooks are available in the same languages as the ICE National Detainee Handbook, (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The facility has demonstrated they exceed the requirements of this standard through having the facility handbook available in multiple translated languages for distribution to detainees during orientation who speak languages other than English and Spanish.

The Auditor randomly selected 10 detainee files for inspection and found all 10 to contain authentic signatures acknowledging receipt of the DHS-prescribed Sexual Assault Awareness Information pamphlet and both the RCC Detainee Handbook and the ICE National Detainee Handbook, which also contains sexual awareness information and the availability of support services, in a language understood by the detainee. In order to ensure each detainee receives a handbook, the facility photographs the detainee with a copy of the ICE National Detainee Handbook. This photograph is used on the detainee's facility identification card.

(d) The facility has posted notices in all housing units of the DHS-PREA Poster; the PSA Compliance Manager's contact information; and name of local organizations that can assist detainees who have been victims of sexual abuse. These postings are in limited languages and cannot be read by detainees that do not read Spanish and English. However, as noted above, this information is available to detainees through the RCC detainee handbook, which has been translated into 14 languages.

(e) The facility provides the DHS-prescribed Sexual Assault Awareness Information pamphlet in English and Spanish. This pamphlet is available in seven other languages, other than English and Spanish. During the onsite audit, all nine languages were available in pamphlet form. According to intake staff, if they did not have an ample supply of the pamphlets, they do have access to PDF files, which can be printed on an individual basis.

In the 16 interviews with detainees, 14 said they had received the materials required in this standard. However, there appears to be a disconnect in associating the term PREA, or the words "Prison Rape Elimination Act." The acronym and full phrase were not recognizable to 10 of the 13 LEP detainees interviewed. When a deeper explanation was provided (through translation services), the information was understood, and the detainees acknowledged they had received the information.

There was no intake process of detainees for the Auditor to observe during the onsite audit.

(f) The ICE National Detainee Handbook is available in a multitude of languages, many of which are kept on hand in the intake area. If a language is spoken by a detainee and the facility does not have that detainee's handbook in a language they can understand, the facility has access to electronic PDF files which are available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) and can print a copy for the detainee.

Of the 13 LEP detainees interviewed, 12 indicated they had received the detainee handbook in a language they could read. One said he received a handbook in English, but he could not read the contents. The detainee who stated he did not read English, possessed an ID card with his photo, holding an English version of the handbook. Following their interview with the Auditor, the detainee was provided a handbook in a language he could understand by a staff member.

§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) RCC 2.11 states that "all investigations into alleged sexual abuse must be conducted by qualified investigators." Each of the facility investigators participated in online training courses that provided them the information on how to investigate sexual assault and harassment, interacting with traumatized victims, and evidence collection and retention, and cross-agency coordination. The investigators provided certificates indicating completion of the training.

Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

The Auditor interviewed one of the facility investigators during the onsite audit and the PSA Compliance Manager, who is also a trained investigator, and viewed their training certificates. The PSA Compliance Manager conducted the three of the four PREA allegation investigations reviewed by the Auditor. The fourth investigation was conducted by a trained PREA investigator, who is no longer assigned to that role, but whose certifications were confirmed by the Auditor during a review of training records. The investigators clearly understood the process of investigations, which was further evident in the completed investigative reports. In his interview with each of the investigators, all were able to articulate their understanding of cross-agency coordination.

The PSA Compliance Manager, through the completion of his investigative reports, demonstrated beyond what is required his knowledge of the investigative process. Each of the reports was thorough, well organized and provided documentation and evidence to support the finding.

§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) RCC provided a memo from the PSA Compliance Manager stating there are no IHSC/USPHS medical staff at the facility, which he confirmed in his interview. Medical staff is not employed by IHSC; therefore, this subpart is N/A.

(b)(c) RCC Policy 2.11 requires that training for medical and mental health care staff cover at a minimum the following topics: how to detect and assess 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.

Training records were made available to the auditor for those medical staff interviewed. The auditor found the training records to be complete and included general PREA training received as part of their onboarding process to the facility, and specialized PREA training for medical and mental health staff.

The auditor reviewed the training materials stated above and found that the lesson plan meets the requirements of provision (b) of the standard. This was further confirmed during the interview with the facility Training Manager, who provided the Auditor with the training certificates for medical and mental health staff. The facility's Policy 2.11 was reviewed and approved by the agency on February 9, 2022.

Based on their interviews with the Auditor, the medical and mental health staff had a full grasp of their duties and responsibilities relevant to PREA and the facility's policies.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b) RCC Policy 2.11 outlines the process utilized to assess a detainee's risk of victimization or abusiveness. The facility screens all detainees within twelve hours of arrival utilizing the RCC PREA Risk Assessment to identify those likely to be sexual aggressors or sexual victims, and houses detainees accordingly to prevent sexual abuse, taking necessary steps to mitigate any such danger.

Based on interviews and conversations with Intake and Medical Staff, the normal process is to have the detainee screened by medical following the initial intake process and if this does not occur, the detainees are kept separate from the general population until this

process has taken place. The facility medical personnel and intake staff confirmed during interviews that they utilize the Language Line Services for LEP detainees.

The Auditor was not able to observe an intake process due to the lack of detainee arrivals during the visit. An intake officer reviewed each of the intake documents with the Auditor, explaining their meaning and how individual questions could impact housing decisions.

The Auditor reviewed screening documentation for 10 detainees through file review and verified that the initial screening and classification are taking place within the specified timeframe. The Auditor interviewed a total of 16 detainees, with all stating they had been assessed at intake.

(c) The RCC PREA Risk Assessment tool takes into consideration the following:

- 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.
- 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.
- Whether the detainee has self-identified as having previously experienced sexual victimization; and
- The detainee's concerns about his or her physical safety.

If, during the screening process, there is an indication that the detainee is identified for potential victimization or abusiveness, they will be immediately referred to mental health for an evaluation. Permanent housing will not be determined until a mental health assessment has been made. This was confirmed by the Auditor with interviews with intake staff, medical staff, mental health staff, and classification staff.

(d) Intake staff also take into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. This was confirmed through interviews with intake staff.

The initial screening documents used by intake staff were reviewed by the Auditor and contain specific questions regarding all aspects of subsection (d).

(e)(g) The PSA Compliance Manager and case managers at the facility confirmed during interviews that the RCC PREA Vulnerability Questionnaire is utilized to reassess the detainees between 60 and 90 days or if warranted based upon receipt of additional information. The PSA Compliance Manager also confirmed that the information is not available to the general staff, and is limited to medical, mental health, and case managers.

The Auditor reviewed screening and reassessment documentation from 10 randomly selected detainee files, along with each of the investigative files during the onsite audit and verified that both are taking place within the specified timeframe. Of the 16 detainees interviewed, five had been at the facility for more than 60 days. Four indicated in their interviews with the Auditor that a reassessment had been completed. One was not certain but, the Auditor requested the file for this specific detainee, and it was confirmed he had been reassessed within the required time frames. The Auditor also confirmed that reassessments occurred in each of the investigation reviews.

(f) The PSA Compliance Manager stated that no detainee is disciplined for refusing to answer, or for not disclosing complete information in the screening process.

§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) RCC Policy 2.11 states that the information from the PREA Risk Assessment shall be utilized to "inform the assignment of detainees to housing, recreation, activities, and voluntary work." The PSA Compliance Manager stated in his interview that these determinations are made on an individual basis. While onsite, the Auditor reviewed 10 detainee files which included completed screening tools and reassessment documentation and found each to be in order. In each case, detainees were evaluated for housing, programming and work assignments based on their known history and responses to assessment questions. That information is utilized in determining not only the detainee's security level, but what housing is appropriate, what programming may be available, and whether they would be eligible for work assignments. In the Auditor's review of each of the 10 files, individualized decisions were made for each. Recreation opportunities are dictated by the housing location.

(b) The PSA Compliance Manager stated that when making an assessment and housing decision for a transgender or intersex detainee, the facility considers the detainee's gender self-identification and how any placement will affect the detainee's health and safety at the facility. Detainees can be housed in the medical area until they can conduct a Transgender Care Committee meeting to determine the best housing option. This housing assignment is non-punitive, and the detainee has access to everything available to

general population detainees while here. The committee consists of the PSA Compliance Manager, medical staff, mental health staff, and the Classification Manager. In his interview with the Auditor, the PSA Compliance Manager said that a determination would be made by the committee within 72 hours of identifying the detainee. The placement of a transgender or intersex detainee is reassessed at least twice each year to review any threats to safety experienced by the detainee. The facility has not housed any transgender or intersex detainees in the audit period where a reassessment needed to take place, which the PSA Compliance Manager confirmed this in his interview.

The PSA Compliance Manager also confirmed that the placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of his/her gender and self-assessment of safety is always taken into consideration, and all placements are consistent with the facility's safety and security.

As noted in 115.41, the medical staff conducts initial assessments for all new intakes and consults with mental health when necessary; this was confirmed during interviews with medical and mental health staff. Decisions for placement of transgender or intersex detainees will be made after consultation with medical and mental health staff.

(c) Through policy review and random staff interviews, the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. They would have the detainee shower during times when there is no other detainee movement (such as during count), or they have the option to allow the detainee to shower in medical.

§115.43 - Protective custody.

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

Notes:

(a)(e) RCC Policy 2.11 governs the management of the administrative segregation unit and those detainees placed in protective custody. These procedures were developed in consultation with the ICE ERO FOD. The PSA Compliance Manager stated that they would document specific details for the placement of an individual in administrative segregation on the basis of vulnerability to sexual abuse or assault, and as per policy notify the ICE ERO AFOD within 72 hours.

(b)(c) Policy 2.11 states that "the use of administrative segregation to protect vulnerable detainees is restricted to those instances where reasonable efforts have been made to provide appropriate housing and would be for the least amount of time practicable, and when no other viable housing options exist, as a last resort." The PSA Compliance Manager also confirmed that the facility would assign detainees to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged; this would not last more than 30 days. The detainees would be provided access to programs, visitation, counsel, and other services available to the general population.

The Auditor interviewed an officer assigned to the administrative segregation unit at the facility. The officer was able to articulate in which circumstances a detainee would be housed in the unit, including detainees who may be vulnerable to sexual abuse, and those that identify as transgender or intersex.

(d) An Administrative Segregation Review assessment form is completed within 24 hours by a supervisor and emailed to the PSA Compliance Manager, and the status is reviewed within 72 hours by a security staff supervisor. The PSA Compliance Manager would conduct this review within seven days, and every week after that for the first 30 days, and every 10 days after that.

The Acting Facility Administrator was interviewed and had a thorough understanding of the administrative segregation as it pertains to this standard. He said no detainees had been housed in the past 12 months in this manner.

The PSA Compliance Manager provided a memorandum stating that no detainees were placed in administrative segregation in the past 12 months due to vulnerability of sexual abuse, which he also confirmed in his interview.

§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) RCC Policy 2.11 establishes the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions on how detainees may contact their consular official, the DHS OIG or, confidentially and, if desired, anonymously, report these incidents.

The facility has also developed internal reporting avenues where the detainees can report directly to a staff member, through a request slip, medical slip, grievance form, or through electronic tablets available to all detainees. The facility has created a document that has been translated into 14 languages they see most often. The document includes instructions on how to report an incident and avenues the incident can be reported. The documents are available in the housing units for detainee access, so they have something to refer to if they need to report an incident.

During the onsite audit, the Auditor observed consular posters prominently displayed in each housing unit. The Auditor also observed a placard above the phones in every housing unit that included easy to follow instruction on how to call the DRIL, the internal facility PREA Hotline, OIG, and other services available to detainees. The information in the housing areas is provided in English and Spanish.

For those detainees who do not speak English or Spanish, the same contact information is available in the ICE National Detainee Handbook in French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese. Additionally, the Auditor observed posters providing information from the Wellsprings Family Alliance organization.

The Auditor tested the telephones in multiple housing areas and found them all operational. The Auditor was able to contact the OIG, DRIL and PREA hotline representatives. In each case the Auditor informed the representative on the purpose of the call. All representatives stated their understanding of accepting PREA allegations and/or complaints and each said that all can be made anonymously if requested by the detainee.

The facility handbook, ICE National Detainee Handbook, and PREA posters all provide avenues for detainees to report incidents of sexual abuse or assault.

In interviews with 16 detainees, 14 said they had seen the consular phone list, or knew how to reach their consular official. Of the 16, 14 acknowledged there were telephone numbers available to them, which are posted in the housing areas above each bank of phones to report PREA incidents. Of the two who did not acknowledge availability of the phone number, both stated they had not made a phone call and had not seen the placard with the listed phone numbers.

(c) RCC Policy 2.11 states that "staff will accept reports made verbally, in writing, anonymously, and from third parties. They will promptly document any verbal reports." The Auditor interviewed officers and supervisors and found they understood their obligation under this standard, and they stated they would accept reports made verbally, in writing, anonymously, and from third parties, and document any verbal reports made to them.

In their interviews with the Auditor, the Acting Facility Administrator and PSA Compliance Manager stated that all allegations made to staff were reported to supervisors and the PSA Compliance Manager immediately. The Auditor confirmed this in reviewing timelines associated with each investigative file.

§115.52 - Grievances.

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

Notes:

(a)(b) RCC policy and the Facility Handbook address the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance; the grievance would be considered under the emergency grievance procedure, and no informal grievance procedures are applied.

The Grievance Coordinator was interviewed and stated that there are no time limits for sexual abuse grievances, and if they receive a grievance of this nature, it would immediately be reported to the PSA Compliance Manager for investigation. A locked grievance box is located in each housing unit as observed by the Auditor during the onsite audit. The Grievance Coordinator stated that grievances are collected on each shift daily by a supervisor.

(c)(d) RCC Policy 2.11 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Grievance Coordinator confirmed that the Facility Administrator and PSA Compliance Manager would be immediately notified, and they would then take immediate corrective action to protect the detainee. They further stated that any medical emergencies would be brought to the immediate attention of proper medical personnel.

(e) The RCC grievance form states that a decision shall be issued within five days of receipt and that any appeal would be responded to within 30 days. The final grievance decision would be forwarded to the ICE ERO FOD. This procedure was confirmed by the facility Grievance Coordinator and the PSA Compliance Manager.

(f) Policy 2.11 and the Facility Handbook state that "a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives when preparing a grievance." The interviewed staff understood their obligations to expedite a grievance, and to assist if needed.

All of the security staff interviewed had knowledge of the grievance process and that there was an appeals process for detainees if they were not satisfied with the grievance determination.

During the interview of 16 detainees, all stated they were aware they had the ability to file a grievance at the facility. None of the detainees interviewed said they had ever filed a grievance. Based on a memorandum provided by the facility, RCC has not had any grievances filed within the last 12 months for sexual abuse. The PSA Compliance Manager further confirmed this in his interview.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The facility entered into an MOU with Wellspring Family Alliance to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and prosecution of sexual abuse perpetrators.

Wellspring Family Alliance information, including mailing address and contact number, is posted in the housing units as observed by the Auditor during the onsite visit, and further provided to victims of sexual abuse after an allegation is reported.

RCC Policy 2.11 establishes the procedures which include the outside agencies in the facility's sexual abuse prevention and intervention protocols.

During the interview with the PSA Compliance Manager, he stated that all victims of sexual abuse are given the contact information for Wellspring Family Alliance, and informed that they could contact them at any time. He further confirmed that at the same time they would be informed of the LaSalle Corrections procedures which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws, and that any communication with the advocacy group would be kept as confidential as possible while maintaining security practices. The RCC Detainee Handbook, which is provided to all detainees, informs detainees that "telephone calls are subject to recording and/or monitoring." The RCC Detainee Handbook also states that "all outgoing letters are subject to inspection for contents and contraband." The ICE Detainee Handbook, which is provided to each detainee at the facility, informs detainees that "we will protect your identity and the details of your report, sharing them only with those who need information to make decisions concerning your welfare and for law enforcement investigative purposes." The Auditor reviewed the contents of the handbook and confirmed this verbiage.

In the 16 detainee interviews, 14 said they were specifically aware of advocacy services available to them. The two detainees who declined knowledge of the services said that they either had not seen the contact information in the housing area or had not read the information provided to them at intake.

The Auditor reviewed the four closed investigative files during the audit period, and each indicated that the detainees were given the contact information for Wellspring Family Alliance, but due to confidentiality, it is unknown if they were utilized.

During the onsite audit, the Auditor spoke to staff at Wellspring Family Alliance via telephone and confirmed these procedures, including their mandatory reporting requirements.

§115.54 - Third-party reporting.

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

Notes:

The facility has established several methods for third-party reporting. The posters for the OIG, and ICE DRIL are posted in the visiting room and front entrance to the facility, as observed by the Auditor. LaSalle Corrections and ICE have placed reporting steps on their respective websites. The LaSalle Corrections website (www.lasallecorrections.com/human-rights) states: "To report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any LaSalle facility or program or if you were previously housed in a LaSalle facility or program and needed to report an allegation of sexual abuse/harassment, you may contact the Acting Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." At all LaSalle facilities, there are multiple options to file a report; including, but not limited to: Contact the National Sexual Assault Hotline at 1-800-656-4673. Send a letter to the Acting Facility Administrator of the facility, report to any staff member either verbally or in writing or they may call the PREA hotline numbers. Questions or inquiries can be forwarded to the Warden or the LaSalle PREA Coordinator contact (b)(6), (b)(7)(C) by email at www.prea@lasallecorrections.com" The ICE website (www.ice.gov/detain/prea) contains similar reporting information and steps in which to make third party reports.

The Auditor accessed the LaSalle Corrections and ICE websites and was easily able to access the information required in the standard.

In their interviews with the Auditor, the Acting Facility Administrator and PSA Compliance Manager stated there were no third-party reports received during the audit period. Of the investigative files reviewed by the Auditor, none were documented as being reported by a third-party source.

§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) RCC Policy 2.11 outlines the requirement of all staff "to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." This same policy states that staff shall be trained "on appropriate reporting procedures, including a method by which staff can report outside the chain of command."

The LaSalle Corrections website contains the following information specific to reporting: "Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment, including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At all LaSalle facilities, there are multiple options to file a report; including, but not limited to: Contact the National Sexual Assault Hotline at 1-800-656-4673. Send a letter to the Acting Facility Administrator of the facility, report to any staff member either verbally or in writing or they may call the PREA hotline numbers. Questions or inquiries can be forwarded to the Warden or the LaSalle PREA Coordinator contact: (b)(6), (b)(7)(C) www.prea@lasallecorrections.com."

The entirety of RCC Policy 2.11 was reviewed and approved by the Acting Facility Administrator on February 9, 2022. Based on a memorandum provided by the facility, the agency approved the RCC Policy 2.11 on February 10, 2022.

In his interview, the Acting Facility Administrator acknowledged his role in reviewing and approving all policies. All 14 security staff members interviewed acknowledged they had avenues available to them to make reports and each stated they would make any report immediately upon having knowledge or information.
(c) RCC Policy 2.11 further states that "staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions."

During the 14 staff interviews, the Auditor confirmed that each understood their reporting requirements, reporting avenues available to them, and the requirement to not reveal any information. These procedures were further verified during the review of the four closed investigative reports; the reports indicated only staff directly involved in the incident were notified.

(d) The facility does not house juveniles or family units. The PSA Compliance Manager confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in RCC Policy 2.11. The PSA Compliance Manager also confirmed that they have not made any notification of this type within the prior 12 months.

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

RCC Policy 2.11 outlines that "When the Facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the detainee."

During interviews with random security staff and supervisors, all 12 officers stated that they would make the safety of the detainee their priority, ensure they were separated from the other detainees and contact their supervisor. During the supervisor interviews, both stated that they could separate detainees through housing moves and or building moves. Any separation for these reasons would be immediately reported to the PSA Compliance Manager. In his interview, the PSA Compliance Manager stated that he would respond immediately or be available by phone to discuss the incident with the initial responders.

The Acting Facility Administrator was interviewed and acknowledged the importance of detainee safety in instances of sexual abuse. He demonstrated exceptional knowledge of staff's responsibilities.

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

(a)(b)(c)(d) RCC Policy 2.11 outlines the facility's obligations to report sexual abuse and assault allegations which occurred at another confinement facility. In his interview with the Auditor, the PSA Compliance Manager stated, and was confirmed in policy, that the facility would document the allegations, and the Acting Facility Administrator would immediately contact the facility head where the allegation took place. This notification would be made immediately, and the ICE Field Office would be notified as soon as possible, but not more than 72 hours later. The Acting Facility Administrator would immediately document this notification, and copies would be forwarded to the PSA Compliance Manager. The PSA Compliance Manager confirmed that if an allegation were received from another facility, he would immediately begin an investigation as outlined in Policy 2.11 and notify the ICE Field Office.

In their interviews, both the Acting Facility Administrator and the PSA Compliance Manager acknowledged their duties. The Acting Facility Administrator said that first notification would be made telephonically to ensure the facility had information as quickly as possible. He said the phone call would be immediately followed with an email, which would document that conversation and the information shared. The PSA Compliance Manager provided a memo stating no such incidents had occurred during the audit period, which he confirmed in his interview.

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

(a) RCC Policy 2.11 and training received by the staff outlines their response to a detainee who has alleged to have been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation from other detainees and make immediate notification to their supervisor. Upon the arrival of assistance, policy states, "they would preserve and protect to the greatest extent possible any potential crime scene," and the initial responders would make an inquiry as to what had transpired. If the incident occurred within the last 96 hours, they would also request that the victim and abuser not do anything that may destroy potential evidence including, "washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating."

Fourteen randomly selected staff and supervisors were interviewed, and all had a substantial understanding on their duties as first responders. These interviews confirmed that the Acting Facility Administrator and PSA Compliance Manager would be notified immediately; after which they would contact the ICE Field Office and implement the PREA Coordinated Response Plan.
Based on the Auditors review of the investigative files, all security staff responded appropriately to allegations made by detainees.

(b) RCC Policy 2.11 outlines that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim and abuser not take any actions that could destroy physical evidence and then notify security staff.
According to a memorandum provided by the facility, there were no incidents where a non-security staff member was a first responder to a sexual abuse allegation during the audit period. The PSA Compliance Manager confirmed this in his interview with the Auditor.

The Auditor interviewed two contractors, each of which was able to satisfactorily express their responsibilities if they were first to the scene of a sexual abuse or assault.

Based on an assessment of all information available to the Auditor through policy, interviews with staff, contractors, and detainees, coupled with a review of case files, the Auditor believes the facility excels in its responsibilities in preparing staff – including non-security staff – to respond to a PREA emergency.

§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) RCC has developed a coordinated response plan outlined in Policy 2.11, with guidelines for the facility to respond to sexual abuse incidents. The plan utilizes a multi-disciplinary approach which includes the first responders, medical and mental health practitioners, investigators, the PSA Compliance Manager, Acting Facility Administrator, and any other staff deemed necessary by the Acting Facility Administrator.

(c)(d) The PSA Compliance Manager confirmed that if a victim of sexual abuse is transferred between DHS immigration detention facilities covered by either subpart A or B of the DHS PREA Standards, they notify the facility of the potential need for medical or social services. If a victim of sexual abuse is transferred to a non-DHS facility, they notify the facility of the potential need for medical or social services unless the victim requests otherwise.

The Acting Facility Administrator was interviewed by the Auditor regarding this standard and was fluent regarding the facility's responsibilities in these specific cases, and the coordinated response required.

The facility provided a memorandum stating that the facility did not have an instance where a response from RCC to another facility in reference to a transfer of a sexual abuse victim was required. The auditor asked the PSA Compliance Manager to confirm the contents of the memo. He stated there was not an instance in the audit period in which RCC needed to inform another facility of the transfer of a sexual abuse victim.

§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:

RCC Policy 2.11 states that "all employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. A separation order requiring no contact will be documented by facility management via email or memorandum within 24 hours of the allegation."

The PSA Compliance Manager and Acting Facility Administrator both confirmed in their interviews with the Auditor that they have non-contact posts where the individual would be placed until the investigation was completed. They also confirmed that the facility has not entered into, nor renewed any collective bargaining agreement that prevents them from removing staff from contact with detainees. The Human Resources Manager also confirmed this policy and practice in her interview.

These procedures were confirmed by the Auditor during both interviews and an investigation review, where a security staff member was removed from detainee contact until the investigation was completed. The investigation ultimately resulted in a finding of unsubstantiated and the security staff member was returned to normal duties.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) RCC Policy 2.11 outlines the facility's protection against retaliation. The policy states that "staff, contractors, and volunteers, and detainees, shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force."
The PSA Compliance Manager confirmed in his interview with the Auditor that they would utilize multiple protection measures, including housing changes, removal of staff, and emotional support services. The PSA Compliance Manager stated that for at least 90 days following a report of sexual abuse, the facility will monitor to see if there are facts that may suggest possible retaliation by detainees or staff. If retaliation is indicated, the facility will act promptly to remedy any such retaliation.

The PSA Compliance Manager confirmed they would follow Policy 2.11 which outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated, the monitoring will continue beyond the 90 days. Acting Facility Administrator was interviewed by the Auditor and said that protection from retaliation was of paramount importance and that the facility took great strides to ensure detainee safety.

The Auditor inspected four closed investigative files from the audit period. In each case, the file contained a Protection from Retaliation Log, with detailed notes regarding each contact made with the detainee. In none of the files was there any indication that any retaliation had occurred to the reporting detainee. The level of detail in each of the Protection from Retaliation Logs made it very easy for an outside observer to see that RCC takes potential retaliation seriously. The Auditor reviewed each of the logs and found them to be thorough and completed within the required time frames of the standard.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c) RCC Policy 2.11 outlines the facility's post-allegation protective custody process. The detainee would be placed in the least restrictive, and supportive environment subject to the requirements of PREA Standard 115.43. They would not be held for more than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. If a detainee were held in this manner, they would be reassessed before being returned to the general population. This information was confirmed by the PSA Compliance Manager in his interview with the Auditor.

The PSA Compliance Manager in his interview with the Auditor understood the requirements for housing detainees under these circumstances; he further confirmed they had not had a detainee in post allegation protective custody during the audit period, which was confirmed through a memo from the facility. Also included was a blank Administrative Segregation Order, which was inspected by the Auditor and contained fields to collect the necessary information to meet compliance with this standard when used.

The Auditor further confirmed his findings through an inspection of the four closed administrative investigations. The Auditor interviewed the officer responsible for monitoring the Administrative Segregation Unit and he said that to his knowledge, no detainee had been held in the unit for the purposes stated in this standard.

(d) The policy further states that "the ICE Field Office Director will be notified no later than 72 hours after initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault;" this notification requirement was also confirmed through interviews with the PSA Compliance Manager and Acting Facility Administrator, and each indicated there were no instances when a detainee was placed in protective custody. The Auditor reviewed the four closed investigative files and there was no information that indicated that detainees were placed in protective custody.

§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) RCC Policy 2.11 outlines the facility investigator's responsibility to conduct prompt, thorough and objective administrative investigations into alleged sexual assault. The facility has two trained investigators to conduct administrative investigations.

The PSA Compliance Manager, who is one of the two trained investigators, stated in his interview with the Auditor that all allegations are responded to immediately, and ICE is notified. If the allegation is criminal, they will stop the administrative investigation and let OIG, or the sheriff's office conduct the criminal investigation.

The Auditor confirmed through interview with the PSA Compliance Manager that if a criminal investigation were either unsubstantiated or substantiated, they would still conduct an administrative investigation after consultation with the OIG, OPR, and/or the sheriff's office.

The Auditor confirmed through his review of the four investigations that each were prompt, thorough, objective and completed by a trained, qualified investigator.
(c) RCC Policy 2.11 states the investigative procedure for administrative investigations. This policy provides provisions for the following: "Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; and Documentation of each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the facility, plus five years." The procedures in the policy govern the coordination of the administrative and criminal investigations, and procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation.

During their interview with the Auditor, the Facility Investigators confirmed the investigative procedures for the administrative investigations and reiterated that any administrative investigation would be coordinated with the criminal investigation as to not cause any interference that may jeopardize a potential criminal filing or prosecution.

(e)(f) RCC Policy 2.11 states that "the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." The PSA Compliance Manager confirmed that the investigation would be conducted. He further stated that if an outside entity conducted a criminal investigation, he would stay in contact with them to ascertain the progress of the investigation. This was further confirmed during the review of the investigative files, which confirmed that none were terminated due to either the alleged victim or abuser leaving employment, or control of the facility.

The Acting Facility Administrator was interviewed by the Auditor and demonstrated an excellent command of the investigative and notification process for PREA allegations.

Each of the investigative case file reviewed by the Auditor was organized and thorough. The investigator provided evidence in each case to support its ultimate finding.

§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:

RCC Policy 2.11 states that "The RCC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

The PSA Compliance Manager, who is one of the facility investigators and was interviewed by the Auditor, stated that they do not impose any higher of a standard than a preponderance of the evidence.

The Acting Facility Administrator echoed this standard in his interview with the Auditor.

Based on the Auditor's review of the four closed investigations, the facility is appropriately applying the standard of evidence.

§115.73 - Reporting to detainees.

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

Notes:

RCC Policy 2.11 outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator or designated staff to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed utilizing the Notification of Outcome of Allegation form. The detainee will receive the notification in person by the PSA Compliance Manager and sign the form.

It is possible, however, that a criminal case may be determined "unfounded," but a different finding is made in the administrative investigation. In that case, the detainee would be notified of both the criminal finding, and the administrative finding. The detainee would keep the original, and a copy is placed in the investigative file. An updated form would be provided to the detainee after the outcome of a criminal investigation. The PSA Compliance Manager and Acting Facility Administrator confirmed this procedure in their interviews with the Auditor.

The Auditor reviewed the four closed investigative files and found that all four contained the required form, signed by the detainee. None of the investigations were investigated as criminal.

In their interviews with the Auditor, both the Acting Facility Administrator and the PSA Compliance Manager said that if the detainee was no longer housed at RCC, but still in ICE custody, they would ensure notice would be made to the detainee at the new facility and ensure documentation was received of the detainee's receipt of notification and include it in the investigative file. They each said that if the detainee was no longer in ICE custody, the PSA Compliance Manager would work with ERO to attempt to identify an address where the notification could be mailed.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) RCC Policy 2.11 outlines the facility response to staff discipline of a substantiated allegation of violating facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service.

The PSA Compliance Manager confirmed in his interview with the Auditor that removal from their position is the presumptive discipline for a violation of the policy and that the facility would report all removals or resignations by staff prior to removal for violations of facility sexual abuse policies to the OIG and the Sheriff's Office, unless clearly not criminal, and confirmed if the staff member was licensed, the licensing body would be notified. In her interview with the Auditor, the Human Resources Manager was able to convey the same information.

The facility provided the Auditor with a memo stating that no staff members have been disciplined within the audit period, which was confirmed by the PSA Compliance Manager in his interview. The Auditor reviewed the four closed investigative files for the audit period and confirmed that no investigation involving staff was substantiated. The Acting Facility Administrator was interviewed by the Auditor, and he confirmed the process and his involvement on any decision regarding staff. He confirmed that a substantiated investigation against a staff member regarding a PREA incident would be grounds for discharge.

Based on a memorandum provided by the facility, the agency approved the RCC Policy 2.11 on February 10, 2022.

§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) RCC Policy 2.11 addresses any contractors or volunteers who have engaged in sexual abuse. The policy directs the facility to prohibit the contractor or volunteer from having any contact with detainees, and that they shall "be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

In his interview with the Auditor, the PSA Compliance Manager stated that the facility would make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. These incidents, if criminal, will also be reported to law enforcement agencies.

(b)(c) The PSA Compliance Manager confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. He further stated that as per policy 2.11, the facility would take appropriate remedial measures; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards.

The PSA Compliance Manager and the Acting Facility Administrator both confirmed in their interviews with the Auditor, that if a contractor or volunteer violated any provisions of the standards, their security clearance would be immediately revoked. In her interview with the Auditor, the Human Resources Manager was able to convey the same information as it relates to contractors and volunteers.

The facility did not have any incidents of contractor or volunteer corrective action for the audit period, as confirmed in a memo provided by the PSA Compliance Manager, and his interview with the Auditor.

§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) RCC Policy 2.11 addresses the facility disciplinary sanctions following an administrative or criminal investigation that finds a detainee engaged in sexual abuse. The disciplinary process outlined in policy 2.11 ensures that the discipline is commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure.

During the Auditor's interview with the PSA Compliance Manager, it was confirmed that this discipline process would be utilized for disciplining any detainee found to have violated sexual abuse or harassment policies or facility rules.

During the Auditor's interviews with medical and mental health staff, they stated that any detainee involved in an incident, whether victim or offender, would be evaluated. The PSA Compliance Manager reiterated in his interview, as per policy, they would consider any mental disabilities or mental illness that may have contributed to the detainee's behavior when determining what type of sanction, if any, should be imposed.
The Auditor reviewed the four closed investigations and determined no allegations were substantiated; therefore, no disciplinary sanctions were given during the audit period.

(e)(f) The PSA Compliance Manager stated that the facility would follow policy 2.11 for detainee discipline, which states that the facility "will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact". He also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Acting Facility Administrator was interviewed by the Auditor and confirmed the facility's policies and practices as it relates to detainee discipline.

§115.81 - Medical and mental health assessments; 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) RCC Policy 2.11 details the medical and mental health screenings for a history of sexual abuse. The policy states, "If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, they will be referred to a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but not more than 48 hours, and the mental health evaluation will occur within 72 hours."

The detainees at the facility are screened under DHS PREA 115.41 by medical personnel and intake staff. If they experienced prior sexual victimization or perpetrated sexual abuse, they would receive any immediate medical attention as deemed necessary. If mental health were available, they would see them immediately. If mental health staff are not immediately available, the detainee would be seen within 72 hours. The Auditor confirmed this process through his interviews with medical and mental health staff. They also stated that they would notify the PSA Compliance Manager whenever a detainee was seen due to issues identified through this standard.

The Auditor formally interviewed a member of the intake staff, who demonstrated thorough knowledge of the referral policies related to this standard. A separate intake officer demonstrated the same level of knowledge during the facility tour. The Auditor also interviewed four medical staff members who articulated a clear understanding of the referral policies.

RCC provided a file for review by the Auditor of a detainee who had been referred to mental health after being identified as a victim in non-custodial sexual assault during the intake screening process. The Auditor's review of the file determined that all requirements of this standard were met within the prescribed time frames.

§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) RCC Policy 2.11 states that "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgement."

The policy goes on to say, "Detainee victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counselling (including crisis intervention counseling)."

Policy 2.11 further states that "Emergency medical treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

In their interview with the Auditor, medical staff confirmed that the above procedures would be followed. The facility has an MOU with Wellspring Family Alliance for victim advocacy, which was reviewed by the Auditor and confirmed with a phone call to the organization. The representative from Wellspring Family Alliance stated that any services provided would be at no cost to the detainee.

The facility provided a memo stating that emergency medical and mental health services have not been utilized within the audit period based on the verbiage in this standard. This was confirmed by the PSA Compliance Manager in his interview. A review of the four investigative files indicated that each of the alleged victims received immediate medical and mental health services following report of their respective incidents. Additionally, the PSA Compliance Manager stated that any services provided would be at no cost to the detainee.

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

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

Notes:

(a)(b)(c)(e)(f)(g) RCC Policy 2.11 outlines ongoing medical and mental health care following a sexual abuse allegation. Based on interviews with the PSA Compliance Manager and medical and mental health staff, the medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The medical and mental health services offered are consistent with the community level of care. The detainee is offered tests for sexually transmitted infections; all of the treatment services are offered at no cost to the detainee. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse.

A memo was provided to the Auditor indicating no substantiated cases occurred during the audit period, therefore no ongoing services were provided to abusers.

During the medical and mental health staff interviews, the Auditor confirmed that mental health services would be offered to both the victim and abuser in a sexual abuse incident. The Auditor validated through review of the investigative files that the allegations reported did not require ongoing medical and mental health care.

(d) This provision is addressed in policy 2.11. It states that "Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive

timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." Although the facility did not house female detainees at the time of the onsite audit, medical staff and the PSA Compliance Manager confirmed in their interviews that these services would be provided to female detainees.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) Within 30 days of the conclusion of an investigation, per RCC Policy 2.11, the facility "shall conduct an incident review of every investigation of sexual abuse; where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that change in policy or practice could better prevent, detect, or respond to sexual abuse."

During the audit period, the facility had three unsubstantiated investigations, and one unfounded investigation. The reviews are documented on the PREA After Action Review Report. As per policy, the report is submitted to the LaSalle Corrections PREA Director, ICE ERO FOD, and PSA Coordinator within ten days of completion.

This report indicates if any changes need to be made in policy or practice that could better prevent, detect, or respond to sexual abuse they shall be made.

In his interviews with the Acting Facility Administrator and the PSA Compliance Manager, the Auditor confirmed the recommendations for improvement would be made if there were any. The review considers whether the incident or allegation was motivated by race, ethnicity, or gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

The Auditor reviewed the four incident reviews conducted on each case and determined all notifications were made appropriately, timely, and that reviews of the incidents occurred within 30 days of the conclusion of the investigation. Other than the reassignment/re-housing of detainees, no further recommendations were made for any of the four cases. Each of the reviews contains 17 separate areas for review and requires that the facility "shall implement recommendations for improvement," or document in writing reasons why it did not.

The Auditor interviewed the facility medical director, who is a member of the Incident Review Team. He stated that the team assesses each case on its own merits and ensures that decisions made are in the best interest of staff and detainee safety.

(c) The facility provided the Auditor with the 2021 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2019 and 2020. RCC Policy 2.11 states that if no sexual abuse incidents occurred, "then the facility shall issue a negative report."

The Acting Facility Administrator and PSA Compliance Manager confirmed to the Auditor that the incident and annual reports were submitted to the local PSA Compliance Manager, LaSalle Corrections PREA Director, ICE ERO FOD, and the ICE PSA Coordinator, which is outlined in policy 2.11. They also stated that if no incidents had occurred, they would be required to produce a negative report.

§115.87 - Data collection.

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

Notes:

(a) RCC Policy 2.11 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by the Corporate PREA Director. The PSA Compliance Manager collects and retains all data including case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary.

The PSA Compliance Manager, in his interview with the Auditor, stated that he is responsible for compiling data collected on sexual activity and sexual abuse incidents. He forwards the DHS Monthly PREA Incident Tracking Log to the Corporate PREA Director each month. He also creates and submits a PREA Survey which is submitted to LaSalle Corrections for every allegation of sexual abuse and sexual activity.

During his interview, the PSA Compliance Manager stated that all information is maintained in a locked filing cabinet in his secure office, which the Auditor observed during the facility tour. The established facility retention schedule is ten years for these files.

§115.201 - Scope of audits.

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

Notes:

(d) During the audit tour, the facility provided the Auditor full access to all areas of the facility, and the ability to ensure policies and procedures were in daily practice.

(e) Before the audit, during the onsite audit, and during the post-audit phase, all relevant documentation was made through the ICE ERAU SharePoint. Additional documentation was requested by the Auditor which was provided promptly.

(i) The Auditor was permitted to conduct private interviews with the detainees and staff. These interviews were conducted in various offices throughout the facility, with ample privacy.

(j) PREA Audit Notifications were posted throughout the facility providing the Auditor contact information. The Auditor confirmed the prior presence of the audit posting notifications during his interviews with facility staff, contractors, and detainees.

Knowledge by interviewees regarding when the postings had been placed ranged from a few days to more than a month. Based on the totality of interviews, ample notice was provided in order for detainees or staff to correspond concerns to the Auditor.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	1
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Mark McCorkle 5/16/2022

Auditor's Signature & Date

(b) (6), (b) (7)(C) 5/16/2022

PREA Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) 5/16/2022

PREA Program Manager's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of Auditor:	Mark McCorkle	**Organization:**	Creative Corrections, LLC
Email address:	(b)(6), (b)(7)(C)	**Telephone number:**	(661) 618-(b)(6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b)(6), (b)(7)(C)	**Telephone number:**	(772) 579-(b)(6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	New Orleans Field Office		
Field Office Director:	(b)(6), (b)(7)(C) (Acting)		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1250 Poydras St. New Orleans, LA 70113		
Mailing address: *(if different from above)*			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Richwood Correctional Center		
Physical address:	180 Pine Bayou Circle Monroe, LA 71202		
Mailing address: *(if different from above)*			
Telephone number:	318-325-8409		
Facility type:	DIGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Warden
Email address:	(b)(6), (b)(7)(C)	**Telephone number:**	318-278-(b)(6), (b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b)(6), (b)(7)(C)	**Telephone number:**	212-432-(b)(6), (b)

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 U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Richwood Correctional Center (RCC) was conducted on March 15-17, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Mark McCorkle, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM s role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is April 8, 2019, through March 17, 2022. RCC is operated by La Salle Corrections.

During the audit, the Auditor found the RCC met 37 standards, exceeded in two standards (115.31 and 115.33), had one standard that was non-applicable (115.14), and had one non-compliant standard (115.22). As a result, the facility was placed under a 180-day Corrective Action Plan (CAP) period of May 17, 2022, through November 13, 2022, to address the non-compliant standard. On Thursday, June 23, 2022, the Auditor was provided the ICE PREA CAP from the RCC, which was reviewed and approved by the Auditor to determine compliance with the non-compliant standard identified during the PREA audit site visit and documentation review. The final supplied documentation was reviewed by the Auditor on July 13, 2022, and it was determined that the standard was compliant in all material ways.

PROVISIONS

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

§115. 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:

(e)(f) RCC Policy 2.11 states that "all incidents are promptly reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD. If the incident is potentially criminal and a staff member, contractor, volunteer, or detainee is alleged to be the perpetrator of sexual abuse, the incidents are now reported to the Ouachita Parish Sheriff's Office for investigation."

The Auditor reviewed the investigative files for four allegations during the audit period. One of the investigations, reported by the alleged victim on September 28, 2020, contained an allegation by a detainee that he had been physically touched on the buttocks by a staff member. There was no documentation in the investigative file that indicated a referral had been made to local law enforcement for investigation. The lack of a criminal referral was confirmed in interviews with the Acting Facility Administrator and the PSA Compliance Manager. Both concurred in their interviews that a referral for a criminal investigation should have been made. An administrative investigation was completed by the facility, with a finding of unsubstantiated.

Does Not Meet (f): Based on the potentially criminal behavior described in the staff-on-detainee allegation of sexual abuse, a referral should have been made to the sheriff's office for a criminal investigation. Of the four allegations reviewed by the Auditor and confirmed through interviews with the Acting Facility Administrator and the PSA Compliance Manager, this case was the only one which required a referral for a criminal investigation. To become compliant, a referral needs to be made to the sheriff's office for a criminal investigation, and documentation of the decision from the sheriff's office to either investigate or defer the investigation.

Corrective Action Taken (f): On June 23, 2022, the Auditor reviewed the RCC CAP that stated that the one case reviewed which had a potential criminal element would be referred to the Ouachita County Parish Office (OPSO) for investigation. The Auditor reviewed the email correspondence dated July 5, 2022, from OPSO to RCC confirming that they had received "a copy of reports related to a PREA complaint" for the allegation that had not previously been referred for investigation; the email further indicated that OPSO declined to investigate the allegation. Based on the documentation provided by the facility indicating the allegation was referred to the OPSO for investigation, and the response from the OPSO, the Auditor determined that RCC is now in compliance with this standard.

§115. Choose an item.
Outcome: Choose an item.
Notes:

§115. Choose an item.
Outcome: Choose an item.
Notes:

§115. Choose an item.
Outcome: Choose an item.
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§115. Choose an item.
Outcome: Choose an item.
Notes:

§115. Choose an item.
Outcome: Choose an item.
Notes:

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

Mark McCorkle July 14, 2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) July 27, 2022
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) July 27, 2022
Program Manager's Signature & Date