

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	4/5/2022	To:	4/7/2022
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AUDITOR INFORMATION

Name of auditor:	Mark McCorkle	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(661) 618- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(772) 579- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	New Orleans
Field Office Director:	Jamison Matuszewski
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras Suite 325, New Orleans 70113
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Winn Correctional Center
Physical address:	560 Gum Springs Rd Winnfield, LA 71483
Mailing address: (if different from above)	Post Office Box 1435
Telephone number:	(318) 628-3971
Facility type:	IGSA
PREA Incorporation Date:	5/16/2019

Facility Leadership

Name of Officer in Charge:	Jody Floyd	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(318) 638- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Quality Assurance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(318) 628- (b) (6), (b) (7)(C)

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Winn Correctional Center (WCC) was conducted from April 5, 2022, through April 7, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Mark McCorkle, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) [REDACTED] and Assistant Program Manager (APM), [REDACTED] both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is from the facility's DHS PREA incorporation date of May 16, 2019, through April 7, 2022. WCC is operated by LaSalle Corrections.

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

The facility employs a total of 189 security staff members: 81 males and 108 females. There are 26 medical staff and three mental health staff members. The WCC houses adult male detainees with a design capacity of 1,576. The average time in custody for WCC is 53 days. In the prior 12 months, the facility booked/processed 5,413 detainees. WCC houses low, medium, and high security detainees. At the time of the onsite audit, there were 403 male detainees being housed at the facility, which does not include an additional 17 inmates being held for the Department of Corrections. There were no female, juvenile, or family units at the facility at the time of the audit.

On April 5, 2022, at approximately 8:00 a.m., the Auditor arrived at the facility and established a working area in a secure conference room at the WCC. At approximately 8:15 a.m., Team Lead [REDACTED] telephonically moderated an entry briefing conducted by the Auditor. In attendance at the briefing were the following:

- [REDACTED] Acting Assistant Field Office Director ((A) AFOD), ICE/Enforcement Removal Operations (ERO)
- [REDACTED] Compliance Manager, LaSalle Corrections
- [REDACTED] Corporate PREA Manager, LaSalle Corrections
- [REDACTED] Facility Administrator, WCC
- [REDACTED] Assistant Facility Administrator, WCC
- [REDACTED] Assistant Facility Administrator, WCC
- [REDACTED] Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
- [REDACTED] Quality Assurance Manager/designated PSA Compliance Manager, WCC
- [REDACTED] Colonel, WCC
- [REDACTED] Health Services Administrator (HSA), WCC
- [REDACTED] Facility Investigator, WCC
- [REDACTED] Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU (Via Telephone)
- [REDACTED] Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU (Via Telephone)
- Mark McCorkle, Auditor, Creative Corrections, LLC

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

The facility is comprised of 23 buildings, which include offices for ICE and an Administration building, both located outside of security. The facility utilizes 142 video surveillance cameras, which are primarily used for historical purposes, but are not utilized as a primary source of live monitoring of detainees.

At the time of the audit, the facility was undertaking a significant upgrade to the video surveillance system to digitize all cameras, in addition to adding approximately 200 cameras. In interviews with the lead installation technician and WCC leadership, more cameras could be added if deemed necessary. Based on conversations with the technician, the project is expected to be completed in September 2022.

Entry into the secure portion of the facility is made through the Administration building, where there is an interior sally port consisting of two hard doors controlled by the main control officers. After passing through the interior sally port, there is an exterior sally port, with an electronically controlled gate, which is also controlled by the main control.

Once inside security, there is a covered sidewalk that extends approximately 200 yards to an intersection with another covered sidewalk. Contained in that first 200 yards are the Visitation building, the Medical Clinic, the Chapel, and the Kitchen.

The visitation area is not currently being used for visiting due to the COVID-19 pandemic; however, it is utilized by ICE to conduct release interviews and provide documentation to detainees who will be leaving custody. The only time detainees are allowed in this area is when they are going through the release process.

(b) (7)(E)

s. However, the upgraded camera system will provide additional coverage to this area and provide adequate safety and security for staff and detainees. There are currently convex mirrors placed in the hallway that enable officers to see areas that would otherwise be blind.

The kitchen is not currently utilizing any detainee workers due to the COVID-19 pandemic. The dining area has capacity for 262 detainees and is an open area providing officers and staff clear visual sight lines for the entirety of the area. (b) (7)(E)

The chaplain conducts religious services in the chapel twice daily which is also used for orientation during the intake process for new detainees to the facility. (b) (7)(E)

(b) (7)(E)

There are five dedicated housing buildings on the correctional campus named Elm, Ash, Birch, Cypress, and Dogwood. All are of nearly identical design; however, upgrades were underway to add two additional showers to each housing area, along with upgraded lighting and additional toilets. During the onsite portion of the audit, the Elm building was closed for renovations (and not toured by the Auditor), and the Auditor did not enter the Birch building due to COVID-19 cohort protocols being in place. Each of the housing buildings are accessed along a covered walkway, which extends approximately 600 yards. Once entered, each of the secure buildings has an enclosed office, referred to as Key Control, which is staffed by a DO.

The Ash building contains eight dormitories, which are referred to as "tiers" by staff and detainees. Each dormitory houses 44 detainees each, except for those dormitories which have been upgraded with additional showers, which now can house up to 48 detainees. Each of the dorms in the facility contain two rows of single bunks, a dedicated shower and restroom area with privacy curtains, and a television/day room. (b) (7)(E)

One of the dormitories in Ash was under COVID protocols and the Auditor did not enter that area. Each dormitory contained three telephones and an electronic tablet mounted to the wall. The tablet can be used by detainees to schedule various appointments, make requests to designated staff, or to file grievances.

The Cypress Building contains the administrative segregation unit, which at the time was used only to house high security detainees and those who have been given discipline. None of the detainees being housed in segregation cells were there due to allegations of sexual abuse or protection against victimization. The eight segregation units each contain 11 double bed cells, and two single bed cells. Shower facilities are located at the front of the housing area, along with a television/day room. In addition to three telephones mounted on the walls, there is a portable telephone cart, which can be wheeled to the individual cells in the housing area.

Renovations had been completed in the Dogwood building, with the additional showers, restroom facilities and upgraded lighting fixtures for greater visibility. Although the renovated dormitories can house up to 48 detainees, WCC is maintaining 75% of capacity due to the COVID-19 pandemic.

All the housing areas have telephones available to the detainees. Posted by the telephones is the information on DHS Office of Inspector General (OIG) Poster, ICE Detention Reporting and Information Line (DRIL) Poster, including addresses and phone numbers, the instructions on how to report to the DHS OIG using the telephone, and consulate information. Advocacy services provided by Winn Community Health Center (CHC). Information is also posted near each of the telephone areas in each housing area. The Auditor tested multiple telephones in multiple housing areas to ensure detainees could easily access the services outlined above. The Auditor spoke to representatives from DRIL, OIG, and Winn CHC and all understood their responsibilities as it relates to PREA, including the ability for detainees to make anonymous reports.

During the onsite audit, the Auditor observed the notice of PREA audit forms posted in multiple languages and placed in conspicuous locations throughout the facility including the medical clinic, dining area, program offices, chapel, and in each housing area. Additionally, the "ICE Has Zero Tolerance for Sexual Abuse & Assault" posters were prevalent in all areas where detainees would be

present and contained the name and telephonic contact information for the PSA Compliance Manager. Multiple telephones were tested in detainee housing areas and in each case the PSA Compliance Manager was successfully contacted by the Auditor.

The facility had five closed PREA investigations since the facility's PREA incorporation date, which were all reviewed by the Auditor. Four allegations involved detainee-on-detainee sexual abuse, and one involved staff-on-detainee sexual abuse. One of the detainee-on-detainee allegations was substantiated, the others unsubstantiated. The staff-on-detainee allegation was closed as unsubstantiated, but not investigated as a criminal incident. None of the cases required a criminal investigation.

At the conclusion of the facility tour, the Auditor began interviews of staff, which took place during all three days of the onsite audit. All interviews were conducted in private settings between the Auditor and staff member. The auditor interviewed a total of 29 individual staff members, 12 randomly selected security staff and 17 specialized staff. The random staff were chosen from a list of all staff members assigned to the facility and the specialized staff were selected based on their job responsibilities at the facility. These specialized staff interviewed included: three supervisory staff; three medical/mental health staff members; two intake staff; a contractor, the PSA Compliance Manager; the Health Services Administrator, an investigator; the Human Resources Manager (HRM); the Grievance Coordinator, the Facility Administrator, the Assistant Facility Administrator; and the Training Manager. The PSA Compliance Manager was also one of the trained investigators interviewed for this audit.

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

The Auditor also randomly selected 10 personnel records, 10 staff training records, and 10 detainee files for review. On the second day of the onsite audit, the Auditor interviewed a total of 26 detainees. All interviews conducted with detainees occurred in a private office between the detainee and the Auditor only. The Auditor conducted the interviews with all detainees in the same manner; a prefacing statement was made to each detainee with the Auditor explaining the purpose of the interview, how they were selected, and that they did not have to speak with the Auditor if they chose not to. No detainees refused to speak with the Auditor. All detainees were asked questions utilizing the Detainee Interview Guides for Immigration Detention Facilities. During the interviews, the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, which includes the ICE National Detainee Handbook, Winn Correctional Center Supplement to the ICE National Detainee Handbook, and the DHS prescribed Sexual Abuse and Assault Awareness pamphlet. The Auditor further utilized a blank copy of the acknowledgment form they would sign for the PREA information received at intake. These materials were used to visually stimulate the detainee's recollection of their initial intake process.

The following targeted detainee interviews were conducted: One detainee who identified as bisexual; and one detainee with a physical disability. Twenty-two of the 26 detainees interviewed were limited English proficient (LEP). There were several targeted detainee populations not being housed at the facility at the time of interviews. Those included detainees with a cognitive disability, detainees who reported sexual abuse history, and transgender or intersex detainees. Twenty-four of the 26 were randomly selected detainees, chosen by the Auditor from a list of all detainees housed at the facility during the onsite audit.

Four of the interviews were conducted in English, and 22 were conducted using the language services telephone line contracted by Creative Corrections, LLC. Interpretation services were utilized for the following languages: Spanish (13); French (3); Punjabi (3); Russian (2); and Somali (1); The detainees interviewed represented the following countries: Colombia (7); Nicaragua (5); Pakistan (2); Senegal (2); Mexico (2); and one each from the following: Jamaica, Kazakhstan; Uzbekistan; India; Peru; Dominican Republic; Cuba; Democratic Republic of the Congo; and Somalia.

After the onsite audit, the Auditor conducted an exit briefing, with (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) telephonically moderating. In attendance at the briefing were:

- (b) (6), (b) (7)(C) (A)AFOD, ICE/ERO
- (b) (6), (b) (7)(C) Compliance Manager, LaSalle Corrections
- (b) (6), (b) (7)(C) Corporate PREA Manager, LaSalle Corrections
- (b) (6), (b) (7)(C) Facility Administrator, WCC
- (b) (6), (b) (7)(C) Assistant Facility Administrator, WCC
- (b) (6), (b) (7)(C) Assistant Facility Administrator, WCC
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) Quality Assurance Manager/designated PSA Compliance Manager, WCC
- (b) (6), (b) (7)(C) Colonel, WCC
- (b) (6), (b) (7)(C) HSA, WCC
- (b) (6), (b) (7)(C) Facility Investigator, WCC
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU (Via Telephone)
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU (Via Telephone)
- Mark McCorkie, Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) APM, Creative Corrections, LLC (Via Telephone)

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

The Auditor expressed that an inspection of randomly selected detainee records indicated that 100% of the records reflected detainees had received the required educational material and orientation required by the standards. It was evident to the Auditor that great strides had been made in the area of PREA education to the detainees. ICE National Detainee Handbooks are available in English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, and Vietnamese and the WCC detainee handbook is available in English, Spanish, French, Haitian Creole, Arabic, Russian, and Portuguese. When a specific language may not be on hand, processing staff has access to PDF files to print in the needed language (further context will be provided in the related standard's narrative below). It was evident in interviews with detainees that the PREA acronym is not easily understood by those who are non-English speaking. However, when specific questions were asked by the Auditor regarding sexual safety, and information extracted by officers at Intake, the detainees understood the subject matter.

The Auditor conveyed to those in attendance that at the time of the exit briefing there were a small number of outstanding documents needed (which subsequently were provided within a few days of the onsite audit).

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

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

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2

§115.18 Upgrades to facilities and technologies
§115.31 Staff training

Number of Standards Met: 36

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

Number of Standards Not Met: 2

§115.41 Assessment for risk of victimization and abusiveness
§115.52 Grievances

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c) WCC Policy 6.5, Security, mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The entirety of this policy was reviewed and fully approved by the Facility Administrator on April 4, 2021. The ERO New Orleans Field Office provided a memorandum dated April 1, 2021, that the WCC Policy 6.5 was reviewed and approved by the AFOD.

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

§115.13 - Detainee supervision and monitoring.

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

Notes:

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

During their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager stated that the evaluation of supervision of the detainee population is an ongoing process. Each said that the incorporation of video surveillance technology enhances safety for the detainees and staff alike.

(b) The WCC provided its post orders which constitute the facility's comprehensive detainee supervision guidelines; the post orders were inspected by the Auditor and found to be highly detailed and provided the requisite guidance necessary for staff to satisfactorily complete their duties, with the sexual safety of detainees being at the forefront. In his interview with the Auditor, the Facility Administrator stated that the post orders are reviewed annually and were last reviewed and signed by the Chief of Security on June 14, 2021.

(c) WCC provided its staffing plan, which was approved January 4, 2022, by the Facility Administrator, Assistant Facility Administrator, PSA Compliance Manager, Chief of Security, the Facility Investigator, and the HRM. The plan states that the following factors were considered in its development: "generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant, (including "blind spots" or areas where staff or offender/detainees may be isolated); the composition of the offender/detainee population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations or standards; the prevalence of substantiated or unsubstantiated incidents of sexual abuse; and, any other relevant factors."

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

(d) WCC Policy 6.5 also says that the "shift supervisor or designee shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees." The policy goes on to say that the inspections must occur at least once per shift. The facility provided log sheets from each shift demonstrating the unannounced rounds were conducted. Additionally, during the facility tour, the Auditor inspected the logbooks in each housing area and found each to contain entries from supervisors conducting unannounced rounds during day and night hours. In their interviews with the auditor, supervisory staff expressed their responsibilities in conducting unannounced rounds and that the purpose was to ensure the sexual safety of the detainee population at the facility.

All 12 randomly selected security staff members interviewed also stated that they were forbidden from alerting other staff members to unannounced rounds when they were being made. Each also stated that it was routine for supervisory staff to be in the housing units, so their presence is never unusual, or cause for concern.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The WCC does not house juvenile detainees, which was articulated in a memo prepared by the AFOD and Facility Administrator. In his interview with the Auditor, the PSA Compliance Manager confirmed the information contained in the memo.

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

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

Notes:

(b)(c) WCC Policy 6.5 says, "[WCC] shall not conduct cross-gender pat-down searches of male detainees unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Facility shall not conduct cross-gender pat-down searches of female detainees unless in exigent circumstances."

The Auditor interviewed 12 randomly selected staff members related to this standard. Each stated they have never conducted nor observed a cross-gender pat search of a detainee. Each also said that in their experience, no emergency has ever existed requiring a cross-gender pat-down search of a detainee. The PSA Compliance Manager, confirmed during his interview, there have been no instances of a cross-gender pat-search of a detainee during the audit period.

(d) In the event a cross-gender pat-down search is necessary due to exigent circumstances; the facility created a form to document such instances. The Auditor reviewed a copy of the blank form and found that it contained the necessary information to properly account for such a search, should one occur.

(e)(f) WCC Policy 6.5 states, "The Facility shall not conduct cross-gender strip searches or cross-gender body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners." The Policy also requires that if a strip or body cavity search is performed, it must be documented. The facility provided a blank copy of the Strip Search/Cavity Search Logbook indicating none have occurred, which was reviewed by the Auditor; the form contained the necessary information to properly account for such a search, should one occur. The PSA Compliance Manager, confirmed during his interview there have been no instances of a cross-gender strip search or body cavity search of a detainee during the audit period.

In their interviews with the Auditor, medical staff stated that if a body cavity search needed to be performed, it would be conducted by a practitioner. Each of the 12 randomly selected staff members interviewed stated that they have never conducted or body cavity search and that a cross-gender strip search would never be performed by security staff and that a body cavity search would need to be performed by a member of the medical staff.

(g) WCC Policy 6.5 states, "The Winn Correctional Center shall enable detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement."

During the onsite audit, the Auditor observed the shower and toilet areas in each housing unit and found that all had a privacy curtain that prevented cross-gender viewing of the detainees yet allowed security staff to see that the area was occupied. Additionally, the auditor observed video surveillance angles and determined that in no case would cross-gender viewing of a detainee be possible.

The Auditor interviewed 26 randomly selected detainees and 23 said they felt they are not in view of female staff when showering or using restroom facilities. Additionally, 22 of the 26 said some announcement is made by female staff when they enter a housing area. All four of the detainees who said announcements were not made did not speak English, so they are unaware of what specifically is being said when officers enter the housing unit; Three of those four acknowledged that some type of announcement is made, while one of the four said no announcements are made.

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

Recommendation (g): Due to the number of Spanish speaking detainees at the facility and results of the detainee interviews, the Auditor recommends the cross-gender announcements be made in English and Spanish.

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

(i) WCC Policy 6.5 says, "The Facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. If a detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of the standard medical examination that all detainees must undergo as part of intake or other processing procedures conducted in private by a medical practitioner."

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

The Auditor also interviewed 12 randomly selected line staff and 2 supervisory staff. Each said at no time would staff conduct a physical search or examination of a detainee to determine gender. Eleven of the 12 randomly selected staff specifically said that if they could not determine the gender of a detainee through conversations, that medical detainee records could be used to make a determination. The other staff member was unsure how the determination would be made. After more specific questions were asked of the staff member, they acknowledged that the determination would have to be made by someone from the medical staff.

(j) WCC Policy 6.5 states, "The Facility shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs."

WCC provided the WCC PREA Lesson Plan which includes a module on searches training, which was reviewed by the Auditor and contained all the elements to satisfy the training requirements. Additionally, the Auditor randomly selected 10 employee training files. Each file inspected contained documentation that the instruction was provided during the two-week cadet class, and the annual refresher training was provided to all employees. Each training block completed is initialed by the employee and the training document itself is signed by the Training Manager.

The Auditor interviewed the facility Training Manager and found him to be extremely knowledgeable about the curriculum regarding searches. Training records are currently maintained by a hard copy placed in each employee's training file. The files are secured in a locked cabinet in the training office. The facility is currently migrating training files to an electronic storage system for easy access and retrieval; however, the Training Manager indicated that hard copy files would continue to be maintained.

§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) WCC Policy 6.5 says, "[WCC] shall take appropriate steps to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse."

In their interviews with the Auditor, the intake staff members stated that if a detainee with low vision were to be processed, the intake staff member would read the transcript of the PREA education video to the detainee and ensure comprehension. They said the same would be done for detainees with a cognitive disability. In the case of a detainee with limited or no hearing, they would have the detainee read the transcript of the video and confirm in writing that the detainee understood the contents. The facility also has TTY (teletypewriter) devices available for use by hearing impaired detainees. The Facility Administrator and PSA Compliance Manager confirmed this process in their interviews.

The Auditor interviewed one detainee with a physical disability. He said he has had his physical disability for a number of years, that he needed no additional accommodations and was able to comprehend all materials presented to him during processing.

(b)(c) WCC Policy 6.5 states it will accomplish accommodations by, "providing access to in-person telephonic, or video interpretive services that enable effective, accurate and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary," and by, "providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication."

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

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

While observing the processing of nine detainees, the Auditor spoke at length to an intake officer, who walked through the intake process, including demonstrating the access to ERO Language Resources via cellular telephone. The intake officer only spoke English and said that she routinely uses interpretive services to complete the intake process for detainees. The Auditor watched intake officers utilizing the language interpreter services for six of the detainees processed, and each ensured they received an affirmative response from detainees before moving on to the next subject to be reviewed.

In his interview, the Facility Administrator emphasized the need for reliable interpreter services because such a small percentage of detainees are English-speaking. He was confident that all of the staff at the facility were familiar with accessing interpreter services since it is a routine aspect of their daily duties. In interviews with the 12 randomly selected staff, all had knowledge of not only the

interpreter services available to staff and detainees, but each were able to acknowledge the presence of the PREA postings and ERO language service information in the housing units.

The Auditor utilized Language Services Associates, contracted by Creative Corrections, to conduct the detainee interviews. Of the 22 detainees interviewed, which were LEP, 21 said they received information in writing regarding PREA that they could understand. One detainee stated that he can understand the French language (which was the language used for the interview, but that he could only read the language of Wolof. He said he received an ICE National Detainee Handbook in French but can only read some phrases. He said to date, he has always been housed with at least one detainee who can speak Wolof and has used them to translate passages from the French handbook when necessary. He specifically said he was knowledgeable about the language translation lines and would utilize them if he did not have another resource for translation or ask staff for assistance in accessing the service. The Auditor learned while speaking with a representative with Language Services Associates, that Wolof is not a common language, and that although Wolof interpreters are available, an appointment is typically needed to guarantee translator availability.

Of the five allegations reviewed, files were documented that four of the detainees interviewed during the investigative process required the services of Spanish interpreters. These files where the Spanish speaking detainees were involved clearly indicated that an interpreter was used, and their written statements were translated.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d) WCC Policy 6.5 states, "Winn Correctional Center is prohibited from hiring anyone who may have contact with detainees, and shall not enlist the services of any contractor/volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. [WCC] when considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. [WCC] consistent with law, shall make its best effort to contact all prior institutional employers of any applicant for employment, to obtain information of substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse."

WCC Policy 6.5 also states, "[WCC] shall conduct criminal background checks and make its best effort to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers at least every five years." In her interview with the Auditor, the HRM said that the facility utilizes the ICE OPR Personnel Security Operations (PSO) to conduct the background investigations on any applicant, employee, or contractor with the agency. The facility conducts a criminal history background check for all prospective applicants which is the first level of clearance. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity.

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

During the background process, the applicant, employee, or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard; these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. During staff interviews at the facility, the Auditor confirmed that all contractors and employees were also asked these questions prior to being hired. The Auditor reviewed two personnel files of employees who were promoted during the audit period, and both contained documentation that they were asked the misconduct questions prior to their promotion in subpart (a). WCC Policy 6.5 requires that, the facility "impose upon employees a continuing affirmative duty to disclose any [misconduct covered in subpart (a)]. The HRM confirmed that employees are advised of this policy when they complete the authorization form to have their background check completed and are required to read the policy during orientation. During staff interviews, the Auditor confirmed that employees are aware of their continuing affirmative duty to report any misconduct.

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

The Auditor completed a PREA Audit: Background and Investigation for Employees and Contractors DHS Facilities form and submitted to the PSO for verification that background investigations were conducted and were current; this request included 10 LaSalle Corrections employees and 3 ICE employees who have access to detainees. 5 CFR 731, and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor confirmed the background investigations and five-year reinvestigation for the 13 randomly selected staff members at the facility. All of the backgrounds were in the specified time limit of five years.

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

(e)(f) WCC Policy 6.5 states that, "Material omissions regarding [misconduct covered in subpart (a)], or the provision of materially false information, shall be grounds for termination." The HRM confirmed this policy and practice in her interview with the Auditor.

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

Based on information provided in an email by the OPR PSO (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. WCC Policy 6.5 states, "unless prohibited by law, the [WCC] shall 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 employee has applied to work." The HRM confirmed this policy and practice in her interview with the Auditor.

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

The Auditor randomly selected 10 employee files and inspected each for appropriate documentation regarding this standard. The Auditor observed that all contained the pre-employment PREA screening acknowledgement. The documentation review also consisted of an inspection of annual evaluations performed by facility management, which contain a form signed by the staff member affirming they have not been involved in any misconduct.

The Auditor discussed the hiring and promotional processes with the Facility Administrator and the PSA Compliance Manager. Each demonstrated a thorough knowledge of the policy and confirmed that anyone who has any substantiated finding in a case regarding sexual abuse, sexual assault, or sexual harassment would automatically be disqualified from the hiring process.

In his visual inspection of randomly selected personnel files, the Auditor found that every file was flawless, neatly organized and all documentation to verify this standard was easily located. During the interview, the HRM was extremely knowledgeable and conveyed a solid understanding of the requirements for hiring and promotion.

\$115.18 - Upgrades to facilities and technologies.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) WCC Policy 6.5 states, "[WCC] shall consider the effect any (new and upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect individuals in a LaSalle Corrections Facility from Sexual Abuse."

In the facility's ongoing assessment of facility security and safety needs, the PSA Compliance Manager said that the facility leadership team identified numerous blind spots in the facility, a lack of continuity in video surveillance technology, and areas of the facility which did not have video coverage. WCC has embarked on a comprehensive overhaul of the video surveillance system, which began the day of the onsite audit.

WCC provided a highly detailed plan, (b) (7)(E), and the replacement of many others. The Auditor reviewed the plan and found it to be extremely comprehensive, thoughtful, and thorough. The Auditor also interviewed the installation manager of the system, (b) (7)(E). He said the system will have the capacity to store video footage for up to six months and will be entirely digital. He said designated staff would have the ability to view images on their office computers, or remotely using a mobile application. The installation manager said the project should be completed and operational by September 2022.

The Facility Administrator said that video monitors will be accessible in the Key Control centers of each housing building, along with the main control in the Administration building.

Based on the Facility Administrator's response to a significant security need to enhance sexual safety at the facility, the complexity and thoughtfulness of the new system, coupled with the investment into significant storage capabilities for the new system, WCC far exceeds what would be expected in a new video surveillance system.

§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) WCC Policy 6.5 establishes that WCC staff shall follow a uniform evidence protocol and details steps to be taken that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol was developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable. The Facility Administrator and PSA Compliance Manager both confirmed in their interviews that the facility strictly follows protocols which have been developed and coordinated with DHS and approved by the Acting AFOD, as confirmed by the Auditor in interviews with the Acting AFOD and PSA Compliance Manager. Interviews with the PSA Compliance Manager and the facility investigator confirmed that only administrative investigations are conducted by the facility investigator and that allegations with a criminal element would be referred to the Winn Parish Sheriff's Office. The facility investigator further explained during his interview, evidence collection and retention protocols consistent with the investigations specialized training; Winn Parish Sheriff's Office would collect evidence in a criminal investigation.

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

(b)(c)(d) WCC Policy 6.5 states, "[WCC] shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address victims' needs most appropriately. [WCC] shall make available, to the full extent possible, outside victim services following incidents of sexual abuse; [WCC] shall also attempt to make available such victim services for any individuals identified as having experienced sexual victimization prior to entering DHS Custody."

In addition to offering advocacy services through a memorandum of understanding (MOU) with Trinity Health Center for advocacy services, the Facility Administrator and PSA Compliance Manager both stated that four staff members have been identified and trained in providing advocacy services to detainees if services were not available from Trinity. The Auditor observed telephonic contact information for Trinity Services in all housing areas of the facility.

The Auditor telephonically interviewed a representative from Trinity Health Center, who stated that they indeed would provide services to detainees from WCC.

As it relates to access to forensic medical examinations, WCC Policy 6.5 says "Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence."

WCC provided an MOU with the Winn Parish Medical Center to provide medical services to detainees from WCC. The MOU states that if a SANE is needed, the detainee would be referred to St. Frances Cabrini Medical Center for the exam. The Auditor confirmed this process through telephonic interviews with both Winn Parish Medical Center and the Cabrini Medical Center.

During their interviews with the Auditor, facility medical staff personnel stated that they would not perform sexual assault exams and that any detainee requiring a forensic exam would be transported to Winn Parish Medical Center for initial examination, and if a SANE examination were required, the detainee would be referred to Cabrini Medical Center. Each medical staff member interviewed told the Auditor their only treatment would be for any other traumatic injury suffered by the detainee.

WCC Policy 6.5 states that victims would be provided an outside or internal victim advocate, including victim advocacy services offered by a hospital conducting forensic exams, and the advocate shall be allowed to be present for support during a forensic exam and investigatory interviews. This was confirmed by the Auditor in his interview with the PSA Compliance Manager.

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

\$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) WCC Policy 6.5 says, "The LaSalle Corrections [WCC] shall ensure all allegations of Sexual Abuse and Sexual Harassment are referred for investigation to a law enforcement 'Winn Parish Sheriff's Office' [with] legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals." The Auditor interviewed the Facility Administrator and PSA Compliance Manager and they both confirmed that the facility is responsible for conducting administrative investigations and that allegations of a criminal nature would be referred to Winn Parish Sheriff's for investigation. The Facility Administrator further confirmed that notification would be made to the Deputy FOD, Assistant Officer in Charge, and the SDDO with ICE/ERO.

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

(b) WCC Policy 6.5 says "The agency shall retain all written reports referenced [in this policy] for as long as the alleged abuser is incarcerated, or employed by the agency, plus five years."

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

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

(d) WCC provided a memo signed by the Facility Administrator, which stated that WCC had no allegations that required a criminal investigation during the audit period. The memo goes on to say that "All criminal investigations will be referred for criminal investigation to the Winn Parish Sheriff's Office." In their interviews with the Auditor, both the Facility Administrator and PSA Compliance Manager stated all allegations are reported by the Facility Administrator to the Deputy Field Office Director, Assistant Officer in Charge, and the Supervisory Detention and Deportation Officer with ICE/ERO.

The Auditor reviewed the investigative files for five allegations received during the audit period. None of the allegations appeared to contain criminal behavior, and although one was referred to the sheriff's office, no criminal behavior was identified, and they did not investigate. All five were investigated by the facility and promptly reported to the agency.

(e)(f) In their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager each said that all allegations would be immediately reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD. In addition, if the incident is potentially criminal, and a staff member, contractor, volunteer, or detainee is alleged to be the perpetrator of sexual abuse, the incidents are reported to the Winn Parish Sheriff's Office for criminal investigation.

The Facility Administrator told the Auditor in his interview that the facility investigator is extremely knowledgeable about the investigative process, and keenly familiar with notification protocols. He said that he and the PSA Compliance Manager speak regularly about any open PREA investigations, and that the PSA Compliance Manager does an excellent job of keeping him apprised of all investigations.

Each of the five cases reviewed by the Auditor was organized, with acceptable investigative techniques and use of evidence (video surveillance footage) to help support the findings. All notifications were made within the prescribed timelines in policy and the review processes were thorough and complete.

\$115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) WCC Policy 6.5 states, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, for employees that may have contact with detainees and shall include: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' right to be free from

sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) The investigation process and how to ensure that evidence is not destroyed; (11) Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; (12) how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; (13) Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and (14) Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault."

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

(b)(c) Training is completed annually. The completion of training was verified by the Auditor through interviews with the Training Manager and by reviewing signed training certification forms, both electronic and hard-copy training files. WCC Policy 6.5 requires that the facility "maintain written documentation verifying employee, volunteer, and contractor training." The facility documents the training on a roster; the training ensures staff members and contractors understand LaSalle's and ICE's current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials; these were provided to the Auditor during the pre-audit process. The Auditor further reviewed the training retention schedule for the facility, which indicates the records are retained for five years. This was confirmed during the review of training records that dated back five years.

The Auditor confirmed in his visit to the Training Center that the hard-copy training records are maintained in locked filing cabinets in the facility's secure Training Center.

During the staff interviews, the Auditor verified that all 14 interviewees (randomly selected staff and supervisory staff) had received the requisite PREA training. Each was able to verify that they had viewed the training, or received education in person, and were able to articulate their responsibilities under the standards.

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

§115.32 - Other training.

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

Notes:

(a)(b)(c) WCC Policy 6.5 requires all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures.

In his interview with the Auditor, the PSA Compliance Manager stated that due to COVID-19, the facility is not employing any volunteers.

The facility has trained all contractors who may have contact with detainees on their responsibilities under the facility's zero-tolerance policy, and their obligation to immediately report such incidents. The training is dependent upon the level of service they provide and the level of contact they have with the detainees. PRN (pro re neta, or "as needed") contracted nurses, hired to supplement LaSalle Corrections nursing staff, are the only contractors at the facility.

The training is documented by the facility Training Manager, and the contractor acknowledges receipt of the training. During the interview with the Training Manager, he confirmed that the training took place and provided the Auditor with the signed acknowledgment forms. During the onsite audit, the Auditor interviewed two contractors who confirmed they received the training and understood their responsibilities under the WCC Policy 6.5.

The Auditor reviewed WCC's Volunteer/Contractor Orientation and Training Manual and found it to be extremely comprehensive, containing all required training topics per the PREA standards, and is an excellent resource guide for contractors and volunteers.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c) WCC Policy 6.5 outlines the facility intake process that ensures all detainees are notified of the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators, definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual activity. The facility also informs detainees of reporting methods which include reporting to staff, the DHS OIG, and the DRIL. This includes the prohibition against retaliation, an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

WCC Policy 6.5 states that "Detainees shall be informed about [WCC] sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands." According to Intake staff, the vast majority of LEP detainees speak Spanish, and the orientation video is produced in English and Spanish.

In their interview with the Auditor, an intake staff member stated that in the event a detainee does not speak English or Spanish, or has a disability (cognitive, hearing, sight), a transcript of the video is provided in a manner the detainee can understand. In the event the detainee has a visual impairment, the transcript would be read to the detainee in a language they could understand, using telephonic interpretive services, if necessary. If a detainee is hearing impaired, they would be provided a transcript to read, and then would ensure in writing they understood the material. The intake staff explained to the Auditor that individualized decisions would be made to ensure that each detainee understands the information provided.

WCC Policy 6.5 requires a signed acknowledgment indicating receipt of the DHS-prescribed Sexual Assault Awareness Information (SAAPI) pamphlet, a WCC detainee handbook, and an ICE National Detainee Handbook be kept in the detainee's detention file. The Auditor reviewed 10 detainee files and observed documentation signed by each detainee acknowledging receipt of this information during orientation. The Auditor observed the intake process for nine detainees. For those that were LEP (six), Spanish language services were utilized, and in each case, the intake officer ensured the information was understood by the detainee before moving on to the next topic.

(d) The facility has posted notices in all housing units of the DHS-prescribed sexual assault awareness notice; the PSA Compliance Manager contact information; and name of local organizations that can assist detainees who have been victims of sexual abuse. These postings are in limited languages and cannot be read by detainees that do not read Spanish and English. However, this information is available to detainees through the WCC detainee handbook, which has been translated into seven languages (English, Spanish, French, Haitian Creole, Arabic, Russian, and Portuguese).

(e) The facility provides the DHS-prescribed SAA pamphlet in English and Spanish. This pamphlet is also available in seven other languages, other than English and Spanish. During the onsite audit, all nine languages of the pamphlet were available for distribution to detainees during orientation.

According to interviews with intake staff, if they did not have an ample supply of the pamphlets, they have access to PDF files, which can be printed on an individual basis and distributed to detainees during orientation. In the 26 interviews with detainees, all 26 said they had received the materials required in this standard. However, there appears to be a disconnect in associating the term PREA, or the words "Prison Rape Elimination Act." The acronym and full phrase were not recognizable to 19 of the 22 LEP detainees interviewed. When a deeper explanation was provided (through translation services), the information was understood, and the detainees acknowledged they had received the information.

(f) The ICE National Detainee Handbook is available in 14 languages (English, Spanish, Arabic, French, Haitian Creole, Punjabi, Hindi, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese), many of which are kept on hand in the intake area. If not readily available in printed form, the additional languages of the ICE National Detainee Handbook are available in PDF files as observed by the Auditor, which can be printed and provided to the detainee.

Of the 22 LEP detainees, 21 indicated they had received the ICE National Detainee Handbook in a language they could read. The one detainee who said he could not read the handbook supplied to him, stated he had received a handbook in French, a language he can understand, but cannot read. The detainee reads only the language of Wolof, for which there is not a detainee handbook available. He told the Auditor that he has always been housed with another detainee who speaks and reads both French and Wolof and has used him to translate written materials.

§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) WCC Policy 6.5 states that allegations at the facility must be investigated by qualified facility investigators. Each of the facility investigators participated in online training courses that provide them the information on how to investigate sexual assault and harassment, interacting with traumatized victims, cross-agency coordination, evidence collection and retention. The investigators provided certificates indicating completion of the training.

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

The Auditor interviewed one of the facility investigators during the onsite audit (along with the PSA Compliance Manager, who is also a trained investigator) and viewed their training certificates. The PSA Compliance Manager had conducted two of the investigations reviewed by the Auditor, and the other investigator had conducted the other three.

The PSA Compliance Manager and the other facility investigator, both demonstrated competency of the investigative process based on the Auditor's review of their investigative reports in the five cases reviewed, and the information conveyed during their interviews. Each of the investigative reports was thorough, well organized and provided documentation and evidence to support the finding.

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

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

Notes:

(a)(b) WCC provided a memo from the Facility Administrator stating there are no ICE Health Service Corps/United States Public Health Services (IHSC/USPHS) medical staff at the facility, which he confirmed in his interview. Medical and mental health employees are not DHS or agency employees, so these provisions are N/A.

(c) WCC Policy 6.5 requires that training for medical and mental health care staff cover at a minimum the following topics: how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse.

Training records were made available to the auditor for those medical staff interviewed. The auditor found the training records to be complete and cover not only the topics required from general PREA training, but also the specialized material for medical and mental health staff.

The auditor reviewed the training materials stated above and found that the lesson plan meets the requirements of provision (b) of the standard. This was further confirmed during the interview with the facility Training Manager. The WCC HSA provided the Auditor with the training certificates for medical and mental health staff. The facility's Policy 6.5 was reviewed and approved by the agency on April 4, 2021.

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

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) WCC Policy 6.5 outlines the process utilized to assess a detainees' risk of victimization or abusiveness. The facility screens all detainees within twelve hours of arrival utilizing the WCC PREA Risk Assessment tool to identify those likely to be sexual aggressors or sexual victims, and houses detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger.

Based on interviews and conversations with Intake and Medical Staff, the normal process is to have the detainee screened by medical following the initial intake process, and if this does not occur, the detainees are kept separate from the general population until this process has taken place. It was explained by both intake and medical staff that form 14-7A, section III of the WCC PREA Screening Checklist is completed by the intake officer, and then the form follows the detainee to medical where section II of the form is completed by Medical Staff. A complete health screening is conducted by Medical Staff before the detainee is housed. If a large group arrives at the facility for processing, half of the group is processed by the intake staff, while the other half are screened by Medical. The two groups then complete the other half of the process before being housed. The original WCC PREA Screening Checklist is placed in the detainee's medical record and a copy is placed in the detainee's master file. The Classification Manager

confirmed that the completed Checklist is reviewed by classification prior to filing the document. The facility medical personnel confirmed during interviews that they utilize the ERO Language Services 24-hour Language Line for interpretation with LEP detainees, to complete the risk screening documentation. The Auditor observed the processing of nine detainees at intake which included a portion of the risk screening process but did not observe the screening process in the medical clinic, due to logistics and timing.

The Auditor reviewed screening documentation for 10 detainees through file review and verified that the initial screening and classification are taking place within the specified timeframe. The Auditor also interviewed a total of 26 detainees; all stated they had been assessed at intake.

(c)(d) The WCC PREA Risk Assessment tool was reviewed by the Auditor, and takes into consideration whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's concerns about his or her physical safety. Additionally, the intake staff completes section III on the risk assessment tool which takes into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. This information is obtained through conversation with the detainee and review of historical information available to the intake officer. The initial screening documents used by intake staff and medical staff were reviewed by the Auditor and contain specific questions regarding all aspects of subsection (d).

(e)(g) The PSA Compliance Manager and Classification Manager at the facility confirmed during interviews that the WCC PREA Vulnerability Questionnaire is utilized to reassess the detainees between 60 and 90 days, following an incident of abuse or victimization, or if warranted based upon receipt of additional information. These assessments are conducted by the Classification Manager. They also confirmed that the information collected on the questionnaire is not available to the general staff, and is limited to medical, mental health, and case managers.

The Auditor reviewed screening and reassessment documentation from 10 randomly selected detainee files during the onsite audit and verified that both are taking place within the specified timeframe. Of the 26 detainees interviewed, three had been at the facility for more than 60 days. All three indicated in their interviews with the Auditor that a reassessment had been completed, which was confirmed by the auditor in a review of their detainee files.

In a review of the five investigative files, it was determined that none of the alleged victims and perpetrators of sexual abuse were reassessed for risk of victimization or abusiveness as prescribed by this standard. Subsequently, the facility was unable to produce evidence that these reassessment screenings took place.

Does not meet (e): Based on a thorough review of all documentation and investigative files provided by the facility, coupled with interviews of WCC staff and detainees, the Auditor has determined that the facility is not in compliance with this standard. To become compliant, the facility must do the following:

- Any alleged victims and perpetrators from the five cases still in ICE custody must be reassessed immediately, and those results provided to the Auditor;
- Documentation that subsequent alleged victims and perpetrators of sexual abuse have been reassessed for risk of victimization or abusiveness;
- Ensure facility procedures require this reassessment element; and,
- All WCC staff responsible for conducting reassessments of alleged victims and perpetrators, including the PSA Compliance Manager, be retrained on the requirement of conducting reassessments for risk of victimization and abusiveness of all alleged victims and perpetrators, and provide documentation that the training has been completed.

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

§115.42 - Use of assessment information.

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

Notes:

(a) WCC Policy 6.5 states that the information from the PREA Risk Assessment shall be utilized to inform the assignment of detainees to housing, recreation, activities, and voluntary work. The PSA Compliance Manager stated in his interview that these determinations are made on an individual basis. During the review of 10 detainee files, the Auditor determined that based on the information collected from the detainee, or what was known of the detainee's history, individual determinations were made on housing, programming, and voluntary work assignments.

(b) The PSA Compliance Manager stated that when making an assessment and housing decision for a transgender or intersex detainee, the facility considers the detainee's gender self-identification and how any placement will affect the detainee's health and safety at the facility. Detainees can be housed in the medical area, if necessary, while the facility, including medical and mental health professionals, determine the best housing option. WCC Policy 6.5 states that, "[m]edical and mental health professionals shall be

notified as soon as practicable on [the transgender or intersex detainee's housing] assessment." The placement of a transgender or intersex detainee is reassessed at least twice each year to review any threats to safety experienced by the detainee. The PSA Compliance Manager confirmed during his interview that the facility has not housed any transgender or intersex detainees during the audit period; therefore, no assessment documentation was available for the Auditor's review. The PSA Compliance Manager also confirmed that the placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of his/her gender and self-assessment of safety is always taken into consideration, and all placements are consistent with the facility's safety and security. The medical staff conducts initial assessments and consults with mental health when a detainee identifies as transgender or intersex and the information is shared with the PSA Compliance Manager, Classification Manager. This was confirmed by the Auditor during interviews with medical and mental health staff.

(c) WCC Policy 6.5 states "Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." Random staff interviews conducted by the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. Staff explained that they would have the detainee shower when other detainees were locked down (such as after lights out), or they have the option to allow the detainee to shower in medical. The Facility Administrator and PSA Compliance Manager also confirmed that they would assign a female DO to the housing area where a transgender or intersex detainee would be housed.

§115.43 - Protective custody.

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

Notes:

(a)(e) WCC Policy 6.5 governs the management of the administrative segregation unit and those detainees placed in protective custody. These procedures were developed in consultation with the ERO FOD. The PSA Compliance Manager stated that they would document specific details for the placement of an individual in administrative segregation on the basis of vulnerability to sexual abuse or assault, and as per policy notify the ICE AFOD within 72 hours.

(b)(c) Policy 6.5 states that the use of administrative segregation to protect vulnerable detainees is restricted to those instances where a "determination has been made that there is no available alternative means of separation from likely abusers." The facility would assign detainees to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged; this would not last more than 30 days. The detainees would be provided access to programs, visitation, counsel, and other services available to the general population, as articulated by the PSA Compliance Manager in his interview.

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

(d) An Administrative Segregation I-888 assessment form is completed within 24 hours by a supervisor and emailed to the PSA Compliance Manager, and the status is reviewed within 72 hours by a security staff supervisor. The PSA Compliance Manager would conduct this review within 7 days, and every week after that for the first 30 days, and every 10 days after that.

WCC provided the I-888 form for one detainee who was placed in administrative segregation at his request due to the perception of other detainees that he was gay. He denied being gay but feared for his safety. The Auditor reviewed the entirety of his segregation record and it reflected that the detainee was in protective housing for a period of nine days, prior to his release from the facility. The Auditor also reviewed the contents of the detainee file and based on its inspection; the documentation reflected that all elements of the standard had been met.

The Facility Administrator and PSA Compliance Manager were interviewed, and each had a thorough understanding of administrative segregation as it pertains to this standard.

§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) WCC Policy 6.5 establishes the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions on how detainees may contact their consular official, the DHS, OIG or DRIL, confidentially and, if desired, anonymously, report these incidents.

The facility has also developed internal reporting avenues where the detainees can report directly to a staff member, through a request slip, medical slip, grievance form, or through electronic tablets available to all detainees.

During the onsite audit, the Auditor observed consular posters prominently displayed in each housing unit. The Auditor also observed signage near the phones in every housing unit that included easy to follow instruction on how to call the DRIL, PREA Hotline, OIG, and other services available to detainees. Additionally, the Auditor observed posters providing information from the Trinity Health Center organization. The information in the housing areas is provided in English and Spanish. For those detainees who do not understand English or Spanish, the information on how to contact the DHS OIG, or DRIL is available in the ICE National Detainee Handbook in French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese.

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

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

In interviews with 26 detainees, 25 said they had seen the consular phone list, or knew how to reach their consular office. Of the 26, all acknowledged there were telephone numbers available to them, which are posted in the housing areas above each bank of phones to report PREA incidents.

(c) WCC Policy 6.5 states that "staff must accept all reports made verbally, in writing, anonymously, and from third parties and will promptly document any reports and notify through the chain of command the Facility Administrator and the Field Office Director."

During the onsite audit, the Auditor reviewed the five investigative files and determined that all five allegations were made directly to security staff by the alleged victims. There was no documented evidence that other reporting mechanisms were used by detainees.

The Auditor interviewed officers and supervisors and found they understood their obligation under this standard, and stated they would accept all reports made verbally, in writing, anonymously, and from third parties, and document any verbal reports made to them.

§115.52 - Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) WCC Policy 6.5 and the WCC detainee handbook address the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance; the grievance would be considered under the emergency grievance procedure, and no informal grievance procedures are applied.

The Grievance Coordinator was interviewed and stated that there are no time limits for sexual abuse grievances, and if they receive a grievance of this nature, it would immediately be reported to the Facility Administrator and the PSA Compliance Manager for investigation. The Auditor's review of the five allegations reported, and interview with the Grievance Coordinator, confirmed there were no sexual abuse allegations received through a grievance during the audit period. A locked grievance box is located in each housing building as observed by the Auditor during the onsite audit. Grievances may also be filed via electronic tablets which are in each housing area. The Grievance Coordinator stated that since their installation, the tablets have become the preferred manner for detainees to file requests and grievances. He stated that grievances from the locked boxes are picked up daily by supervisors and that he addresses any grievance he receives (both electronic and paper), reviews and responds at least informally within 24 hours to the detainee.

(c)(d) WCC Policy 6.5 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Grievance Coordinator confirmed that the Facility Administrator and PSA Compliance Manager would be immediately notified, and they would then take immediate corrective action to protect the detainee. They further stated that any medical emergencies would be brought to the immediate attention of proper medical personnel.

(e) The WCC grievance form states that a decision shall be issued within five days of receipt and that any appeal would be responded to within 30 days. The final grievance decision would be forwarded to the FOD. The facility Grievance Coordinator and the PSA Compliance Manager confirmed this procedure. However, WCC Policy 6.5 states "A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance, which is inconsistent with grievance form and the requirements of subpart (e).

Does Not Meet (e): The facility policy states the facility has 90 days from the initial filing of a grievance to respond which does not meet the requirements of this standard. To become compliant, the facility must update their procedures and process to require a decision on a sexual abuse grievance be issued within 5 days of receipt and shall respond to an appeal of the grievance decision within 30 days to be consistent with the requirement of this subpart.

(f) Policy 6.5 and the WCC detainee handbook state that "a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives when preparing a grievance." The interviewed staff understood their obligations to expedite a grievance, and to assist if necessary.

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

During the interview of 26 detainees, 25 stated they were aware they had the ability to file a grievance at the facility. The one detainee who stated he did not know how to file a grievance acknowledged that he had a detainee handbook in his possession. The Auditor informed the detainee that instructions were in the handbook if they were necessary because he was unaware that the information was there since he had not needed to file a grievance. None of the detainees interviewed said they had ever filed a grievance. Based on a memorandum provided by the facility, WCC has not had any grievances filed within the audit period for sexual abuse. The PSA Compliance Manager further confirmed this in his interview.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The facility has entered into an MOU with Winn CHC to provide expertise and support in the areas of crisis intervention, counseling, investigation, and prosecution of sexual abuse perpetrators. WCC Policy 6.5 states, "[WCC] shall make available, to the full extent possible, outside victim services following incidents of sexual abuse. [WCC] shall also attempt to make available such victim services for any individuals identified as having experienced sexual victimization prior to entering DHS custody. [WCC] shall provide postings in all housing units with the community resource mailing address and telephone numbers (including toll-free hotline numbers were available)."

Winn CHC information, including mailing address and contact number, are posted in the housing units as observed by the Auditor during the onsite visit, and further provided to victims of sexual abuse.

During the interview with the PSA Compliance Manager, he stated that all victims of sexual abuse are given the contact information for Winn CHC, and informed that they could contact them at any time. He further confirmed that at the same time they would be informed of the LaSalle Corrections procedures which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In each of the facility housing areas, the Auditor observed the ICE Zero Tolerance Posters. The poster informs detainees that all telephone calls are subject to monitoring and that "the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

In the 26 random detainee interviews, 22 said they were specifically aware of advocacy services available to them. The four detainees who denied knowledge of the services said that they either had not seen the contact information in the housing area or had not read the information provided to them at intake. The Auditor reviewed the five closed investigative files during the audit period, and each indicated that the detainees were given the contact information for Winn CHC and for Trinity Health Center, but due to confidentiality, it is unknown if they were utilized.

During the onsite audit, the Auditor spoke to staff at Winn CHC and Trinity Health Center via telephone and confirmed these procedures, including their mandatory reporting requirements.

§115.54 - Third-party reporting.

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

Notes:

The facility has established several methods for third-party reporting. The posters for the OIG, and ICE DRIL are posted in the visiting room and front entrance to the facility. LaSalle Corrections has placed reporting steps on their public website that say: "To report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any LaSalle facility or program or if you were previously housed in a LaSalle facility or program and needed to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." The Auditor's review of the ICE website, www.ice.gov/prea, and LaSalle website, <https://lasallemcorrections.com/safety>, confirmed the websites have third-party reporting information available to the public on behalf of detainees. During interviews with the Facility Administrator, PSA Compliance Manager, and randomly selected staff members, all acknowledged third-party reporting mechanisms available to detainees. All 26 detainees interviewed acknowledged at least one method for third-party reports to be made. In their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager stated there were no third-party reports received during the audit period.

§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) WCC Policy 6.5 outlines the requirement of all staff "to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." This same policy states that staff shall be trained on "appropriate reporting procedures, including a method by which staff can report outside the chain of command." The LaSalle Corrections website contains the following information specific to reporting: "Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment, including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At all LaSalle facilities, there are multiple options to file a report including, but not limited to any of the following: Contact the National Sexual Assault Hotline at 1-800-656-4673; Questions or inquiries may be sent to the Facility Administrator of the facility, report to any staff member either verbally or in writing or they may call the PREA hotline numbers or LaSalle PREA contact www.prea@lasallemcorrections.com."

The WCC Policy 6.5 was reviewed and fully approved by the Facility Administrator on April 4, 2021. The ERO New Orleans Field Office provided a memorandum dated April 1, 2021, that the WCC Policy 6.5 was reviewed and approved by the AFOD.

In his interview, the Facility Administrator acknowledged his role in reviewing and approving all policies. All 14 security staff members interviewed acknowledged they had avenues available to them to make reports and each stated they would make any report immediately upon having knowledge or information.

(c) WCC Policy 6.5 further states that "staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions."

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

(d) The facility does not house juveniles or family units. The PSA Compliance Manager confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in WCC Policy 6.5. The PSA Compliance Manager also confirmed that they have not made any notification of this type during the audit period.

§115.62 - Protection duties.

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

Notes:

WCC Policy 6.5 outlines that "if a facility staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate steps to protect the detainee."

During interviews with random security staff, all 12 officers stated that they would make the safety of the detainee their priority, ensure they were separated from the other detainees and contact their supervisor immediately.

During the two supervisor interviews, both stated that they could separate detainees through housing moves and or building moves. Any separation for these reasons would be immediately reported to the PSA Compliance Manager. In his interview, the PSA Compliance Manager stated that he would respond immediately or be available by phone to discuss the incident with the initial responders.

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

§115.63 - Reporting 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) WCC Policy 6.5 outlines the facility's obligations to report sexual abuse and assault allegations which occurred at another confinement facility. In his interview with the Auditor, the PSA Compliance Manager stated, and was confirmed in policy, that the facility would document the allegations, and the facility administrator would immediately contact the facility head where the allegation took place. This notification would be made immediately, and the ICE Field Office would be notified as soon as possible, but not more than 72 hours. The facility administrator would immediately document this notification, and copies would be forwarded to the PSA Compliance Manager. The PSA Compliance Manager confirmed that if an allegation were received from another facility, he would immediately begin an investigation as outlined in WCC Policy 6.5 and notify the ICE Field Office. He stated that none matching these criteria had been received during the audit period.

In their interviews, both the Facility Administrator and the PSA Compliance Manager acknowledged their responsibilities in reporting an allegation received that allegedly occurred at another facility within 72 hours. The Facility Administrator said that first notification would be made telephonically to ensure the facility had information as quickly as possible. He said the phone call would be immediately followed with an email, which would document that conversation and the information shared.

§115.64 - Responder duties.

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

Notes:

(a) WCC Policy 6.5, along with training received by the staff, outlines their response to a detainee who has alleged to have been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation from other detainees and make immediate notification to their supervisor. WCC Policy 6.5 states in part that "the first security staff member to respond to the report shall be required to preserve and protect, to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence." The policy also states, "If the incident occurred within a time period that still allows for the collection of physical evidence, do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking and eating."

The Facility Administrator and PSA Compliance Manager would be notified immediately; they would then contact the ICE Field Office and implement the PREA Coordinated Response Plan.

Fourteen randomly selected staff and supervisors were interviewed, and all had a substantial understanding on their duties as first responders. These interviews confirmed that the Facility Administrator and PSA Compliance Manager would be notified immediately; after which they would contact the ICE Field Office and implement the PREA Coordinated Response Plan.

(b) WCC Policy 6.5 outlines that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim and abuser not take any actions that could destroy physical evidence and then notify security staff.

A memorandum provided by WCC indicated that a detainee reported a PREA allegation to a nurse during the audit period. The Auditor reviewed all documentation related to the incident, including the investigative file, and found that all protocols were followed, and all notifications were made in a timely manner.

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

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

§115.65 - Coordinated response.

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

Notes:

(a)(b) WCC has developed a coordinated response plan outlined in WCC Policy 6.5, with guidelines for the facility to respond to sexual abuse incidents. The plan utilizes a multi-disciplinary approach which includes the first responders, medical and mental health practitioners, investigators, the PSA Compliance Manager, Facility Administrator, and any other staff deemed necessary by the Facility Administrator.

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

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

The facility provided a memorandum stating that the facility did not have an instance where a response from WCC to another facility in reference to a transfer of a sexual abuse victim. The Auditor asked the PSA Compliance Manager to confirm the contents of the memo. He stated there was not an instance during the audit period in which WCC needed to inform another facility of the transfer of a sexual abuse victim. The PSA Compliance Manager also stated that if a detainee is transferred to a facility not covered by subsection (c) of this standard, the sending facility shall inform the other facility (as permissible by law) of the incident and the victim's potential need for medical or social services, unless the victim states otherwise.

§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:

WCC Policy 6.5 states that all employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. A separation order requiring no contact will be documented by facility management via email or memorandum within 24 hours of the allegation.

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

These procedures were confirmed by the Auditor during the investigative case file reviews. In one of the five cases reviewed, a security staff member was temporarily reassigned from detainee contact until the investigation was completed. The investigation resulted in a finding of unsubstantiated and the security staff member was returned to his normal duties.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) WCC Policy 6.5 outlines the facility's protection against retaliation. The policy states that "[WCC] shall protect detainees and staff against retaliation for reporting sexual abuse, or for cooperating with an investigation into an allegation of sexual abuse."

The PSA Compliance Manager confirmed in his interview with the Auditor that they would utilize multiple protection measures, including housing changes, removal of staff, and emotional support services and that he is the designated person responsible for retaliation monitoring. The PSA Compliance Manager stated that for at least 90 days following a report of sexual abuse, he will monitor to see if there are facts that may suggest possible retaliation by detainees or staff. If this is indicated, the facility will act promptly to remedy any such retaliation.

The PSA Compliance Manager confirmed they would follow WCC Policy 6.5, which outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated, the monitoring will continue beyond the 90 days.

The Facility Administrator was interviewed by the Auditor and said that protection from retaliation was of paramount importance and that the facility took great strides to ensure detainee safety.

The Auditor inspected five closed investigative files from the audit period. In each case, the file contained a Protection from Retaliation Log, with detailed notes regarding each contact made with the detainee. In none of the files was there any indication that any retaliatory measures had occurred to the reporting detainee. The level of detail in each of the Protection from Retaliation Logs made it very easy for an outside observer to see that WCC takes seriously any potential retaliation.

The Auditor reviewed each of the aforementioned logs and found them to be thorough and completed within the required time frames of the standard.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c) WCC Policy 6.5 outlines the facility post-allegation protective custody. The detainee would be placed in the least restrictive, and supportive environment subject to the requirements of PREA Standard 115.43. They would not be held for more than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. If a detainee victim was held in protective custody after an incident, they would be reassessed before being returned to the general population. This information was confirmed by the PSA Compliance Manager in his interview with the Auditor.

In his interview with the Auditor, the PSA Compliance Manager indicated understanding the requirements for housing detainees under these circumstances; he further confirmed they had not had a detainee in post allegation protective custody during the audit period. Also, included was a blank Administrative Segregation I-888 Order, which was inspected by the Auditor.

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

(d) The policy further states that "the ICE Field Office Director will be notified no later than 72 hours after initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault;" this notification requirement was also confirmed through interviews with the PSA Compliance Manager and Facility Administrator.

§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) WCC Policy 6.5 outlines the facility investigator's responsibility to conduct prompt, thorough and objective administrative investigations into alleged sexual assault. The facility has two trained investigators to conduct administrative investigations.

The PSA Compliance Manager, who is also a trained investigator, plus the current facility investigator, stated in their interviews with the Auditor that all allegations are responded to immediately, and ICE is notified. If the allegation is criminal, they will stop the administrative investigation until a criminal investigation is conducted by the Winn Parish Sheriff's Office.

WCC Policy 6.5 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 DHS, and the assigned criminal investigative entity." The Auditor confirmed through interviews with the PSA Compliance Manager and the other facility investigator that if a criminal investigation were either unsubstantiated or substantiated, they would still conduct an administrative investigation after consultation with the OIG, OPR, and/or the sheriff's office.

The Auditor confirmed through his review of the five investigations that each were prompt, thorough, objective and completed by a trained, qualified investigator. The Facility Administrator was interviewed by the Auditor and demonstrated an excellent command of the investigative and notification process for PREA allegations.

(c) WCC Policy 6.5 states the investigative procedure for administrative investigations. This policy provides provisions for the following: "Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; and Documentation of each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the facility, plus five years."

The procedures in the policy govern the coordination of the administrative and criminal investigations, and procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation.

During interviews with the Auditor, both Facility Investigators confirmed the investigative procedures for the administrative investigations and reiterated that any administrative investigation would be coordinated with the criminal investigation as to not cause any interference that may jeopardize a potential criminal filing or prosecution. The investigators provided evidence in each case to support the finding and all notifications prescribed by ICE policy were made within requirements.

(e)(f) WCC Policy 6.5 states that "the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." The PSA Compliance Manager confirmed that the investigation would be conducted and continue regardless of the status of the abuser or victim being available. He further stated that if an outside entity conducted a criminal investigation, he would stay in contact with them to ascertain the progress of the investigation. This was further confirmed during the review of the investigative files, which corroborated that none were terminated due to either the alleged victim or abuser leaving employment, or control of the facility.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

WCC Policy 6.5 states that "The WCC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The PSA Compliance Manager, who is one of the facility investigators and was interviewed by the Auditor, stated that they do not impose any higher of a standard than a preponderance of the evidence. The Facility Administrator echoed this standard in his interview with the Auditor. Based on the Auditor's review of the five closed investigations, the facility is applying this standard of evidence appropriately.

§115.73 - Reporting to detainees.

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

Notes:

WCC Policy 6.5 outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator or designated staff to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed utilizing the Notification of Outcome of Allegation form. The detainee will receive the notification in person by the PSA Compliance Manager and sign the form.

If a criminal investigation takes place and the administrative investigation determination is different, an updated form will be provided to the detainee. The detainee would keep the original, and a copy is placed in the investigative file. An updated form would be provided to the detainee after the outcome of a criminal investigation. The PSA Compliance Manager and Facility Administrator confirmed this procedure in their interviews with the Auditor.

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

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

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) WCC Policy 6.5 outlines the facility response to staff discipline of a substantiated allegation of violating facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service.

The PSA Compliance Manager and HRM confirmed in their interviews with the Auditor that removal from their position is the presumptive discipline for a violation of the policy.

The PSA Compliance Manager confirmed that the facility would report all removals or resignations by staff prior to removal for violations of facility sexual abuse policies to the OIG and the Winn Parish Sheriff's Office, unless clearly not criminal. The PSA Compliance Manager further confirmed if the staff member was licensed, the licensing body would be notified. In her interview with the Auditor, the HRM was able to convey the same information as it relates to staff members.

The facility provided the Auditor with a memo stating that no staff members have been disciplined during the audit period, which was confirmed by the PSA Compliance Manager in his interview.

The Auditor reviewed the five closed investigative files for the audit period and confirmed that no investigation involving staff was substantiated.

The Auditor interviewed the Facility Administrator, and he confirmed the process and his involvement on any decision regarding staff. He confirmed that a substantiated investigation against a staff member regarding a PREA incident would be grounds for discharge.

§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) WCC Policy 6.5 addresses any contractors or volunteers who have engaged in sexual abuse. The policy directs the facility to prohibit the contractor or volunteer from having any contact with detainees, and that they shall "be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

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

(b)(c) The PSA Compliance Manager and HRM confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. They further stated that as per WCC Policy 6.5, the facility would take appropriate remedial measures; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards.

The PSA Compliance Manager, Facility Administrator, and HRM confirmed in their interviews with the Auditor, that if a contractor or volunteer violated any provisions of the standards, their security clearance would be immediately revoked.

The facility did not have any incidents of contractor or volunteer corrective action during the audit period, during his interview and as confirmed in a memo provided by the PSA Compliance Manager. This was further confirmed during the Auditor's review of the five closed investigative case files.

§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) WCC Policy 6.5 addresses the facility disciplinary sanctions following an administrative or criminal investigation that finds a detainee engaged in sexual abuse.

The disciplinary process outlined in WCC Policy 6.5 ensures that the discipline is, "commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future." The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure.

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

During the Auditor's interviews with medical and mental health staff, they stated that any detainee involved in a PREA incident, whether victim or offender, would be evaluated. The PSA Compliance Manager reiterated in his interview, as per policy, they would consider any mental disabilities or mental illness that may have contributed to the detainee's behavior when determining what type of sanction, if any should be imposed.

The Auditor reviewed the five closed investigations and determined one case involved disciplinary sanctions against a detainee. The Auditor reviewed all disciplinary documentation related to this case and determined that appropriate measures had been taken and were in compliance with PREA standards.

(e)(f) The PSA Compliance Manager stated that the facility would follow WCC Policy 6.5 for detainee discipline, which states that the facility will not, "discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact." He also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged

conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Facility Administrator was interviewed by the Auditor; he confirmed the facility's policies and practices as it relates to detainee discipline process.

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

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

Notes:

(a)(b)(c) WCC Policy 6.5 details the medical and mental health screenings for a history of sexual abuse. If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, they will be referred to a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but not more than 48 hours, and the mental health evaluation will occur within 72 hours.

The detainees at the facility are screened under DHS PREA 115.41 by medical personnel. If they experienced prior sexual victimization or perpetrated sexual abuse, they would receive any immediate medical attention as deemed necessary, but no later than two days after initiation. If mental health were available, they would see them immediately. If mental health staff are not immediately available, the detainee would be seen within 72 hours.

The Auditor confirmed this process through his interviews with medical and mental health staff. They also stated that they would notify the PSA Compliance Manager whenever a detainee was seen due to issues identified through this standard.

The Auditor formally interviewed a licensed social worker, who demonstrated thorough knowledge of the referral policies related to this standard. A nurse contractor interviewed by the Auditor demonstrated the same level of knowledge during the facility tour. The Auditor also interviewed three other medical staff members who articulated a clear understanding of the referral policies.

During her interview with the Auditor, the HSA recounted a recent case of a detainee who alleged a sexual assault that had occurred a few days prior to coming into ICE custody. WCC provided the detainee's file for review by the Auditor. This detainee was identified during the intake screening process and the Auditor's review of the file determined that all requirements of this standard were met within the prescribed time frames.

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

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

Notes:

(a)(b) WCC Policy 6.5 states that "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgement."

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

In their interview with the Auditor, medical staff confirmed that the above procedures would be followed. The facility has an MOU agreement with Winn CHC who would provide forensic medical exams and other medical services. The agreement was reviewed by the Auditor and confirmed with a phone call to the organization. Both the PSA Compliance Manager and a representative from the Winn CHC confirmed in their interviews with the Auditor that any services provided would be at no charge to the detainee. This care will be provided even if the detainee does not name the victim or participate with the investigation.

The facility provided a medical evaluation record for an alleged victim in an allegation of inappropriate touching. The case was determined to be non-criminal after interviews with the alleged victim and suspect and was not referred to law enforcement. The alleged victim was, however, immediately evaluated by facility medical staff.

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

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

Notes:

(a)(b)(c)(e)(f)(g) WCC Policy 6.5 outlines ongoing medical and mental health care following a sexual abuse allegation. The medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The medical and mental health services offered are consistent with the community level of care.

The detainee is offered tests for sexually transmitted infections; all of the treatment services are offered at no cost to the detainee. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse. During their interviews with the Auditor, this process was confirmed with the PSA Compliance

Manager and medical and mental health staff. A memo was provided to the Auditor indicating no substantiated cases occurred during the audit period; therefore, no ongoing services were provided to abusers.

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

(d) This provision is addressed in WCC Policy 6.5, which states that "Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." Although the facility did not house female detainees at the time of the onsite audit, medical staff and the PSA Compliance Manager confirmed in their interviews that these services would be provided to female detainees.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) Within 30 days of the conclusion of an investigation, per WCC Policy 6.5, the facility shall conduct an incident review of every investigation of sexual abuse; these investigations include substantiated, unsubstantiated, and unfounded.

During the audit period, the facility had four unsubstantiated allegations, and one substantiated allegation. The reviews are documented on the PREA After Action Review Report. As per policy, the report is submitted to the LaSalle Corrections PREA Director, ICE FOD, and agency PSA Coordinator within ten days of completion. The Auditor examined the form and found that it contained the necessary elements of this standard to be considered during the review.

The policy states all investigations and reviews are forwarded to OPR who are directed by 11062.2: Sexual Abuse and Assault Prevention and Intervention, section 5.10 Incident Review and Monitoring, to forward a copy to the ICE PSA Coordinator for review.

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

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

The Auditor reviewed the five incident reviews conducted on each case and determined all notifications were made appropriately, timely, and that reviews of the incidents occurred within 30 days of the conclusion of the investigation.

The Auditor inspected the five incident reviews, and one recommendation had been made as a result. In the one substantiated case, it was recommended that additional video surveillance in program areas would be beneficial. As stated in standard 115.18, a significant video surveillance upgrade was in progress at the time of the onsite audit.

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

(c) The facility provided the Auditor with the 2021 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2019 and 2020.

The Facility Administrator and PSA Compliance Manager confirmed to the Auditor that the incident and annual reports were submitted to the local PSA Compliance Manager, LaSalle Corrections PREA Director, ICE FOD, and the ICE PSA Coordinator, which is outlined in WCC Policy 6.5.

§115.87 - Data collection.

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

Notes:

(a) WCC Policy 6.5 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by the Corporate PREA Director. The PSA Compliance Manager collects and retains all data including case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary.

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

During his interview, the PSA Compliance Manager stated that all information is maintained in a locked filing cabinet in his secure office, which the Auditor observed during the facility tour. The established facility retention schedule is 10 years for these files.

§115.201 - Scope of audits.

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

Notes:

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

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

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

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

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

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)

Number of standards exceeded:	2
Number of standards met:	36
Number of standards not met:	2
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Mark McCorkle

6/7/2022

Auditor's Signature & Date

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

6/7/2022

Assistant Program Manager's Signature & Date

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

6/8/2022

Program Manager's Signature & Date

PREA Audit: Subpart A

DHS Immigration Detention Facilities

Corrective Action Plan Final Determination



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	Mark McCorkle	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	New Orleans
Field Office Director:	Mellisa Harper
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras Suite 325, New Orleans, LA 70113
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Winn Correctional Center		
Physical address:	560 Gum Springs Rd. Winnfield, LA 71483		
Mailing address: (if different from above)	Post Office Box 1435		
Telephone number:	(318) 628-3971		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	Jody Floyd	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(318) 638-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Quality Assurance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(318) 628-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found the WCC met 36 standards, exceeded in two standards (115.18 and 115.31), had one standard that was not applicable (115.14) and the facility did not meet two standards (115.41 and 115.52). As a result, the facility was placed under a 180-day Corrective Action Plan (CAP) period of June 8, 2022 to December 5, 2022, to address the non-compliant standards.

On Friday, August 23, 2022, the Auditor reviewed the ICE PREA CAP from the WCC related to standard 115.52, in which the Auditor made the determination that the facility now met this standard in all material ways.

On Thursday, December 1, 2022, the Auditor reviewed the ICE PREA CAP from WCC related to standard 115.41, in which the Auditor made the determination that the documentation provided by WCC satisfied what was necessary to demonstrate compliance and that the facility now met this standard in all material ways.

Number of Standards Met: 2

§115.41 Assessment for risk of victimization and abusiveness

§115.52 Grievances

The facility is now fully compliant with the DHS PREA Standards.

PROVISIONS

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

§115. 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:

(e)(g) The PSA Compliance Manager and Classification Manager at the facility confirmed during interviews that the WCC PREA Vulnerability Questionnaire is utilized to reassess the detainees between 60 and 90 days, following an incident of abuse or victimization, or if warranted based upon receipt of additional information. These assessments are conducted by the Classification Manager. They also confirmed that the information collected on the questionnaire is not available to the general staff, and is limited to medical, mental health, and case managers.

The Auditor reviewed screening and reassessment documentation from 10 randomly selected detainee files during the onsite audit and verified that both are taking place within the specified timeframe. Of the 26 detainees interviewed, three had been at the facility for more than 60 days. All three indicated in their interviews with the Auditor that a reassessment had been completed, which was confirmed by the auditor in a review of their detainee files.

In a review of the five investigative files, it was determined that none of the alleged victims and perpetrators of sexual abuse were reassessed for risk of victimization or abusiveness as prescribed by this standard. Subsequently, the facility was unable to produce evidence that these reassessment screenings took place.

Does Not Meet (e): Based on a thorough review of all documentation and investigative files provided by the facility, coupled with interviews of WCC staff and detainees, the Auditor has determined that the facility is not in compliance with this standard. To become compliant, the facility must do the following:

- Any alleged victims and perpetrators from the five cases still in ICE custody must be reassessed immediately, and those results provided to the Auditor;
- Documentation that subsequent alleged victims and perpetrators of sexual abuse have been reassessed for risk of victimization or abusiveness;
- Ensure facility procedures require this reassessment element; and,
- All WCC staff responsible for conducting reassessments of alleged victims and perpetrators, including the PSA Compliance Manager, be retrained on the requirement of conducting reassessments for risk of victimization and abusiveness of all alleged victims and perpetrators, and provide documentation that the training has been completed.

Corrective Action Taken (e): On December 1, 2022, the Auditor reviewed all documentation provided by the facility. A thorough examination revealed the documents contained the requested reassessments of detainees involved in an allegation of sexual abuse during the audit period, reassessments for three allegations received during the CAP period, or documentation reflecting the detainees had been released from ICE custody prior to the facility's opportunity to conduct the reassessments. The facility also provided documentation that confirmed the requested staff had been re-trained on the requirement of conducting reassessments for risk of victimization and abusiveness of all alleged victims and perpetrators. Based on a thorough review of all documentation provided by WCC, the Auditor has determined that the facility is compliant with this standard in all material ways.

§115. 52 - Grievances

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

Notes:

(e) The WCC grievance form states that a decision shall be issued within five days of receipt and that any appeal would be responded to within 30 days. The final grievance decision would be forwarded to the FOD. The facility Grievance Coordinator and the PSA Compliance Manager confirmed this procedure. However, WCC Policy 6.5 states "A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance, which is inconsistent with grievance form and the requirements of subpart (e).

Does Not Meet (e): The facility policy states the facility has 90 days from the initial filing of a grievance to respond which does not meet the requirements of this standard. To become compliant, the facility must update their procedures and

process to require a decision on a sexual abuse grievance be issued within five days of receipt and shall respond to an appeal of the grievance decision within 30 days to be consistent with the requirement of this subpart.

Corrective Action Taken (e): On August 23, 2022, the Auditor reviewed the CAP documentation provided by the facility, which contained updated policy with language that stated a decision on a sexual abuse grievance will be provided within 5 days of receipt to the detainee and a decision on an appeal will be provided within 30 days of receipt of the appeal. The facility reported there were no appeals during the CAP period to provide for the Auditor's review. Based on the facility's implementation of the reviewed policy, the Auditor has determined that the facility now meets this standard in all material ways.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Mark A. McCorkle
Auditor's Signature & Date

December 13, 2022

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

December 18, 2022

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

December 19, 2022