

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



**Homeland
Security**

AUDIT DATES

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|--------------|-----------|------------|-----------|
| From: | 8/20/2019 | To: | 8/22/2019 |
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AUDITOR INFORMATION

| | | | |
|-------------------------|----------------------|--------------------------|----------------------|
| Name of auditor: | Mark Stegemoller | Organization: | Creative Corrections |
| Email address: | ████████████████████ | Telephone number: | 409-866-████ |

PROGRAM MANAGER INFORMATION

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|-----------------------|----------------------|--------------------------|----------------------|
| Name of PM: | Barbara King | Organization: | Creative Corrections |
| Email address: | ████████████████████ | Telephone number: | 409-866-████ |

AGENCY INFORMATION

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

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|---|---|
| Name of Field Office: | San Antonio Field Office |
| Field Office Director: | Daniel Bible |
| ERO PREA Field Coordinator: | ████████████████ |
| Field Office HQ physical address: | 1777 NE Loop 410, ██████████, San Antonio, TX 78217 |
| Mailing address: (if different from above) | Click or tap here to enter text. |

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

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|---|-------------------------------------|
| Name of facility: | Webb County Detention Center |
| Physical address: | 9998 S. Hwy 83, Laredo, Texas 78046 |
| Mailing address: (if different from above) | Click or tap here to enter text. |
| Telephone number: | 956-729-4000 |
| Facility type: | D-IGSA |
| PREA Incorporation Date: | 2/28/2018 |

Facility Leadership

| | | | |
|--|------------------|--------------------------|--|
| Name of Officer in Charge: | Mario Garcia | Title: | Warden |
| Email address: | ████████████████ | Telephone number: | 956-729-4000 ext. █████ |
| Name of PSA Compliance Manager: | Arnoldo Zepeda | Title: | Chief of Security/PSA Compliance Manager |
| Email address: | ████████████████ | Telephone number: | 956-729-4000 ext. █████ |

ICE HQ USE ONLY

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| Revision Date: | 08/14/2019 |
| Notes: | |

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 DHS Prison Rape Elimination Act (PREA) audit of the Webb County Detention Center (WCDC) was conducted on August 20-22, 2019, by Mark Stegemoller, and Theresa Grenier, certified U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) PREA Auditors for Creative Corrections, LLC. The purpose of the audit was to determine compliance with the DHS PREA Standards. The PREA Incorporation Date for the WCDC was February 28, 2018. This is the date the facility went into contract with U.S. Immigration and Customs Enforcement (ICE) for the housing of detainees. The WCDC is operated by CoreCivic and contracted by ICE for housing of adult male detainees. On the first day of the audit, the facility held a total of 389 ICE adult male detainees. This was the first DHS PREA audit of the WCDC. The WCDC contains high, medium and low security detainees and is located in Laredo, Texas. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, Barbara King, a DOJ and DHS certified PREA Auditor. The Program's Manager role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process.

The onsite inspection of the WCDC was conducted August 20-22, 2019. The Team Lead opened the entry briefing at 9:00 A.M. on the first day of the on-site visit. In attendance were:

- [REDACTED] Acting Section Chief, External Review Analyst Unit (ERAU), Office of Professional Responsibility (OPR), ICE
- [REDACTED] Management and Program Analyst, ERAU, OPR, ICE
- [REDACTED] Prevention of Sexual Assault (PSA) Compliance Manager/Training Supervisor
- Mario Garcia Warden, CoreCivic
- [REDACTED] Health Care Administrator, (HCA) CoreCivic
- [REDACTED] Classification/Grievance Coordinator, CoreCivic
- [REDACTED] Contracting Officer's Representative (COR), ICE
- [REDACTED] Contracting Officer's Representative, ICE
- [REDACTED] Assistant Field Office Director (AFOD), ICE
- [REDACTED] Quality Assurance Manager, CoreCivic
- [REDACTED] Supervisory Detention and Deportation Officer (SDDO), ICE
- [REDACTED] SDDO, ICE
- [REDACTED] Recreation Supervisor, CoreCivic
- [REDACTED] Detention Officer, CoreCivic

The Auditor provided an overview of the audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess PREA compliance through the review of written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, additional onsite documentation review, and conducting both staff and detainee interviews.

Prior to the audit, Acting Section Chief, [REDACTED], provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), agency policies, and other relevant documents. The PAQ and supporting documentation was very well organized and emphasized, allowing for ease of auditing. Facility staff provided documentation for review during the onsite portion of the audit, allowing the Auditors to perform a comprehensive review of staff, PREA training, PREA investigative documentation, detainee education, detainee risk assessments, etc. According to the submitted facility PAQ there were four reported allegations of sexual abuse for the previous 12 months. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently initiated two additional PREA related investigations since the completion of the PAQ. Four cases were closed and 2 were actively being investigated by ICE OPR. The Auditor reviewed the investigations in their entirety and found them to be very well-organized allowing for ease of auditing. The Auditor determined the four completed investigations were compliant with the PREA standards in all material ways. All investigations were referred to the Laredo Police Department (LPD) and ICE OPR. In review of each allegation, LPD did not determine a criminal investigation was warranted, therefore there were no cases referred for prosecution.

Following the entry-briefing, a tour of the facility was conducted. All areas of the facility, accessible to detainees were toured by the Auditors to include detainee intake processing, medical, detainee housing units, commissary, food service, law library, and outdoor recreation areas. While in the food service prep area, Auditors observed the detainee bathroom door, solid in construction, could not be locked, thus creating a blind spot. In discussion with the PSA Compliance Manager, who is also the facility Chief of Security, it was determined to place a lock on the door. By placing the lock in the door, it requires a staff person to unlock the door if a detainee needed to use the restroom, and then securing the door when not in use. It should be noted the lock was placed in the door while the Auditors were onsite, and the Auditors revisited the area and was also provided with photographs of the newly installed locking mechanism. The Auditors also toured the control center, visitation, and the facility main lobby. There are no dining facilities at WCDC, and detainees are provided with their meals in their living units. The total number of staff who may have reoccurring contact with detainees (e.g., security staff, medical staff, kitchen staff, maintenance staff, etc.) is [REDACTED]. Total number of security staff is [REDACTED] of which, [REDACTED] are male and [REDACTED] females.

According the facility PAQ, the facility's designed capacity is 499. The detainee count on the first day of the on-site audit was 389 male detainees. Over the preceding year, the average detainee population was 421 and the average time in custody was 25 days. Auditors informally spoke with both staff and detainees at will during the tour. Sight lines were closely examined during all aspects of the tour, as was the potential for blind spots. Camera placements were noted, as well as, the capabilities of each camera. The Auditors closely reviewed video camera footage and determined opposite gender staff could not see into the bathroom areas where detainees would be in a state of undress. Cross-gender announcements were noted upon entry to all housing units. Announcements were made in English and Spanish. PREA related information was posted in numerous areas throughout the facility to include in all housing units. PREA educational and reporting information was strategically located so that detainees are aware of the information available to them; PREA educational information, zero tolerance policy, methods for reporting sexual misconduct, and victim advocacy contact information were posted in both English & Spanish. It should be noted through the review of facility policy and procedures and, interviews with detainees, intake staff, Warden, and PSA Compliance Manager, provisions are made for written translation materials related to sexual abuse or assault for any significant segments of the population who may be Limited English Proficient (LEP). Oral interpretation or assistance is provided to any

detainee who speaks another language in which written material has not been translated or who is illiterate. Detailed information regarding these services is outlined within the corresponding PREA standards noted throughout the report. Notices guaranteeing privacy of PREA reporting hotlines were present in each unit. Detainees have access to phones in their living areas. Notices of the Audit were posted throughout the facility including the facility lobby area. Notices were available in both English and Spanish. The Auditor received no written communication from either detainees, staff, or from third party parties.

At the conclusion of the tour, the Auditors were provided with a WDCD staff and detainee roster. Auditors randomly selected both staff and detainees for formal interviews. Auditors interviewed ■ staff that included: the Warden, PSA Compliance Manager, Human Resources, Training Supervisor, Intake staff, Investigator, Grievance Coordinator, Classification Supervisor, HCA, and random security staff, including line-staff and first-line supervisors from all three shifts, facility contractors and volunteers. The Auditors interviewed a total of 23 detainees. All detainees interviewed except for one, was limited English proficient and required the use of Language Services Associates (LSA) provided by Creative Corrections. One interview was conducted with a detainee who reported sexual victimization during risk screening. There were no detainees identified as transgender or intersex while onsite.

The countries of origin for detainees interviewed were: Mexico, El Salvador, Honduras, and Guatemala.

SUMMARY OF AUDIT FINDINGS

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

On August 22, 2019 an exit briefing was held in the WCDC staffing conference room. The Acting Section Chief opened the briefing and then turned it over to the Auditor.

In attendance were:

- [REDACTED] Acting Section Chief, ERAU, OPR, ICE
- [REDACTED] Management and Program Analyst, ERAU, OPR, ICE
- [REDACTED] PSA Compliance Manager/Training Supervisor
- Mario Garcia Warden CoreCivic
- [REDACTED] HCA, CoreCivic
- [REDACTED] Classification/Grievance Coordinator, CoreCivic
- [REDACTED] COR, ICE
- [REDACTED] COR, ICE
- [REDACTED] AFOD, ICE
- [REDACTED] Quality Assurance Manager, CoreCivic
- [REDACTED] SDDO, ICE

The Auditor discussed observations made during the on-site portion of the audit and was able to give some preliminary findings. The Auditors informed those in attendance they were appreciative of the hospitality received, and for the professionalism provided by all staff during the visit. Both staff and detainees interviewed had a very good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct, if needed. It was clear to the Auditors, staff at WCDC take PREA seriously and have fostered a culture for preventing, detecting, and responding to incidents of sexual misconduct.

PROVISIONS

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

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

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

Notes:

(c) WCDC has a written zero tolerance policy toward all forms of sexual abuse. Policy 14-2-DHS Sexual Abuse Prevention and Response outlines the facility's approach to preventing, detecting, and responding to such conduct. Review of policy and interview with the PSA Compliance Manager confirms the policy has been approved by ICE. It was evident to the Auditor through multiple interviews with staff that the facility has fostered a culture for zero tolerance of sexual misconduct.

(d) The facility employs a designated PSA Compliance Manager at the supervisory level who oversees the facility's compliance efforts with the implementation of PREA. The Auditor determined compliance through the review of facility policies and procedures; review of the facility organizational chart indicating the facility's PSA Coordinator and PSA Compliance Manager's position. Interview with the PSA Compliance Manager, who is also the facility's Chief of Security, confirmed he has sufficient time and authority to oversee facility efforts to comply with sexual abuse prevention and intervention policies and procedures.

§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) A review of the WCDC PAQ staffing levels indicate there are a total of [REDACTED] staff who may have reoccurring contact with detainees. The facility's security staff is comprised of employees of CoreCivic. Security staff work 8-hour shifts – 1st shift [REDACTED], 2nd shift [REDACTED], and 3rd shift [REDACTED]. The Auditor was able to confirm the facility maintains sufficient supervision of detainees through on-site observations of security staff conducting security rounds, to include administrative staff, and interacting with detainees on a routine basis; and review of the facility PAQ, weekly rosters and staffing patterns for security personnel, medical, mental health, contractors and volunteers. The Auditor reviewed daily security shift rosters and provided post order assignments for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. The facility was constructed in 2006. There is a total of [REDACTED] Video cameras operate 24 hours a day, 7 days a week. All cameras are [REDACTED] There are no cameras located in or have the capability to see into detainee restrooms, showering areas and individual rooms. Cameras are monitored via the [REDACTED] and recorded video footage is available for review [REDACTED]. The Warden advised video footage utilized during a PREA sexual abuse investigation would be archived. In review of investigative files, the Auditor determined there was adequate supervision provided. The Warden, PSA Compliance Manager, and facility Investigator have capabilities to monitor cameras from their PC desktops.

(b) A review of Policy 14-2 outlines how the facility will develop and document comprehensive detainee supervision guidelines, to determine and meet the facility's detainee supervision needs and shall review those guidelines on an annual basis. Submitted with the PAQ was facility Post Orders delineating supervision guidelines, i.e., staffing housing assignments, security round requirements, physical layout, video camera placements, security mirrors placement, etc. Interviews with the Warden, PSA Compliance Manager, and documentation review of the facility's annual PREA staffing plan assessment indicates the facility is meeting the standard and at least on an annual basis conducted a comprehensive review of the facility's staffing plan and detainee supervision guidelines. The annual review was conducted and approved by the Warden on January 31, 2019.

(c) Through the review of policies and procedures, interviews with the Warden and PSA Compliance Manager, indicate all elements outlined in provision (c) of the standard are considered when developing and or updating the supervision guidelines. The facility takes into consideration adequate levels of detainee supervision, the need for additional video monitoring, considers the generally accepted detention and facility correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors. Review of investigative files further corroborated the above mentioned is accounted for.

(d) Policy 14-2 C4 states staff, including supervisors and line staff, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g. Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds". This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. Staff are prohibited from alerting others that security rounds are occurring, unless such announcement is related to the operational functions of the facility. The Auditor was able to verify line staff to include supervisors are conducting frequent unannounced security inspections/rounds both on day and night shifts through the review of logbook entries throughout the facility and interviews with staff.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Review of the PAQ and interviews with the Warden and PSA Compliance Manager confirm WCDC does not house juveniles, females, or family detainee units. Therefore, this provision is not applicable.

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

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

Notes:

(b)(d) Policy 14-2 outlines staff conducting a body search (pat-search) will be the same gender of the detainee. Such searches shall only be permitted during exigent circumstances. During the previous year, there have been no reports of opposite gender staff performing cross-gender pat-searches of male detainees. If such a search was to be conducted, the facility policy requires it be documented in a logbook including details of exigent

circumstances. Interviews with security staff corroborated same gender staff are required to pat-search same gender detainees and, if an exigent circumstance was to occur it would be properly documented.

(c) WDCDC does not house female detainees; therefore, provision (c) is not applicable.

(e)(f)(i) Policy 14-2 state cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity searches of juveniles to a medical practitioner. 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 the 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 a broader medical examination conducted in private by a medical practitioner. During the audit reporting period, the facility reported no cross-gender strip searches being conducted. Interviews with the Warden, medical, and security staff confirmed staff are aware of facility policy and procedures for conducting strip or body cavity searches, and if performed shall be documented. The facility does not house juvenile detainees.

(g) Policy 14-2 states employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. While on-site, the Auditors observed opposite gender staff verbally announcing their presence. WDCDC mandates the same gender staff to work housing units of the same gender as detainees. Interviews with detainees corroborated same gender security staff work on their dorm at all times and further stated, they are never in full view of opposite gender staff while in a state of undress, showering, or using the lavatories.

(h) This provision is not applicable. WDCDC is not a Family Residential Facility.

(j) Policy 14-2 states security staff will be trained in the proper procedures for conducting pat-down searches, including pat-down searches by staff of the opposite gender, and searches of transgender and intersex detainees. While on-site, there were no transgender or intersex detainees for the Auditors to interview. During review of the facility training curriculum (CoreCivic - Search Procedures) the Auditor found the training was compliant with the standard in all material ways. Interviews with the training supervisor and security line staff indicated staff have received proper training on how to perform pat searches in a professional and respectful manner, and in the least intrusive manner. Security staff were able to articulate to the Auditors proper pat-search procedures. While on-site, the Auditor reviewed seven different staff training records acknowledging such training has been received.

§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)(b)(c) Policy 14-2 outlines how the facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. A detainee may request for another detainee to provide interpretation only if the agency determines that such interpretation is appropriate and consistent with DHS policy. Upon intake, detainees are provided with the facility's local detainee orientation handbook in conjunction with the ICE detainee handbook. During the tour of intake, the Auditor reviewed both the facility local orientation handbook, available both in English and Spanish and the ICE detainee handbooks available in 11 different languages, including English and Spanish. Both handbooks provide detainees with information on the agency and facility's zero tolerance policy for sexual abuse and how to report incidents of sexual abuse. The Auditor observed hard copies for all available languages. Also, observed at each intake officer station is posted the PREA/ICE website. Intake staff could immediately print out additional copies of the detainee handbook from the website which provides information for detainees on the prevention and reporting of sexual abuse and assault, as well as information on detainee rights and responsibilities, available programs and services, facility rules, and methods to report problems and file complaints with ICE and DHS. PREA informational posters were strategically posted in the intake area and throughout the facility so that all detainees would have the opportunity to review. The Classification supervisor advised if a detainee coming through intake spoke a language that was not available in a written format, they will utilize an interpretive service, Language Line Solutions, which is under contract with the facility for providing interpretive services to detainees. In review of completed investigations for the previous 12 months, the Auditor determined the appropriate steps were taken in accordance with the standard to ensure equal opportunities to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse.

The ICE National Detainee Handbook includes a section (language identification guide) in the very front of the handbook which outlines multiple languages to assist detainees who do not speak English or Spanish. DHS/ICE PREA posters in English and foreign languages, containing the name of the facility PSA Compliance Manager are posted throughout the facility, to include the detainee housing unit. Also, posted is the ICE ERO Language Line posters and contact information for the provided rape crisis center, Rape Crisis Center (RCC), San Antonio, Texas. The PREA comprehensive educational video is played for all detainees upon intake and again during the detainee's facility orientation process. Interviews with the Warden, Classification Supervisor, and security staff indicate there are multiple staff who speak several languages who are also able to assist detainees with interpretive services, if needed. The Auditor observed this practice through staff and detainee communication throughout the on-site visit. It was evident staff are very familiar with the facility's protocols for utilizing interpretive services, if required. Detainees who have disabilities, including intellectual, limited reading skills, who may be deaf, blind or hearing impaired are afforded the same level of interpretive services, if required. Detainees who are LEP are provided with interpretive services, either through available staff or an interpretive service. Detainees who are hearing impaired or deaf will receive services through the facility Text Telephone machine (TTY), detainees who have a low intellectual or limited reading skills will receive services from mental health personnel. The Auditor was able to determine this through the observation of actual detainee intake processing and interviews with the Warden, PSA Compliance Manager, intake and security staff. While onsite there were no detainees to interview who were identified as deaf, blind or hearing impaired. Review of facility policy indicates the provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. The Auditor interviewed 22 detainees who were LEP through the use of telephonic interpretive service, Language Services Associates, provided through Creative Corrections LLC. The Auditor was able to verify the use of interpretive services through a review of detainee classification/intake packets. The documentation noted the language the detainee spoke and if interpretive services was utilized. All detainees interviewed recalled receiving information during the intake/orientation process on the facility's and agency's zero tolerance policy and efforts to prevent, detect, and respond to sexual abuse.

§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) Policy 14-2 and ICE Directives 6-7.0 and 6.8.0 outlines how the facility and agency, to the extent permitted by law, refuse to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor or volunteer who may have contact with detainees, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard. All three policies noted above require new hires, staff awaiting promotions, and all staff annually to complete and submit a 14-2H-DHS Self-Declaration of Sexual Abuse/Sexual Harassment form. The individual will respond directly to questions about previous misconduct as required per the standard and as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct. The form is to be retained in the employee's personnel file. The Auditor was able to confirm the above mentioned through the review of seven randomly selected staff personnel files. Policy further indicates every effort is to be made to contact all prior institutional employers for information on sexual abuse incidents prior to hiring. Interview with the facility Human Resource Manager confirmed all the elements outlined in the standard are performed.

(c)(d) Policy 14-2 and ICE Directives 6-7.0 and 6.8.0 requires the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility. It further requires a background recheck be conducted every five years on all employees and unescorted contractors. The Auditor was advised contractors under staff escort do not have contact with detainees. The Human Resource Manager stated ICE completes all background checks for all CoreCivic staff, and contractors. Review of documentation provided by ICE's Personnel Security Unit (PSU) Unit Chief confirmed that the [REDACTED] randomly selected employees background checks were performed prior to them reporting to work. [REDACTED] were CoreCivic employees and [REDACTED] were ICE employees. Documentation also confirmed the due dates for the five-year background rechecks. There were no staff where a five-year background check was required as they weren't due yet. The Auditor determined the provided background check information was compliant with the standard in all material ways.

(e) Policy 14-2 states the facility has the right to decline to hire or promote and terminate the employment of anyone based on material omissions regarding sexual abuse/harassment misconduct, or the provision of materially false information. Interview with the Human Resource Manager confirmed compliance with policy requirements.

(f) Policy 14-2 states that unless prohibited by law, the WCDC will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such an employee has applied to work. Policy further indicates the utilization of the 14-2H-DHS Self-Declaration of Sexual Abuse form will be completed upon application for employment and as part of the promotional interview process. The 14-2H-DHS Self-Declaration of Sexual Abuse form shall also serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The 14-2H-DHS Self-Declaration of Sexual Abuse form shall be signed annually by each employee, volunteer and contractor, and a copy maintained in the Human Resources Department's file. Interview with the Human Resource Manager confirmed the above-mentioned takes place for all employees, contractors, and volunteers who may have contact with detainees.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b) Review of the PAQ and interview with the Warden indicated the agency has not acquired a new facility or made a substantial expansion to the existing facility, nor has the facility updated its video monitoring system. This is the WCDC first DHS PREA audit. Therefore standard 115.18 is not applicable.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) Policy 14-2 outlines to the extent the agency or facility is responsible for investigating allegations of sexual abuse involving detainees and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The investigating entity will offer victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Examinations will be performed by a Sexual Assault Forensics Examiner or Sexual Assault Nurse Examiner (SAFE/SANE) where possible. SAFE/SANE exams are performed at the Doctors Hospital of Laredo. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable. The Auditor was able to corroborate through the review of WCDC's policy and procedures, interviews with the Warden, PSA Compliance Manager, who further indicated evidence protocols are developed in coordination with DHS. Security and medical staff are well aware of the facility's evidence protocols and know what necessary steps to take during a detainee report of sexual abuse.

(b)(d) The facility utilizes the service of RCC and has signed memorandum of understanding (MOU) in which both parties have agreed the RCC will provide victim advocacy services to victims of sexual abuse/assault. The Auditor placed a test call to the "The Rape Crisis Center" from one of the facility housing units during the facility tour and spoke with an administrator who stated a qualified staff person from the organization will provide emotional support, crisis intervention, information, and referrals if needed and would accompany the victim through any forensics exams and investigative process. The facility reported six sexual abuse investigations during the past 12 months. Four cases were completed and two were actively being investigated by ICE OPR. All four cases were completed in accordance with the standard requirements. Although offered by the facility, during the past year RCC services were not utilized.

(c) Interviews with facility medical staff acknowledge victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee. Forensic exams are performed by SAFE/SANE at the Doctors Hospital of Laredo. The Auditor was provided with a signed MOU between WCDC and the Doctors Hospital of Laredo which outlines the services to be provided if a detainee required a forensic examination. In review of completed investigations and an interview with the HCA, indicated the facility has not needed to send out a detainee for a forensic medical exam in the last 12 months.

(e) Policy 14-2 states the responsibilities of the Investigating Entity/Forensic Medical Exams Investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled in accordance with the Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and

Forensic Medical Examinations. If the facility is not responsible for investigating such allegations, the facility shall request through a MOU that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements. The Auditor was provided with a signed MOU between WCDC and the Laredo Police Department. In review of the MOU and interview with the PSA Compliance Manager, the Auditor was satisfied that the investigating agency agreed to follow the requirements of 115.21(a) through (d).

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

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

Notes:

(a)(b) Policy 14-2 states the facility investigator, as delegated by the PSA Compliance Manager and/or Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse and assault incident. Discussions with ICE and local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation. Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five years. Interviews with the Warden, PSA Compliance Manager, and facility Investigator corroborated the above-mentioned. Policy further states, the Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. Policy states upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity. It should be noted the Auditor reviewed on the agency's website, the ICE policy and procedures to ensure that each allegation of sexual abuse is investigated by the agency or the facility or referred to an appropriate investigative authority. Administrative investigations will include: 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; and reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator. The PAQ reported four allegations of sexual misconduct. Upon arrival to the facility for the onsite portion of the audit, the facility advised the Auditor they had recently initiated two additional PREA related investigations since the completion of the PAQ. Four cases were closed and 2 were actively being investigated by ICE OPR. The Auditor reviewed the investigations in their entirety and found them to be very well-organized allowing for ease of auditing. The Auditor determined the four completed investigations were compliant with the PREA standards in all material ways. All investigations were referred to the Laredo Police Department (LPD) and ICE OPR. In review of each allegation, LPD did not determine a criminal investigation was warranted, therefore there were no cases referred for prosecution.

(c) A review of the ICE website (<https://www.ice.gov/prea>) confirms the sexual abuse investigation protocols are available to the public. A review of the facility website (www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea) confirms the protocols are available to the public. Agency and facility protocols are posted to ensure investigations into allegations of sexual misconduct are explained to the public.

(d)(e)(f) Policy 14-2 outlines the facility's protocol which ensures that all allegations are promptly reported to the agency, and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. The Auditor reviewed four completed sexual abuse investigations while on-site and determined the investigations were completed timely and the proper notifications were made in accordance with the standard. Interviews with the Warden, PSA Compliance Manager, and Investigator indicated all allegations are promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS Office of Inspector General (OIG), as well as, the appropriate ICE Field Office Director (FOD).

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) Policy 14-2 indicates how the facility trains all full and part time employees who may have contact with detainees, and for all facility staff to be able to fulfill their responsibilities and includes each element of the standard. Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards. While onsite, the Auditor reviewed the CoreCivic PREA training curriculum and determined it to be compliant with the standard in all material ways. The Auditor randomly selected [REDACTED] employees and reviewed training documentation for proof of completion and determined the training was compliant per the standard's requirement, to include by the facility's PREA incorporation date. Staff training documentation is maintained both electronically and within employee training files. Interviews with the PSA Compliance Manager/Training Supervisor and random security staff indicated staff have received the required PREA training and refresher training. Facility staff receive the same level of PREA comprehensive training annually, exceeding the requirement of the standard, which calls for refresher training every two years. It was evident to the Auditor, staff understand their responsibilities in preventing, detecting, and responding to incidents of sexual misconduct.

§115.32 - Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) Policy 14-2 outlines how the facility shall train, or require the training of, all volunteers and contractors who may have contact with immigration detainees to be able to fulfill their responsibilities and includes each element of the standard. Submitted with the facility PAQ was the CoreCivic comprehensive PREA training curriculum utilized for training volunteers and contractors who are required to receive training prior to rendering services to the facility. In review of the training curriculum, the Auditor determined all the required elements of standard are covered, curriculum meets the level and type of training required for volunteers and contractors who may have contact with detainees. Also submitted with the facility PAQ was supporting documentation of completed training for volunteers and contractors, i.e., signed acknowledgments of training received and training session sign in sheets. It should be noted WCDC mandates that all contractors and volunteers receive the same type and level of PREA training that is provided to all full and part time staff. The Auditor interviewed the facility training officer and facility Chaplain, who are responsible for conducting volunteer and contractor training, and requested training documentation for two contractors and three volunteers who were interviewed by the Auditors while onsite. The Auditors determined the required training was received and properly documented. The Auditor further confirmed the above-

mentioned through interviews with the PSA Compliance Manager/Training Supervisor. Contractors and volunteers receive the same level of PREA comprehensive training annually that is provided to full and part-time staff, exceeding the requirement of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(c)(e)(f) Policy 14-2 indicates during the intake process the facility shall ensure detainees are informed about the facility's zero-tolerance policy for all forms of sexual abuse. The Auditor was provided a comprehensive tour of the detainee intake orientation process and observed that all six elements of the standard are not only covered in policy, but detainees are also provided with the facility zero tolerance information at intake. During the intake process, detainees who are determined to be LEP or who may have a disability, i.e. hearing impaired, deaf, and blind, etc. will receive interpretive services or medical and/or mental health assistance throughout the process. The Auditor was provided an opportunity while on-site to observe an actual detainee intake proceeding and determined the standard is being met in all aspects. Policy further indicates PREA information will also be provided to detainees through the CoreCivic Video "PREA What You Need to Know," DHS posted signage, "ICE Zero Tolerance" to include the ICE Sexual Assault Awareness Information pamphlets and ICE and facility handbooks. The Auditor randomly selected eight detainee files and reviewed signed documentation indicating the distribution of both the ICE National Detainee Handbook, local facility handbooks, and DHS-prescribed "Sexual Assault Awareness Information" pamphlet. Any use of interpretive services is documented on the CoreCivic Language Preference Form, to include the interpretive service reference number.

(b) Policy 14-2 states educational information will be provided in all languages required. The Auditor interviewed 23 detainees, and all recalled receiving the required PREA information in a format they could understand upon intake or there shortly after through the use of interpretive services. The Auditor observed the CoreCivic "PREA What You Need to Know" educational video playing in the intake area on a flat screen TV. The video is formatted in English and Spanish languages only and closed captioned for the hearing impaired. The video is played again during the detainee's facility orientation.

(d) The Auditor observed numerous PREA related informational signage throughout the facility to include in all detainee dorms: the DHS-prescribed sexual assault awareness notice; the name of the PSA Compliance Manager; and contact information for the local rape crisis center, that can assist detainees who have been victims of sexual abuse.

§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) Policy 14-2 states the facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. Interviews with the Warden, facility Investigator, and PSA Compliance Manager/Training Supervisor indicated required staff have received specialized training for conducting sexual abuse investigations in accordance with the standard. WDCD has ■ staff who have received specialized training for conducting sexual abuse investigations. The Auditor was provided with certificates of completion for all staff completing the specialized training. The training curriculum - Investigating Sexual Abuse in Correctional Settings was provided electronically through Relias. The Auditor determined the curriculum meets the standard requirements in all material ways. Staff interviews verify the completion of training and are knowledgeable of the requirements needed to conduct sexual abuse investigations within a confinement setting. The Auditor also confirmed through the review of ICE specialized training documentation the appropriate training was provided to ICE investigative staff. WDCD reported six incidents of sexual abuse during the previous 12 months. In review of the investigation packets the Auditor determined they were completed by specially trained investigators.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) N/A – WDCD does not have any ICE Health Service Corps. (IHSC) staff onsite.

(c) Policy 14-2 states in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined: how to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations of sexual abuse. It should be noted, according to the PAQ and interview with the Warden, the agency did review and approve the facility's policy and procedure. The Auditor was provided with CoreCivic medical and mental health staff training records acknowledging the completion of specialized medical and mental health care training. The Auditor was also provided with CoreCivic's specialized training curriculum and concluded it meets the standard in all material ways. Interviews with medical and mental health staff indicate they are trained in procedures for examining and treating victims of sexual abuse; 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. WDCD medical staff do not conduct forensic examinations. If a forensic examination would be required, the detainee is sent to the local hospital where a SAFE/SANE will examine the victim. The facility exceeds the standard in requiring specialized training for facility medical and mental health practitioners, as this is not a requirement of the standard.

§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)(c)(d)(e) Policy 14-2 states all detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve hours of admission to the facility and considers all nine elements of subsection 115.41(c). Initial screenings shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. Interviews with detainees confirmed receiving a risk screening

upon intake. Policy further states when a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. Reassessments of each detainee's risk of victimization or abusiveness will occur between 60 and 90 days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Interview with classification supervisor corroborated the above-mentioned. Reassessment of a detainee's risk level of victimization or abusiveness are conducted by the appropriate case manager or a staff member designated by the Facility Administrator. The Core Civic 14-2B-DHS Sexual Abuse Screening Tool is used for completing the initial and re-assessment. Completed 14-2B-DHS forms are maintained in the detainee's central file or electronic records, with a copy forwarded to the detainee's medical record and/or, where applicable, the detainee's electronic medical records. During the review of 23 detainee classification files, the Auditor confirmed the proper procedures are being followed per the standard in all material ways. Interviews with detainees further confirmed that follow up risk screenings are occurring in accordance with the standards requirement.

(f) Interviews with the PSA Compliance Manager, intake staff, and Classification Supervisor indicated detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to the standard.

(g) WCDC detainee records include a copy of each detainee's ICE classification packet along with a copy of CoreCivic's 14-2B-DHS Sexual Abuse Screening Tool forms. The facility maintains appropriate control on the dissemination of all classification documentation within the facility of responses to questions asked pursuant to standard 115.41. The Auditor confirmed through staff interviews and observation while onsite, detainee records are maintained in a secure location and/or electronically. Staff with a need to know only have access to such documentation. This process was corroborated during interviews with the PSA Compliance Manager, intake staff, and Classification Supervisor.

§115.42 - Use of assessment information.

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

Notes:

(a)(b)(c) Policy 14-2 outlines how the facility uses the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing, recreation, work program and other activities. In review of 23 completed risk assessments, the Auditor determined the facility is utilizing collected data, such as the detainee's physical characteristics (build and appearance), age, whether the detainee has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the detainee is perceived to be Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Interviews with the PSA Compliance Manager, intake staff, and the classification supervisor indicated to the Auditor the facility is ensuring the safety of each detainee and are performing all the requirements of the standard. While the Auditor was on-site, WCDC did not house any transgender or intersex detainees, therefore there were no interviews conducted with a transgender/intersex detainee. Policy 14-2 states in making assessments and housing decisions for transgender or intersex detainees, the facility will consider the detainee's gender and self-identification, and assessment of the effects of placement on the detainee's health and safety. Policy further indicates transgender and intersex detainees shall be reassessed at least twice a year. Interviews with intake and medical staff indicated that a medical and mental health professional will be consulted on a case-by-case basis, to determine whether the placement would present management or security concerns. Policy 14-2 further states, transgender and intersex individuals shall be given an opportunity to shower separately from other individuals. The degree of separation required is dependent on the layout of the facility and may be accomplished either through physical separation (e.g. separate shower stalls) or by time-phasing or scheduling (e.g. allowing a detainee to shower before or after other detainees). Interviews with the PSA Compliance Manager, intake staff, Classification Supervisor, and security staff all indicated transgender and intersex detainees are given the opportunity to shower separately from other detainees.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e) Policy 14-2 outlines the facility's use of administrative segregation to protect detainees at high risk for sexual abuse and assault and shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization will be placed in the least restrictive housing that is available and appropriate. The facility will consult with the ICE FOD to determine if ICE can provide additional assistance. Detainees may be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If segregated housing is warranted, the facility will take the following actions: a supervisory staff member will conduct a review within 72 hours of the detainee's placement in segregation to determine whether segregation is still warranted. A supervisory staff member will conduct, at a minimum, and identical review after the detainee has spent 7 days in administrative segregation, and every week thereafter for the first 30 days and every 10 days thereafter. Interviews with the Warden and PSA Compliance Manager indicated detainees placed in segregated housing will have access to programs, privileges, education, and work opportunities to the extent possible. If access to these opportunities is restricted, the facility would document the reasons why. The facility will notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in segregation based on a vulnerability to sexual abuse or assault. As noted on the PAQ, submitted supplemental documentation, and staff interviews, WCDC has not placed a detainee in administrative segregation/protective custody during the previous 12 months due to vulnerability of sexual abuse. In review of Policy 14-2 written procedures were developed in consultation with the ICE FOD who has jurisdiction for the facility. Interviews with the Warden, PSA Compliance Manager and facility staff who supervise administrative segregation corroborated the above mentioned.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c) Policy 14-2 outlines the facility's approach to ensure detainees have multiple ways to privately report sexual abuse and retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to any incidents. Submitted with the facility PAQ were directives on how detainees can contact their consular official, the DHS OIG or, as appropriate, another designated office, to confidentially and, if desired, anonymously report incidents of sexual misconduct. Interviews with random detainees indicated to the Auditor they are aware of the processes in place to report incidents of sexual misconduct, e.g., report to a staff member, file a grievance, place a phone call, contact their consular official, the DHS OIG or, as appropriate, another designated office to anonymously report. During the tour of the facility the Auditor observed numerous signage, both locally and agency specific for detainees to report incidents of sexual misconduct, to include in all housing areas, posted on bulletin boards, and/or next to detainee phones. During intake/orientation, detainees receive a copy of the ICE National Detainee Handbook and facility local handbook that

includes the process for detainees to report allegations of sexual misconduct. The Auditor placed a successful test call to the WDCD PREA hotline number, in which detainees can remain anonymous if they choose too. Detainees can also place calls to DHS OIG Hotline number and can remain anonymous upon request. Policy 14-2 outlines procedures for staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports. Interviews with the PSA Compliance Manager, security staff, including line staff and first-line supervisors stated if they were to receive a report of sexual misconduct, they would document it on a facility incident report and forward it on through the appropriate channels for investigation. In review of the six completed sexual abuse investigations completed by the facility while on-site, all allegations were reported to facility staff by the alleged victims. The Auditor determined all cases were completed in accordance with the standard.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(f) (e) Policy 14-2 details the formal grievance process for detainees to utilize involving allegations of an immediate threat to their health, safety, or welfare, and related to sexual abuse. Allegations will be removed from the grievance process and are forwarded immediately to the facility Investigator or Administrative Duty Officer. Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. A detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives with filing a grievance relating to sexual misconduct. Facility staff are required to bring all medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility does not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Policy further states the facility will issue a decision on the grievance within 5 days of receipt and shall respond to an appeal of the grievance decision within 30 days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD. Interviews with Grievance Coordinator, security staff, and front-line supervisors corroborated the above mentioned.

According to the facility PAQ and interview with the Grievance Coordinator, the facility has not received any grievances in the past 12 months regarding allegations of sexual abuse. Interviews with detainees also confirmed they are aware of the facility grievance process and that they can request assistance in filing a grievance if needed.

§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) Policy 14-2 outlines the facility's procedures to provide outside confidential support services that will provide services to support in the areas of crisis intervention, counseling, investigation, the prosecution of sexual abuse perpetrators, and to address victim's needs. WDCD has an MOU with The Rape Crisis Center. The Auditor interviewed a staff representative from The Rape Crisis Center and was advised the above mentioned would take place if there was an incident requiring their service. Interview with the PSA Compliance Manager confirmed he has been in contact with The Rape Crisis Center and both parties understand the services to be rendered in the case of reported incidents of sexual abuse. In review of completed sexual abuse investigation packets the facility has not had to utilize the services of The Rape Crisis Center during past 12 months. The Auditor did confirm through the review of investigative documentation, services were offered to the detainees.

(c) Upon intake, detainees receive educational information on the facility's zero tolerance policy to include information on how to contact local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and hotline telephone numbers. The information is outlined in the facility local handbook. During the tour of the facility, the Auditor observed numerous signage both locally and agency specific, i.e., ICE Zero Tolerance, The Rape Crisis Center Hotline posted in several different languages throughout the facility to include in detainee housing units, on walls, and bulletin boards. Random detainee interviews confirmed they have received the information at intake, and during the facility's orientation, and were familiar with the information posted in the housing units.

(d) Information outlined in the detainee local handbook indicates, prior to giving detainees access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Detainees have been advised through the facility local handbook, telephone calls may be recorded and monitored in accordance with the facility's policy governing the monitoring of their communications. The PSA Compliance Manager indicated to the Auditor during the interview; detainees are informed to the extent to which such communications are monitored and when reports of sexual abuse will be forwarded to authorities, per mandatory reporting laws. Detainees can either place a call to The Rape Crisis Center or send written communication. Interview with the PSA Compliance Manager further indicated the facility would facilitate reasonable communication between detainees and The Rape Crisis Center, in as confidential a manner as possible, to include detainees who are LEP, utilizing facility staff or interpretive services. Interviews with random detainees also indicated that they are aware that phone calls are or can be monitored and allegations of sexual abuse will be forwarded and investigated in accordance with mandatory reporting laws. Interview with the PSA Compliance Manager stated staff will provide detainees an area to place a confidential phone call if requested.

§115.54 - Third-party reporting.

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

Notes:

Policy 14-2 states third party reports of sexual abuse may be made as follows: DHS OIG toll free hotline number at 1888-323-8603; JIC toll free hotline number 1-877-256-8253 or e-mail, joint.intake@dhs.gov; and call the CoreCivic 24-hour ethics line: 1-866-757-4488.

A review of both ICE's website (www.ice.gov/prea and CoreCivic's website (www.CoreCivic.ethicspoint.com.) confirm the public is notified how to report incidents of sexual abuse/harassment on behalf of detainees. Both websites list contact numbers for the general public to report allegations of sexual misconduct. Interviews with Warden, and PSA Compliance Manager confirm they are aware of the requirement to accept sexual abuse notifications from third parties. It should be noted the WDCD has not received a third-party allegation in the previous 12 months.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) Policy 14-2 outlines the responsibilities of staff who are required to report, immediately, and any knowledge, suspicion, or information regarding incidents of sexual abuse, retaliation against detainees or staff who have reported incidents of sexual abuse, or staff neglect or violations of

responsibilities that may have contributed to an incident or retaliation. According to the PAQ and interview with the Warden, the agency did review and approve the facility's policy and procedures. Staff members who become aware of alleged sexual abuse will immediately follow the reporting requirements set forth in section L. Coordinated Response/Sexual Abuse Response Team (SART), and section M. Response Procedures. The facility requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to take all allegations of sexual abuse and assault seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff are required to promptly document any verbal reports as well. Interviews with the PSA Compliance Manager, Warden, and random security staff, clearly articulated to the Auditor, the protocols in place as it relates to staff reporting duties, to include how staff can report allegations of sexual misconduct outside of their normal supervisory chain of command, if needed. Staff can privately report sexual abuse and assault of detainees by forwarding a letter, sealed, and marked "Confidential" to the Facility Administrator. Staff can further report incidents of sexual abuse by contacting the CoreCivic Ethics Hotline at 866-757-4448. Apart from such reporting, 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, or to make medical treatment, investigation, law enforcement, or other security and management decisions.

(d) WCDC does not house juvenile detainees. The Auditor received no evidence the facility houses or has housed potentially vulnerable detainees within the past year. Interviews with the Warden and PSA Compliance Manager indicated if they were to receive a report of sexual abuse from a detainee identified as a vulnerable adult, the incident would be reported to the designated State or local services agency under applicable mandatory reporting laws.

§115.62 - Protection duties.

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

Notes:

Policy 14-2 outlines the facility's approach when staff learns that a detainee is subject to a substantial risk of imminent sexual abuse. Immediate action is taken to protect the detainee. Interviews with the Warden, PSA Compliance Manager, and random security staff revealed if a detainee is determined to be at an imminent risk of sexual abuse, the detainee would be immediately removed from the hazard. In review of sexual abuse investigations completed over the last 12 months, the Auditor determined the facility took the appropriate action required to protect detainee victims.

§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) Policy 14-2 outlines the facility's process for reporting to other confinement facilities. Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the Facility Administrator of the facility that received the allegation will contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. A copy of the statement of the detainee will be forwarded to the appropriate official at the location where the incident was reported to have occurred. The facility will document it has provided such notification. Upon receiving notification from another agency or another facility that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the WCDC, the following actions will take place: the facility will record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. If an investigation was not completed, the facility would initiate an investigation. Notification is required to be made to the ICE FOD/designee. It should be noted the facility has reported that there were no recorded claims of sexual allegations occurring at another facility during the previous 12 months. Interviews with the PSA Compliance Manager and Warden corroborated the above mentioned would take place if required. They further indicated they are aware of the proper steps for making such notifications, and for maintaining documentation if a notification is made. The Warden and PSA Compliance Manager indicated documentation of such notifications would be maintained through electronic means, i.e. email correspondence, faxes, facility incident reports.

§115.64 - Responder duties.

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

Notes:

(a)(b) Policy 14-2 states upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or if it is his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. Interviews with security staff, policy review, and investigative files review indicates all four elements of the standard is accounted for during the responder duties. According to the facility PAQ and staff interviews, there has not been a non-security staff member who acted in the capacity of a first responder. Policy states and interviews with security staff, and security supervisors, corroborate non-security first responders are required to request that the alleged victim not take any actions that could destroy physical evidence and are required to notify security staff. Additional evidence the Auditors relied upon in determining compliance was, most staff interviewed had laminated cards, indicating first responder duties for both security and non-security staff. In review of completed sexual abuse investigations the Auditor determined in all cases; first responder duties were conducted per the standards requirement.

§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)(c)(d) Policy 14-2 states each CoreCivic facility will establish a SART to identify roles and provide a coordinated response to incidents of sexual abuse. The SART shall include the following multi-disciplinary team: PSA Compliance Manager; medical representative; security representative; mental health representative; and Victim Services Coordinator. Policy outlines each team member's role and responsibility. Interviews conducted with the Warden and PSA Compliance Manager indicated the facility uses a coordinated, multidisciplinary team approach when responding to incidents of sexual abuse. The facility's written institutional plan delineates the responsibilities for a coordinated response to staff-on-detainee allegations of sexual abuse and detainee-on-detainee sexual abuse allegations. During the past 12 months, WCDC had one substantiated incident of sexual abuse that involved three different detainees/victims. All three detainees were subsequently transferred to another ICE detention facility. The Auditor was provided with the facility's medical transfer summary documentation for all three detainees. In a review of the documentation, the Auditor determined WCDC

provided the receiving facility with the proper notification of the incident and the victim's potential need for medical and social services. Interviews with the Warden and PSA Compliance Manager confirmed they are aware of the facility's coordinated response procedures for allegations of sexual abuse. Both the Warden and PSA Compliance Manager advised the Auditor, proper notifications per the standard would be made to the receiving facility, to include a DHS immigration detention facility subpart A and B, if a detainee was to be transferred.

§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:

Policy 14-2 outlines staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Employees will be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Contractors or volunteers who have engaged in sexual abuse or assault are prohibited from contact with detainees. The facility will take appropriate remedial measures and considers whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Interviews with the Warden and Human Resources staff corroborated that staff, contractors, or volunteers who are being investigated for sexual abuse allegations or any other serious misconduct involving a detainee are prohibited from having contact with detainees. WCDC reported no incidents of sexual abuse involving staff, contractors, or volunteers within the past 12 months.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) Policy 14-2 outlines the facility's procedures for protection against retaliation. Staff, contractors, 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 abuse as a result of force, coercion, threats, or fear of force. 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 and shall act promptly to remedy any such retaliation. Items the facility monitors include detainee disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff. The facility will continue monitoring beyond 90 days, if the initial monitoring indicates a need to. This shall include periodic status checks of detainees in person at every 30/60/90 days and review of relevant documentation. Monitoring is documented on the 14-2D DHS PREA Retaliation Monitoring Report (30/60/90) form. Interviews with the Warden and PSA Compliance Manager corroborated the above information. It should be noted while onsite, the Auditor reviewed investigative packets and monitoring for retaliation documentation and found it to be compliant per the standard in all material ways.

§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) Policy 14-2 indicates the use of administrative segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. According to the facility PAQ, supporting documentation, and interviews with the Warden and PSA Compliance Manager, WCDC has not utilized segregation to protect a victim of sexual abuse. In review of completed sexual abuse investigations, the Auditor saw no indication a detainee was placed in segregation for protective measures.

(d) Interviews with the Warden and PSA Compliance Manager indicated the facility will notify the appropriate ICE FOD whenever a detainee victim has been placed in administrative segregation and normally as soon as possible but would not exceed 72 hours in accordance with the standard.

§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)(c) Policy 14-2 states the Facility Administrator will ensure that an administrative investigation shall be prompt, thorough, objective, and conducted by specially trained, qualified investigators, and a referral is initiated for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. WCDC has an MOU with the Laredo Police Department who will conduct criminal investigations into allegations of sexual abuse. Upon the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity. Policy further delineates written procedures for administrative investigations to be performed. In review of policy, procedures, and completed sexual abuse investigations, the Auditor determined all were elements of the standard were completed as required. Interviews conducted with the Warden, PSA Compliance Manager, and Investigator corroborated the above stated.

(e)(f) Interviews with the Warden, PSA Compliance Manager, and investigator revealed an investigation would not terminate with the departure of the alleged abuser or victim from the employment or control of the facility or agency. When outside law enforcement agencies investigate sexual abuse, the facility Investigator cooperates to the fullest with outside investigators and remains informed through verbal or written communication, i.e., email correspondence, about the progress of the investigation. The aforementioned was corroborated through the review of sexual abuse reports and completed facility investigations during the last 12 months.

§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:

Policy 14-2 states the facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. Upon review of investigative documentation, the Auditor determined investigations are completed in accordance with the standard. Interviews with the facility Investigator and PSA Compliance Manager verified the facility will not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. Compliance with the standard was further determined through the review of completed investigative files.

§115.73 - Reporting to detainees.

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

Notes:

Policy 14-2 outlines the procedures the facility will take for reporting to detainees. Following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. All detainee notifications or attempted notifications shall be documented on a 14-2E Detainee Allegation Status Notification. The detainee shall sign the 14-2E Detainee Allegation Status Notification verifying that such notification has been received. The signed 14-2E Detainee Allegation Status Notification shall be filed in the detainee's file. While onsite, the Auditor reviewed six sexual abuse investigation packets completed during the past 12 months, and concluded all detainees were notified by the facility of the facility's investigative outcome per policy and the standard requirements. Interviews with the Warden, Investigator, and PSA Compliance Manager confirmed the process in place for reporting to detainees.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) Policy 14-2 states staff are subject to discipline to include termination for violation of the department's sexual abuse and sexual harassment policies. According to the PAQ and Interviews with the Warden, and PSA Compliance Manager confirmed the facility's policies and procedures regarding disciplinary or adverse actions for staff were provided to the agency for review and approval. Removal from their position and from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer, paragraphs (1)-(4) and (7)-(8) of the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. The facility will also report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the ICE FOD, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. During the past 12 months, the facility has not had an allegation involving staff sexual misconduct. Therefore, files demonstrating termination, resignation, or other disciplinary actions were not available for review. Interview with the Warden confirmed staff are subject to discipline for violations of the department's sexual abuse policies and termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. Interview with the Warden indicated removals or resignations for violations of agency or facility sexual abuse policies would be appropriately handled. Reports of removals or resignations for violations of agency or facility sexual abuse policies would be forwarded to any relevant licensing bodies by the facility to the extent known.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) Policy 14-2 states contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall report such incidents to the ICE FOD/designee regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known. During the past 12 months, the facility has not had an allegation where a contractor or volunteer was involved in sexual misconduct. Therefore, files demonstrating termination, or removal from contact with detainees were not available for review. Interview with the Warden confirmed volunteers and contractors are subject to termination and/or prohibited contact from detainees for violations of the department's sexual abuse policies. The facility will take appropriate measures when considering whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within the standard.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f) Policy 14-2 outlines if a detainee engages in sexual abuse, sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. If a detainee is determined mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This process is completed by Mental Health staff. A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. Detainees who deliberately allege false claims of sexual abuse can be disciplined. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy 15-2 Inmates Rules and Discipline outlines the facility's disciplinary system which incorporates progressive levels of reviews, appeals, procedures, and documentation procedure. While on-site the Auditor reviewed 6 completed cases of sexual misconduct reported during the previous 12 months and determined they were handled in accordance with the standard in all material ways. One case was determined to be substantiated. In review of the investigation the detainee was referred for disciplinary sanctions in accordance with the standard's requirements. Interview with the Warden confirmed all elements of the standard are followed regarding disciplinary sanctions of detainees.

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

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

Notes:

(a)(b)(c) Policy 14-2 states if the assessment pursuant to 115.41 indicates the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. Interviews with medical and mental health care staff confirmed, if a referral for medical follow-up is initiated, the detainee will receive a health care evaluation no later than 2 working days from the initial assessment and if a referral for mental health follow-up is initiated, the detainee will receive a mental health evaluation no later than 72 hours. While onsite the Auditor interviewed one detainee who reported a prior sexual victimization and the detainee confirmed to the Auditor he was seen by both medical and mental health in accordance with the requirements of the standard. Also, while onsite the Auditor was provided with investigative documentation demonstrating a detainee was seen both by medical and mental health staff in accordance with the requirements of the standard.

§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) Policy 14-2 states detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services, both emergency and ongoing, 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Interview conducted with a detainee who reported sexual abuse stated he received appropriate services while at the facility in a timely manner. According to the PAQ and submitted documentation, the facility has not had to send a detainee out to the Laredo Medical Center to receive emergency medical assistance for PREA/sexual assault related injuries or treatment in the past 12 months. Interview with the HCA confirmed detainees will receive timely emergency access to medical and mental treatment without financial cost to the detainee and will have unimpeded access to emergency medical and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Medical staff acknowledge that victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of 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) Policy 14-2 states the facility will offer a medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse or assault while in immigration detention. The policy also requires the evaluation and treatment of the victim; including follow-up services, treatment plans, and, when necessary, referrals for continued care consistent with the community level of care. Both the medical and mental health staff interviews confirmed that detainee treatment is immediate, based on their professional opinion, and consistent with community level of care, including additional follow up if necessary. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(d) Policy 14-2 states 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. It should be noted, WCDC no longer houses female detainees. However, during the past 12 months, WCDC did keep female detainees, and upon the Auditors review of completed sexual abuse investigations involving female detainees, the subsection for this standard was not required based on the facts of the investigation. Interview with the HCA confirmed the aforementioned.

(e) Policy 14-2 states detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. Interview with the HCM confirmed detainee victims of sexual abuse are offered tests for sexually transmitted infections and as medically appropriate. It should be noted there were no detainees who required the above-mentioned treatments during the previous 12 months.

(f) Policy 14-2 states treatment services, both emergency and ongoing, 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. In review of completed sexual abuse investigations during the past 12 months, and interview with the HCM, the Auditor determined detainees receive appropriate treatment, if needed and free of financial cost per the standards requirement. Interview with a detainee who reported sexual abuse further corroborated he received appropriate treatment and at no financial cost.

(g) Policy 14-2 states the facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interview with the Mental Health Coordinator confirmed an attempt would be made to conduct a mental health evaluation of a known detainee abuser within 60 calendar days or sooner of learning of such abuse history and offer treatment deemed as appropriate. This practice was corroborated through the review of completed investigative documentation. Furthermore, all refusals for medical and mental health services will be documented.

§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)(c) Policy 14-2 states the Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or gender non-conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator,

the facility PSA Compliance Manager, and the Facility Support Center (FSC) PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE PSA Coordinator through the local ICE Field Office. Policy further states and was corroborated by the Auditor's review of the facility's annual review report that the facility conducts an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts, including preparation of a negative report if the facility does not have any reports of sexual abuse during the reporting year. Interviews with the Warden and PSA Compliance Manager corroborated the above mentioned. While onsite the Auditor reviewed the completed reports for sexual abuse incident reviews and found they are completed per the standards requirements.

§115.87 - Data collection.

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

Notes:

(a) Policy 14-2 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling be retained in accordance with CoreCivic Policy 1-15 Retention of Records. The PSA Compliance Manager confirmed the facility maintains these documents locked in his office with access on a need to know basis only.

§115.201 - Scope of audits.

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

Notes:

(d)(e)(i)(j) During the PREA audit of the WCDC, the Auditors were able review all policies, memos, and other documents required to make assessments on PREA compliance. All areas of the facility were observed during the on-site portion of the audit, to include several areas that were revisited by an Auditor. Interviews with staff and detainees were accommodated in private areas, and the Auditor was able to interview staff from all shifts. The Auditor observed numerous notices of DHS PREA Audit posted throughout the facility to include in all detainee housing areas, both in English and Spanish. The Auditor received no detainee correspondence prior to the on-site audit.

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: | 3 |
| Number of standards met: | 36 |
| Number of standards not met: | 0 |
| Number of standards N/A: | 2 |
| 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 Stegemoller
Auditor's Signature & Date

11/14/2019

Barbara King
PREA Program Manager's Signature & Date

11/14/2019