

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Dorothy Xanos	Organization:	Creative Corrections LLC
Email address:	[REDACTED]	Telephone number:	(813) 918-[REDACTED]

AGENCY INFORMATION

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

Name of Field Office:	El Paso Field Office
Field Office Director:	Marc J. Moore
ERO PREA Field Coordinator:	AFOD [REDACTED]
Field Office HQ physical address:	11541 Montana Ave, Suite E, El Paso, Texas 79936
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Cibola County Correctional Center		
Physical address:	2000 Cibola Loop, Milan, NM 87021		
Mailing address: (if different from above)			
Telephone number:	(505) 285-4900		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	Chad Miller	Title:	Warden
Email address:	[REDACTED]	Telephone number:	(505) 285-[REDACTED]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Rhonda Ayers	Title:	Chief of Unit Management
Email address:	[REDACTED]	Telephone number:	(505) 285-[REDACTED]

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) audit of the Cibola County Correctional Center (Cibola CCC) located in Milan, New Mexico was conducted December 4-6, 2018 by Dorothy Xanos, a PREA Auditor contracted through Creative Corrections, LLC. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards. The facility had been previously audited in January 5-7, 2015 to determine compliance with the Department of Justice (DOJ) PREA standards. The facility is operated by CoreCivic with a design capacity of 1,055 beds. This medium-level security facility houses three different detainee populations – U.S. Marshall, County and U.S. Immigration and Customs Enforcement (ICE) detainees. The ICE population consisted of 247 male and transgender individuals being held, processed and prepared for pending results of a judicial removal review. The audit begins with the notification that the PREA audit notification was posted at the facility through the ERAU Team Lead about three weeks prior to the date of the auditor's arrival. The posting of the PREA notices were verified during the tour and the notices were posted in the admission area entrance, visitation area, medical area, library/media area, intake/holding area, an interview room and the housing units. This auditor did not receive any communication from the staff, detainees, visitors, contractors, volunteers or interns as a result of the posted notices.

The point of contact was established through the External Reviews and Analysis Unit (ERAU) Team Lead [REDACTED] for Cibola CCC. [REDACTED] provided the completed Pre-Audit Questionnaire (PAQ) along with the facility's supporting documents including policies to this auditor through the ERAU SharePoint site 12 days prior to the on-site portion of the audit. Prior to the on-site visit to Cibola CCC, this auditor reviewed all documentation and materials submitted by the facility along with the data included in the completed PAQ. The documentation reviewed included agency and facility policies with corresponding attachments, procedures, forms, facility layout and other PREA related materials that were provided to demonstrate compliance with the DHS PREA standards. The supporting documentation that was submitted was missing several items (training information, pamphlet), however this was provided to this auditor during the on-site and after the on-site review at the facility.

On the first day of the on-site review, an entrance briefing was conducted by the ERAU Team Lead [REDACTED] followed by an introduction of all the individuals in attendance. The individuals in attendance were as follows: ERAU Team Lead [REDACTED], ERAU Team Member [REDACTED], ICE Enforcement and Removal Office (ERO) Prevention of Sexual Assault Coordinator [REDACTED], ERO Supervisory Detention and Deportation Officer (SDDO) [REDACTED], CoreCivic Warden Chad Miller, CoreCivic Chief of Unit Manager/Prevention of Sexual Assault (PSA) Compliance Manager Rhonda Ayers, and CoreCivic Quality Assurance Manager [REDACTED]. After the introductions, this auditor introduced herself and provided an overview of the audit process and a tentative schedule for the three days to include conducting interviews with the staff and detainees and reviewing documentation. Prior to the facility tour, the auditor was provided with a list of detainees sorted by housing units and detainees who met two identified categories from the required list of targeted detainee interviews. The required categories are detainees who identified as Limited English Proficient (LEP) and Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI). The facility did not have any other detainees identified in the other required categories: (i.e. detainee with a cognitive disability; youthful detainee; detainee in restricted housing for high risk of sexual victimization, physical disability (blind, deaf or hard of hearing), who reported sexual abuse, and who reported sexual victimization during risk screening). Also, the auditor was provided with a list of facility staff by CoreCivic Chief of Unit Manager/PSA Compliance Manager Rhonda Ayers. The auditor randomly selected staff and detainees to be interviewed during the on-site review from these lists.

Immediately following the random selection of staff and detainees, ICE designated areas of the facility were toured. The following staff accompanied this auditor on the facility tour: ERAU Team Lead, ERAU Team Member, both ERO staff, PSA Compliance Manager and Quality Assurance Manager. The facility tour consisted of all ICE designated areas: gatehouse, visitation, medical, chapel, both gymnasiums, intake area, two general population housing units, transgender unit, special housing unit, indoor/outdoor recreational areas, sally port area, control rooms and ICE building. The ICE building consisted of two court rooms, holding area, five attorney interview rooms, six asylum interview rooms, administrative offices and a staff training area. The facility has three ICE designated housing units ([REDACTED]). Both housing units [REDACTED] and [REDACTED] each have four pods. The first 2 pods in each housing unit have 19 cells with a capacity of 38 detainees per pod, day room, kiosk & telephones and shower/bathroom area. The remaining pods have an average of 40 beds in an open-bay dorm configuration with bunk beds, dayroom and shower/bathroom areas. Housing unit [REDACTED] contains a total of 66 beds consisting of: Pod [REDACTED] – 8 beds; Pod [REDACTED] – 16 beds; Pod [REDACTED] – 8 beds; Pod [REDACTED] – 16 beds; Pod [REDACTED] – 8 beds; and Pod [REDACTED] – 10 beds. Each pod had a dayroom with correctional tables and chairs. This housing unit had separate dayroom, library/law library, garden area, and beauty salon. The special housing unit (unit [REDACTED]) contains 3 pods ([REDACTED]) with 2 tiers of double occupancy cells. [REDACTED] Pods are designated as the special housing unit for segregated detainees. This unit contains 44 cells with a total capacity of 88 beds. In the special housing unit there are eight outdoor recreation cages. The top two tiers are used primarily for housing detainees in administrative segregation and protective custody status. The two bottom tiers house inmates in disciplinary segregation status, inmates pending disciplinary hearings and four cells are designated for ICE detainees. [REDACTED] Pod has 20 cells and 4 are designated for suicide watch.

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.

Cibola CCC has both ICE employees and contractors at the facility. There are [redacted] employees which consist of [redacted] security staff [redacted] and [redacted] contracted medical staff (Correct Care Solutions), including [redacted] mental health staff. After the tour, this auditor interviewed staff in an interview room that had a window which allowed for confidentiality, as well as a secure location. A total of [redacted] staff were formally interviewed including [redacted] staff from [redacted] shifts (various posts), [redacted] medical and mental health staff, a first responder, training supervisor, an individual from human resources, grievance coordinator, [redacted] intake and classification staff, investigator, contractor, Warden and PSA Compliance Manager during the first two days of the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the DHS PREA standards and were able to articulate their responsibilities and their mandated duty to report.

On the second and third days of the on-site review, a total of 22 detainees were randomly selected from all 3 housing units (general & transgender) and Special Housing Unit (SHU) from a detainee list provided by the PSA Compliance Manager for the interview process. However, one of the detainees declined to meet with this auditor and one of the pods was quarantined. All of the other pods within the housing units were represented. Eighteen out of 21 detainees interviewed required a language interpreter. The interpretive service used was Languages Services Associates (LSA) contracted through Creative Corrections, LLC and the language requiring the interpretive services for the interviews was Spanish.

There were 21 detainees who met 2 of the identified categories from the required list of targeted detainee interviews. The required categories are detainees who identified as LEP and LGBTI. The facility did not have any other detainees identified in the other required categories (i.e. detainee with a cognitive disability; youthful detainee; detainee in restricted housing for high risk of sexual victimization, physical disability (blind, deaf or hard of hearing), who reported sexual abuse, and who reported sexual victimization during risk screening). All detainee interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hotline, and the grievance process. Documentation review of investigation files revealed eleven of twelve were detainee-on-detainee incident types and the other investigation file was staff-on-detainee incident type. Two of the twelve investigation files reviewed were determined unfounded, three of twelve investigation files were determined substantiated, three of twelve investigation files were determined unsubstantiated and four of twelve investigation files were pending with one referred for prosecution.

An exit briefing was conducted on the third day with a summary of the findings. The exit-briefing was opened by ERAU Team Lead [redacted] and then turned over to this auditor for an overview of the on-site findings and a close-out summary. The individuals in attendance were as follows: ERAU Team Lead [redacted], ERAU Team Member [redacted], ICE ERO PSAC [redacted], ICE ERO Assistant Field Office Director (AFOD) [redacted] (via telephone), ICE ERO Supervisory Detention and Deportation Officer (SDDO) [redacted], CoreCivic Warden Chad Miller (via telephone), CoreCivic Assistant Warden [redacted], CoreCivic Assistant Warden [redacted], and CoreCivic Quality Assurance Manager [redacted]. During the exit debriefing, this auditor discussed her observations made during the on-site review and acknowledged the professionalism of the staff. Additional documentation was identified for 7 standards which was provided by ERAU Team Lead within two weeks of the on-site audit. Of the 41 standards reviewed, this auditor found that Cibola CCC exceeded two (2) standards (115.31 & 115.35), met 37 standards, had zero standards in non-compliance, and had 2 standards (115.14 & 115.18) that were non-applicable.

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

PROVISIONS

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

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

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

Notes:

(c) Cibola CCC Policy #14-2 DHS (Sexual Abuse and Prevention Response) effective 6/30/17 outlines the facility's approach to preventing, detecting and responding to all approaches of sexual abuse and assault, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and detainees who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing its approach to include the zero tolerance towards reducing and preventing sexual abuse and assault of detainees.

(d) Cibola CCC Policy #14-2 requires the facility to designate a Prevention of Sexual Assault (PSA) Compliance Manager as the point-of-contact for the local ICE field office and ICE PSA Coordinator. The facility has a designated PSA Compliance Manager, and this was confirmed with a review of the facility's organizational chart and the Warden's letter dated December 29, 2016. An interview with the PSA Compliance Manager who is the Chief of Unit Management indicated that she has sufficient time, authority to develop, implement and to oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned.

§115.13 – Detainee supervision and monitoring.

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

Notes:

(a & b) Cibola CCC Policy #14-2 contained the requirements for the facility to develop supervision guidelines to provide adequate staffing levels, video monitoring, and where applicable, staffing levels to ensure the safety and custody of detainees against sexual abuse. Supervision guidelines, post orders, a policy review and revision are reviewed annually, with the last review completed on 11/14/18. The policy contained information requiring the facility shall comply with staffing requirements as identified in the guidelines and post orders including exigent circumstances (i.e. call-ins, staff attending mandated training etc.). The staffing requirements are to ensure all mandated posts are staffed throughout the facility's physical plant and to maintain the staff-to-detainee ratio. The supervisory staff conduct unannounced rounds on a [REDACTED] basis during [REDACTED] documenting the information in the log books that contain observations of all areas of the facility. This auditor reviewed samples of staffing schedules from all shifts, rosters of medical staff (contracted), volunteers as well as post orders which confirms the detail the supervision duties for each respective area of the facility. Also, this auditor reviewed investigation files to confirm the staff was monitoring detainees for retaliation during the investigations. Interviews with the Warden and PSA Compliance Manager confirmed there is a shift rotating system with set mandatory posts. Staff is required to stay on their shift until relieved by the on-coming staff, if a shift staff member has called off for any reason and there is no replacement, an administrative staff (i.e Warden, Assistant Warden, or Shift Supervisor) will cover the shift until a staff member is located. Also, the Warden's interview indicated the facility will maintain a staff-to-detainee ratio of [REDACTED].

(c) Interviews with the Warden and PSA Compliance Manager confirmed all the factors (i.e. generally accepted detention and correctional practices; any judicial findings of inadequacy; physical layout; composition of the detainee population, video monitoring, to name a few) are taken into consideration when determining supervision related decisions and also considered is the detainee's safety. The review of the investigation files confirmed the factors were considered during the investigation process.

(d) During the facility tour, this auditor observed and reviewed both the logbooks and the "Administrative Staff Weekly Visiting Logs", confirming unannounced rounds were documented on each shift including the individual's signature, date and time. The policy #14.2 contained information identifying the facility shall comply with staffing requirements and the supervisory staff will conduct unannounced rounds [REDACTED] during [REDACTED] documenting the information in the log books that contain observations of all areas of the facility. Staff is prohibited from notifying other staff that a Supervisor is conducting unannounced rounds. Staff interviews and documentation review confirmed that unannounced rounds are conducted [REDACTED] on [REDACTED] in all areas of the facility to observe staff and detainee interactions, and isolated areas.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)-(d) The on-site review, staff interviews, and Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 confirmed the facility does not house juvenile detainees under the age of 18 and only houses male adults, therefore this standard is not applicable.

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

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

Notes:

(b-f & i) Cibola CCC Policy #14-2 confirmed cross-gender pat-down searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time of the pat-down search is required or in exigent circumstances. Pat-down searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender frisk/pat searches will be documented in a log book. Strip searches or visual body cavity searches by staff of the opposite gender shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Also, per the policy all strip searches and visual body cavity searches shall be documented on the "Notice to Administration" form. Cibola CCC Quality Assurance Manager's

memorandum dated 11/1/2018 and staff interviews indicated there has been no cross-gender pat-down searches, cross-gender strip, or cross-gender visual body cavity searches of detainees conducted at the facility. Also, there have been no exigent circumstances of cross-gender pat-down, strip or visual body cavity searches of detainees conducted at the facility in the last 12 months. A review of the training documentation (Facilitator Guide and Training/Activity Attendance Roster) and interviews with the Learning Development Manager and staff confirmed the annual training on pat down searches, cross-gender pat searches, and searches of transgender and intersex detainees are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of detainees. All staff were able to describe what an exigent circumstance would be and were knowledgeable of the procedures identified in the policy on cross-gender pat-down, strip and visual body cavity searches, and for securing authorization to conduct such a search as well as the requirements for justifying and documenting (logbook & Notice to Administration Form) those searches. Also, the policy and the staff interviews confirmed if the detainee's gender is unknown, this may be determined during conversations with the detainee, by reviewing medical records, or by a medical examination conducted in private by a medical practitioner. During the on-site visit, the facility currently had 32 detainees housed in the Transgender Unit. During the facility tour and the detainee interviews, it was confirmed there is at least one female staff member assigned to this unit. Five of the thirty-two detainees housed in the Transgender Unit indicated they had not been searched by any staff under any circumstance to determine their genital status.

(g) Cibola CCC Policy #14-2 requires that detainees shall be permitted to shower, perform bodily functions, and change clothing without being viewed by non-medical staff of the opposite gender except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination. Also, the policy requires that opposite gender staff shall announce their presence when entering a detainee's housing unit. Random staff and detainee interviews indicated that staff of the opposite gender entering the housing units would consistently announce themselves. During the facility tour, this auditor observed both the female and male staff announcements. Also, during the facility tour, it was observed that the shower areas of each housing pod had single shower stalls with shower curtains which allowed for privacy.

(h) This facility is not a family residential facility, therefore it is not applicable to this standard.

(j) A review of the training documentation (Facilitator Guide, Training/Activity Attendance Roster and Cross-gender, Transgender, and Intersex Searches Training Certifications) and the Learning Development Manager along with staff interviews confirmed the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex detainees are conducted in a respectful and professional manner consistent with security needs including consideration of the staff's safety and prohibiting cross-gender strip or cross-gender visual body cavity searches of detainees. The Auditor reviewed training files that documented staff were trained in the proper procedures for conducting searches.

§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) Cibola CCC Policy #14-2 contained procedures to be taken to ensure detainees with disabilities or who are LEP have an equal opportunity to participate in or are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse. Observation of the PREA postings on the bulletin boards, National Detainee Handbook, and pamphlet in English and Spanish. The policy indicated intake and classification staff has access to interpreter services through the ERO Language Access Resource Center and bilingual staff to provide detainees who are LEP on an as needed basis. This was confirmed with interviews with the intake and classification staff. The postings contained the PSA Compliance Manager's name and contact number, ICE's Detention and Reporting and Information Line, DHS Office of Inspector General's telephone number and the Rape Crisis Center of New Mexico contact information were all available in English and Spanish. The Warden's interview indicated that assistive devices Text Telephone (TTY) are available to detainees with physical disabilities (deaf). The intake and classification staff indicated that if a detainee during the intake process is identified with physical disabilities (blind or low vision), a staff member would be available to read the information to the detainee. Also, the intake and classification staff confirmed detainees with intellectual, psychiatric or speech disabilities would be referred to the medical and/or mental health staff to provide assistance to these detainees.

(b-c) Random staff interviews indicated the PREA education is provided verbally and/or in writing to ensure the detainees with intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are LEP can comprehend the pamphlet and handbook during the intake process. Also, random staff interviews confirmed how to access the ERO Language Services and the use of bilingual staff providing services to the facility. Random staff interviews indicated they would not rely on the use of detainee assistance in relation to reporting allegations of sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. Also, random staff interviews confirmed interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Eighteen of twenty-one detainees interviewed were LEP and required a Spanish interpreter. These detainee interviews confirmed they are provided a PREA brochure in Spanish and the intake staff reviewed the PREA brochure information with the detainee. Also, detainees indicated the postings in Spanish are located in their housing unit and the Cibola CCC Handbook provided additional PREA information. The facility has taken reasonable steps to ensure meaningful access for detainees who are LEP, blind or have low vision, deaf, intellectual, psychiatric or speech disabilities by providing the facility handbook, pamphlet, and staff assistance. This was confirmed through observation, staff interviews, and a review of the facility handbook, pamphlet and a detainee file.

§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-d) Cibola CCC Policy #14-2 requires the facility to refrain from hiring, promoting or enlisting the services of any employee, contractor, or volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity described above. Also, the policy and an interview the Human Resources Manager confirmed criminal background record checks are

conducted at a minimum every five years of current employees and unescorted contractors who have contact with detainees. An interview with the Human Resources Manager confirmed the HR staff shall consider any incidents of sexual abuse in determining whether to hire or promote anyone who may have contact with incarcerated detainees. During a new hire's interview, the HR staff will have the applicant complete Self Declaration of Sexual Abuse Sexual Harassment Form verifying they have not engaged in any incidents of sexual abuse. This is the same process for those individuals being considered for promotion. All background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. An interview with the Human Resources Manager confirmed staff had a continuing affirmative duty to disclose any such misconduct. All staff complete a Self Declaration of Sexual Abuse Sexual Harassment Form acknowledging their continued affirmative duty to disclose any sexual misconduct. Also, the Human Resources Manager confirmed contacting prior institutional employers about a former employee's history of sexual abuse. This auditor randomly selected [REDACTED] staff consisting of ERO staff, employees, contracted security staff, and contracted medical staff for the verification of the DHS background investigation. The background investigation request form was submitted to the Personnel Security Unit (PSU) and returned with the requested information. All individuals were background screened in accordance to the standard.

(e-f) Cibola CCC Policy #14-2 indicated to the extent permitted by law, may decline to hire or promote and may terminate employees and decline to enlist the services of contractors for material omissions regarding such misconduct or the provision of materially false information. An interview with the Human Resources Manager confirmed material omission regarding sexual abuse or providing materially false information is grounds for termination or a withdrawal of an offer of employment. Also, she confirmed providing information if an institutional employer requested a reference check about a former employee's history of sexual abuse.

§115.18 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a-b) Cibola CCC Policy #14-2 requires the effect of the facility's design, acquisition, expansion, or modification on the facility's ability to protect the detainees from sexual abuse shall be taken into consideration when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. Also the requirement of new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies, the facility shall take into consideration how such technology may enhance their ability to protect detainees from sexual abuse. Cibola CCC Warden's interview and Quality Assurance Manager's memorandum dated 11/1/2018 indicated there had been no major modifications to the facility or new installations or updates to existing video monitoring systems, electronic surveillance systems or other monitoring technologies at the facility, since the acceptance of ICE detainees in 2016; which started the contractual obligation to comply with DHS PREA standards. During the on-site review, this auditor reviewed the video surveillance system in the [REDACTED] for any blind spots. The video surveillance system enhances staff capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor detainees more efficiently throughout the physical plant of the facility. The administrative staff is continually evaluating the electronic surveillance system and video monitoring for any additional upgrades or cameras. Since, there had been no modifications to the facility or upgrades to existing video monitoring system, therefore this standard is not applicable.

§115.21 – Evidence protocols and forensic medical examinations.

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

Notes:

(a) Cibola CCC Policy #14-2 has established a uniform evidence protocol in accordance with DHS requirements on how to secure and maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy review and an interview with the facility investigator confirmed the administrative and criminal investigation procedures for obtaining usable physical evidence which included the preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data. Also, the policy identified a protocol or investigation sexual abuse shall be developmentally appropriate for youth where applicable and this facility does not house juveniles, therefore it is not applicable. During the nurse's interview, she indicated a detainee reported a sexual abuse incident and as a precaution the examination was conducted for the collection of evidence even though it was past the 72 hour time frame.

(b-d) Cibola CCC Policy #14-2 identified the requirement to provide when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. CoreCivic developed the policy in accordance with the DHS requirements. Cibola CCC Warden obtained a Memorandum of Understanding (MOU) with the Rape Crisis Center of New Mexico dated 9/25/17 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault detainees. Also, any detainee seeking emotional support services can call the toll-free telephone number. A review of the MOU confirmed the forensic medical examinations are conducted by a SANE nurse provided by the Rape Crisis Center of New Mexico at no financial cost to the victim. PSA Compliance Manager's interview confirmed victim advocate services are provided including community support services from University of New Mexico Health System. One of the mental health staff's interview confirmed he is the Victim Services Coordinator who is trained and available to provide emotional support services to victims of sexual abuse. In the past 12 months, there has been 1 allegation where a victim required a forensic medical examination at the facility and was sent to Cibola General Hospital. An interview with the medical staff confirmed the victim was provided with a victim advocate and a forensic medical examination was conducted at the hospital.

(e) Documentation review of the Mutual Assistance Agreement (MAA), an email dated 11/16/2018 and an interview with PSA Compliance Manager confirmed Milan Police Department conducts the criminal investigations of sexual abuse allegations. A review of the MAA did not have all of the required components of the standard, however the email from the PSA Compliance Manager to the Milan Police Chief dated 11/16/2018 requested an addendum to the agreement which addressed all the components of the standard. An interview with the PSA Compliance Manager indicated the addendum to the agreement was in the process of being finalized and awaiting signatures.

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

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

Notes:

(a-b) ICE Policy 11062.1 Sexual Abuse and Assault Prevention and Intervention states ICE Office of Professional Responsibility (OPR) has oversight responsibilities to ensure all components of the investigative process have been conducted, as well as coordinating all investigative efforts with federal, state, or local law enforcement or facility incident review personnel. Cibola CCC Policy #14-2 requires that a facility administrator shall ensure that an administrative investigation and a referral for a criminal investigation are completed for all allegations of sexual abuse. Cibola CCC Policy #14-2 identifies the protocol for staff to follow in the event of sexual abuse allegation, including the first responder responsibilities. The policy requires the appropriate storage and retention of all documentation for at least five years. The facility investigator's interview confirmed that all administrative or criminal investigations are referred to the facility investigator for an investigation and upon her initial review of the allegation, she will refer criminal investigations to local law enforcement immediately if it appears criminal in nature. Once the criminal investigation is referred to local law enforcement, she works with law enforcement and acts in a liaison position. Documentation review of the Mutual Assistance Agreement (MAA), an email dated 11/16/2018 and an interview with PSA Compliance Manager confirmed Milan Police Department conducts the criminal investigations of sexual abuse allegations. A review of the 5 of 12 investigation files confirmed the investigator was contacted to conduct the investigation.

(c) The CoreCivic's website contains policy 14.2 Sexual Abuse Prevention and Response that provides directives for the reporting of sexual abuse and/or sexual harassment (Section L). This section contains the facility's PREA reporting information which identifies several ways for detainees, staff, and the public to report sexual abuse, sexual assault, and/or sexual harassment. The several ways consists of: submitting a request to meet with Health Services and/or reporting to a Health Services staff member during sick call; calling the facility's 24 hour toll free notification hotline; verbally telling any employee, including the facility Chaplain; forwarding a letter, sealed and marked confidential to the Warden/Facility Administrator or any other employee; calling or writing someone outside the facility who can notify facility staff; forwarding a letter to the CoreCivic Managing Director, Facility Operation; and electronically report allegations of sexual abuse and harassment to any department listed in the CORES system. Also, CoreCivic website identified specifically ICE detainees to contact the DHS Office of Inspector General, ICE Office of Professional Responsibility and Joint Intake Center to report sexual abuse or assault. The policy also covers that all allegations are to be reported and investigated (Section O).

(d-f) Documentation review of the 5 of 12 investigation files revealed the reporting process was followed by the staff and referrals were made to the facility investigator immediately. The facility investigator and staff interviews confirmed their knowledge on the reporting, referral process and protocol requirements in response to an allegation of sexual abuse. The facility investigator conducts all administrative and criminal investigations and after her initial review of the allegation; the allegation if criminal will be referred for criminal investigations to local law enforcement (Milan PD or New Mexico State Police). The facility investigator works directly with local law enforcement and acts in a liaison position. The facility investigator informs the Warden on the progress of a sexual abuse investigation including the required notifications to the ICE Field Office Director, Joint Intake Center, ICE OPR, or the DHS Office of Inspector General if the alleged perpetrator is a detainee, staff member, contractor or volunteer. Cibola CCC Policy #14-2 identifies all sexual abuse or assault allegations shall be immediately and effectively reported to ICE/ERO.

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) Cibola CCC Policy #14-2 requires all staff to complete an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to the facility employees contains all nine topics consistent with this standard's requirements and is tailored to the facility with the gender of their detainee populations. Also, the policy contained five additional training topics (i.e. Instruction that sexual abuse and/or assault is never an acceptable consequence of detention; Working with vulnerable populations and addressing their potential vulnerability in the general population; Investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities and Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and or assault) provided to the facility staff.

(b-c) A review of the staff training documentation including the Facilitator Guide (PREA Overview) and Training/Activity Attendance Roster confirmed staff receives PREA training during initial pre-service training (orientation) and during refresher in-service training. The Learning Development Manager and staff interviews confirmed receiving annual in-service training, their comprehension of the PREA training, and their obligation to report any allegation of the sexual abuse. At the facility, it was evident through documentation, interviews and observation of the day-to-day operations that the staff is trained continually about the PREA standards during shift briefings and the completion of various trainings. The facility has demonstrated exceeding this standard by requiring all staff to receive formal PREA training annually.

§115.32 – Other training.

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

Notes:

(a-c) Cibola CCC Policy #14-2 requires that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse prevention, detention, and response policies and procedures. The Learning Development Manager's interview, review of the Volunteer Orientation (curriculum), and the Volunteer Training/Activity Attendance Roster confirmed volunteers and contractors attend an instructor led PREA training that consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures and upon completion sign the Training/Activity Attendance Roster. The interview with a contractor confirmed his knowledge of the required annual PREA training and Cibola CCC's zero tolerance of any form of sexual activity at the facility as well as his duty to report any incidents of sexual abuse. There were no volunteers available during the audit to interview.

§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) Cibola CCC Policy #14-2 requires during the initial intake process, detainee education be provided by staff verbally and in writing and in a form that is understandable to the detainee on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse. Also, the policy included the required seven elements, an additional element (i.e. the name of the facility PSA Compliance Manager and information about how to

contact him/her) and the requirement to post the PREA information on the bulletin boards located in the housing units. The facility is required to provide the PREA information for LEP detainees, and those with disabilities such as limited reading skills, deaf or visually impaired. This was confirmed with a review of the Orientation Video Outline, National Detainee Handbook, observation of the postings on the bulletin boards and the DHS pamphlet Sexual Abuse and Assault Awareness. Intake and classification staff and detainee interviews confirmed the detainee receives this information (video, pamphlet, and handbook) during the intake process at the facility and within 12 hours of intake. The PREA education information is available in English and Spanish. Also, the staff will use the language line for detainees who speak other languages. Deaf detainees view a video with closed caption capability. If a detainee has limited reading skills or is visually impaired the staff will read the PREA education information to them. The intake staff completes the Receiving and Discharge Checklist Form, Unit Admission and Orientation Acknowledgement Form, detainee handbook form, and ICE handbook form. The intake staff has the detainee sign these forms to verify the observation of the video and receipt of the handbook. All three forms were both in English and Spanish.

(c) Detainee records are located in a secure records room. Access to the secure records room is limited to [REDACTED]. Interviews with the intake and classification staff and a review of a detainee file confirmed the PREA information was provided on the first day of the detainees' arrival.

(d) PREA postings were observed during the facility tour in the housing units and several common areas (intake, visitation, medical & gymnasium) this included the DHS sexual awareness notice. The postings contained the PSA Compliance Manager's name and contact number, ICE's Detention and Reporting and Information Line, DHS Office of Inspector General's telephone number and the Rape Crisis Center of New Mexico contact information were all available in English and Spanish. It was suggested to post the PREA information in the program and chapel areas. During the on-site review, the facility staff were pro-active and posted the additional PREA information (posters) in the suggested areas.

(e-f) During the facility tour and documentation review of the informational posters, Cibola CCC Handbook Supplement ICE, National Detainee Handbook, and the DHS Sexual Abuse and Assault Awareness Pamphlet reporting information is available in English and Spanish to the detainees. Intake and classification staff and detainee interviews confirmed detainees receive the PREA education information including the DHS Sexual Abuse and Assault Awareness Pamphlet regarding safety, their rights to be free from sexual abuse, retaliation, reporting and the facility's response to allegations upon the detainee's arrival.

§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) Cibola CCC Policy #14-2 requires the facility to provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse. The required training includes: techniques for interviewing sexual abuse and assault victims; sexual abuse evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. The Learning Development Manager's interview confirmed facility investigators complete the specialized training for sexual abuse investigations. The facility investigator's interview confirmed she had completed the specialized investigator training and the facility's annual PREA training (115.31). Documentation review contained the training material from Relias Learning, the employment education and training record, and the certificate from the previous facility investigator. The facility has only [REDACTED] qualified investigator to complete the investigations at the facility for the past 12 months. This auditor had requested for the specialized training documentation of the newly assigned investigator and it was provided after the on-site review. A review of the documentation confirmed the newly assigned investigator had completed the required training.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a-b) ICE Health Services Corps (IHSC) does not provide medical care or mental health services at this facility, therefore it is not applicable. However, the facility's contracted medical and mental health staff provide medical and mental health services to the ICE detainees.

(c) Cibola CCC Policy #14-2 requires the facility to provide specialized training for all full-time and part-time medical and mental health professionals who work regularly in the facility to receive specialized training in: how to detect and assess for signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse, and how and to whom to report allegations of sexual abuse. The Quality Assurance Manager's memorandum dated 11/1/2018 indicated the facility has contracted medical and mental health staff and therefore specialized training is not required. However, the Learning Development Manager, medical and mental health interviews confirmed they had completed the on-line PREA Specialty Training for Medical and Mental Health and participating in the annual basic PREA training at the facility. The medical staff at the facility does not conduct forensic examinations. The facility has been proactive to ensure that all staff are trained related to the PREA standard requirements, even though contracted medical and mental health staff are not required to complete annual basic PREA and the specialized training. This auditor had requested the documentation to review the medical and mental health training and it was provided. The documentation provided was a list of medical and mental health staff completing the on-line course (PREA Specialty Training for Medical and Mental Health). The facility has demonstrated exceeding this standard by requiring all medical and mental health staff to complete the on-line PREA Specialty Training for Medical and Mental Health and participate in the annual basic PREA training at the facility which is not required by the DHS standard for facility medical and mental health staff.

§115.41 – Assessment for risk of victimization and abusiveness.

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

Notes:

(a-b) Cibola CCC Policy #14-2 requires as part of the screening process, each detainee is screened upon admission within 12 hours of arrival prior to housing placement with an objective screening instrument (DHS Sexual Abuse Screening Tool). The screening instrument screens for risk of victimization, potential vulnerabilities or sexual abusiveness, tendencies to act out with sexually aggressive predatory behavior, and to determine classification and housing. Intake and classification staff and detainee interviews confirmed the intake screening is completed during the detainee's admission to the facility. Also, the policy and the intake and classification staff interviews confirmed if the screening indicated

prior victimization or perpetrated sexual abuse, the detainee would be referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented on the screening instrument by the intake and classification staff. During the tour, it was observed that new detainee arrivals were separated from the general population. The detainees are kept in the intake area in holding cells until classification and housing was determined. Observation, interviews with the intake and classification staff and a review of a detainee file confirmed the process is completed by the classification staff.

(c-d) A review of the screening instrument contained the required elements of the standard i.e. mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the detainee is or has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Intake and classification staff interviews confirmed their review of the screening form and those individuals who self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming about their concerns at the facility to ensure physical safety. Also, detainee interviews confirmed being asked about their concerns at the facility to ensure physical safety. Observation, interviews with the intake and classification staff and a review of a detainee file confirmed the process is completed by the classification staff and in compliance with the required criteria.

(e) Interviews with the classification staff indicated that the unit staff conducts the classification reassessment within 75 days of the detainee's admission to the facility, the receipt of additional, relevant information or following an incident of abuse or victimization. This auditor was provided with a classification reassessment and confirmed the staff completed the process within the required timeframe.

(f) Intake and classification staff interviews confirmed that detainees are not disciplined for refusing to answer any of the screening questions and if a detainee refuses to answer any of the screening questions, the information is documented on the screening tool.

(g) Cibola CCC Policy #14-2 requires appropriate controls on the dissemination of responses to questions asked on the screening instrument in order to ensure that sensitive information is not exploited to the detainee's detriment and in accordance to CoreCivic requirements. The PSA Compliance Manager and classification staff interviews confirmed that staff with a "need to know basis" have access to detainee's information and there are appropriate controls (limited electronic access) on the dissemination of responses to questions asked on the screening instrument in order to ensure that sensitive information is not exploited to the detainee's detriment.

§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) Cibola CCC Policy #14-2 describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a detainee's appropriate placement, housing and bed assignments, as well as voluntary work, education, recreation, other activities, and program assignments with the goal of keeping all detainees safe and free from sexual abuse. The PSA Compliance Manager, Classification and Records Supervisor, Health Services Administrator, Lead Mental Health Professional, LPCC and a review of a detainee file confirmed the screening and assessment process.

(b) Cibola CCC Policy #14-2 identified the assessment and the determination of the housing assignment for a transgender or intersex detainee and the effects of placement on the detainee's health and safety. Placement decisions of transgender or intersex detainees are not solely based on the identity documents or physical anatomy of the detainee and consideration is determined on the detainee's self-identification of his/her gender. Transgender or intersex detainee's placement and programming assignments are reassessed at least twice each year to review any safety and/or security issues while at the facility. The facility's housing unit [REDACTED] has been designated specifically for transgender detainees. PSA Compliance Manager, Classification and Records Supervisor, Health Services Administrator, Lead Mental Health Professional, Licensed Professional Clinical Counselors (LPCC) and staff interviews describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a detainee's appropriate placement, housing and bed assignments, as well as voluntary work, education, recreation, other activities, and program assignments with the goal of keeping all detainees safe and free from sexual abuse. Detainee interviews confirmed their knowledge of being placed specifically in a designated housing unit for transgender detainees.

(c) The PSA Compliance Manager, Classification and Records Supervisor, Health Services Administrator, Lead Mental Health Professional, LPCC, staff and detainee interviews confirmed they are given the opportunity to shower separately from other detainees. During the facility tour, this auditor observed in the [REDACTED] housing unit that each pod contained individual showers with privacy curtains.

§115.43 – Protective custody.

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

Notes:

(a) Cibola CCC Policy #14-2 requires the development of written procedures governing the management of an administrative segregation unit. These procedures were written in consultation with ICE Enforcement and Removal Operations Field Office Director and require detailed reasons for placement of an individual in administrative segregation on the basis of vulnerability to sexual abuse or assault. Placement in administrative segregation must be clearly documented and the basis for the concern for the detainee's safety, and the reason why no alternative means of separation can be arranged. The Warden's interview confirmed the procedures and the effort to look for an alternative housing (another facility) for a vulnerable detainee instead of placement in administrative segregation. Also, he indicated that no detainee was placed in an administrative segregation on the basis of vulnerability to sexual abuse or assault in the past 12 months.

(b) Cibola CCC Policy #14-2 requires the use of administrative segregation to protect detainees who are vulnerable to sexual abuse or assault. Administrative segregation is restricted to instances after reasonable efforts are made to provide other other viable housing and the administration segregation is a last resort. The detainee placement in administrative segregation will be for the least amount of time practicable. Also, the policy

requires detainees identified as high risk of sexual victimization or to protect detainees vulnerable to sexual abuse would be placed on administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged. This placement is not to exceed a period of 30 days. The Warden's interview confirmed the procedures and the effort to look for an alternative housing for a vulnerable detainee instead of placement in administrative segregation. Staff interviews confirmed alternative housing would be utilized instead of placement in administrative segregation.

(c) Cibola CCC Policy #14-2 requires detainees identified on the basis of vulnerability to sexual abuse or assault will be placed in administrative segregation and shall have access to programs, visitation, counsel, privileges, education, and work opportunities to the extent possible while ensuring safety. If there are any restrictions of programs, privileges, education and work opportunity, the duration of the limitation and the reasons for the limitation the information will be clearly documented in the logbook. An interview with the Warden confirmed the process.

(d-e) Cibola CCC Policy #14-2 requires regular review of all vulnerable detainees placed in administrative segregation for their protection. Also, the policy requires a supervisory staff member conduct a review within 72 hours of a detainee's placement in administrative segregation to determine whether segregation is still warranted. Also, the procedures require a supervisory staff member at a minimum, conduct an identical review after the detainee has spent 7 days in administrative segregation, and every week thereafter for the first 30 days and every 10 days thereafter. A staff member shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. Interviews with the Warden and staff confirmed the process.

§115.51 – Detainee reporting.

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

Notes:

(a) Cibola CCC Policy #14-2 provides multiple ways for detainees to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. Multiple ways for detainees to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents consisted of: request to a health services staff; toll free notification telephone number; verbally telling a staff member; confidential letter to the facility administrator; calling or writing to someone outside of the facility; contacting the respective consular office; and confidential letter to the CoreCivic FSC PREA Coordinator. Also, the policy identified how detainees may contact their consular official, the DHS Office of the Inspector General, or another designated office to report confidentially and anonymously report sexual abuse incidents. While touring this facility, this auditor observed the PREA information postings located in all the housing units and intake area informing detainees of the telephone numbers to report sexual abuse. Also, information was posted next to the telephones instructing detainees on how to make an anonymous PREA telephone call. During the intake screening process, detainees are provided with the PREA information verbally and given a pamphlet. Interviews with detainees identified several ways for reporting sexual abuse such as contacting staff, contacting Warden, call the toll-free telephone number, and contacting someone outside of the facility. A review of both the ICE handbook and pamphlet contained the information on how a detainee would contact their consular, the DHS Office of the Inspector General or another designated office to confidentially and anonymously report sexual abuse incidents.

(b) Cibola CCC Policy #14-2 identified the DHS Office of the Inspector General (OIG) and the Consulate or Consular office as a public or private entity that is not part of CoreCivic or ICE. The DHS OIG telephone and address information were located in the staff procedures and facility detainee handbook advising how the detainee will remain anonymous. The detainee remains anonymous by calling the telephone number or writing an anonymous letter. These agencies immediately forward the report to the CoreCivic FSC PREA Coordinator and Warden.

(c) Cibola CCC Policy #14-2 requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document verbal reports. The PSA Compliance Manager and staff interviews confirmed the multiple ways (contacting supervisor, call telephone number) for detainees reporting sexual abuse, staff neglect or violation of responsibilities that may have contributed to such incidents.

§115.52 – Grievances.

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

Notes:

(a-c) Cibola CCC Policy #14-2 allows a detainee to submit a formal grievance regarding an allegation of sexual abuse at any time during, after or in lieu of lodging an informal grievance or complaint. The grievance is immediately referred by the staff to the facility investigator or administrative duty officer. Also, Cibola CCC Handbook Supplement ICE identifies grievances that involve an immediate threat to the detainee's health, safety or welfare related to sexual abuse to be immediately referred to the facility administrator or designee. Grievance Coordinator, staff, and detainee interviews confirmed the process of filing a formal grievance related to a sexual abuse. Detainees are provided with the Cibola CCC Handbook Supplement ICE that identifies the grievance procedure. Cibola CCC Handbook Supplement ICE was reviewed and contained grievance procedures and the appeal process with no time limitations. In the past 12 months, there has been one grievance submitted by a detainee related to a sexual abuse that was referred to the investigator and the investigation is pending. A review of the grievance was submitted by a detainee in Spanish and was translated by one of the Case Managers. The grievance was submitted to the investigator within 24 hours and the investigation is pending.

(d) Cibola CCC Policy #14-2 requires staff to bring medical emergencies immediately to the attention of medical personnel for further assessment. Grievance Coordinator and staff interviews confirmed this process of notifying medical personnel upon receiving an emergency grievance related to any sexual abuse and this information was located in the Cibola CCC Handbook Supplement ICE. The grievance reviewed did not require medical referral based on the allegation.

(e) Cibola CCC Policy #14-2 requires the facility staff to issue decisions on grievances related to sexual abuse within 5 days of receipt and to respond to appeals of grievance decisions related to sexual abuse within 30 days. Also, all grievances related to sexual abuse and the facility's decisions will be sent to the appropriate ICE Field Office Director at the end of the grievance process. The Grievance Coordinator's interview

confirmed this process. In the past 12 months, there has been one grievance submitted by a detainee related to a sexual abuse which was referred to the investigator and the investigation is pending. A review of the grievance was submitted by a detainee in Spanish and was translated by one of the Case Managers. The grievance was submitted to the investigator within 24 hours and the investigation is pending.

(f) Cibola CCC Policy #14-2 and the Cibola CCC Handbook Supplement ICE allows for the detainee to obtain assistance to prepare a grievance not from another detainee (unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy) but from staff members, family members, legal representatives, and outside advocates relating to allegations of sexual abuse. Staff and detainee interviews confirmed this process and no detainee had requested assistance in the past 12 months.

§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) Cibola CCC Warden obtained a MOU with the Rape Crisis Center of New Mexico dated 9/25/17 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault detainee. Also, any detainee seeking emotional support services can call the toll-free telephone number. A review of the MOU confirmed the forensic medical examinations are conducted by a SANE nurse provided by the Rape Crisis Center of New Mexico at no financial cost to the victim. The PSA Compliance Manager interview confirmed victim advocate services are provided including community support services from University of New Mexico Health System. One of the mental health staff's interview confirmed he is the Victim Services Coordinator who is trained and available to provide emotional support services to victims of sexual abuse. In the past 12 months, there has been one allegation where a victim required a forensic medical examination at the facility and was sent to Cibola General Hospital. An interview with the medical staff confirmed the victim was provided with a victim advocate and a forensic medical examination was conducted at the hospital.

(b) Cibola CCC Policy #14-2 identified the requirement to provide when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. An interview with [REDACTED] of the mental health staff confirmed he had been trained and available to provide emotional support services to victims of sexual abuse. The medical staff interviews indicated one detainee has requested for victim advocacy services in the past 12 months and a victim advocate was provided.

(c) Upon arrival, the detainee will process through security, intake, medical, and mental health (if applicable) and be provided the facility detainee handbook, PREA pamphlet Sexual Assault Awareness Information and observe the CoreCivic PREA video PREA What You Need to Know on the first day. The video is available in English, Spanish, and contains closed caption capability. The intake staff completes the Receiving and Discharge Checklist Form, Unit Admission and Orientation Acknowledgement Form, facility detainee handbook form, and ICE handbook form. The intake staff has the detainee sign these forms to verify the observation of the video and receipt of the handbook. Three out of the four forms were both in English and Spanish. Detainee records are located in a secure location and a documentation review confirmed the PREA information (signed forms) was provided on the first day of the detainee's arrival. A review of the Cibola CCC Handbook Supplement ICE contained the DHS Office of the Inspector General's telephone number and address and detailed PREA information including the hotline number, anonymous reporting and the local rape crisis center information (24 hour hotline and address).

(d) During the facility tour and documentation review, the ICE handbook and the DHS Sexual Abuse and Assault Awareness Pamphlet contained the reporting information both available in English and Spanish. The postings contained the PSA Compliance Manager's name and information and the Rape Crisis Center of New Mexico contact information was available in English and Spanish. Detainee interviews and review of the Cibola CCC Handbook Supplement ICE confirmed prior to giving detainees access to outside resources, detainees are advised [REDACTED] and reports of abuse will be forwarded to the local law enforcement.

§115.54 – Third-party reporting

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

Notes:

Cibola CCC Policy #14-2 identifies the facility's third party reporting process and instructs staff to accept third party reports. CoreCivic website provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. This auditor viewed the CoreCivic website and reviewed the documentation on ICE ERO Detention Reporting Information Line (DRIL) and confirmed the information regarding third-party reporting of sexual abuse on behalf of the detainee. During the facility tour, this auditor observed PREA postings in the lobby and visitation areas that identify a phone number or address for friends and families of detainees to call if they wish to report sexual abuse.

§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-c) Cibola CCC Policy #14-2 requires that all staff shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the 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. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. Also, the policy identified a method for staff to privately report an incident of sexual abuse outside their chain of command which may be a confidential letter to the Warden which eliminates reporting to a supervisor and/or to the Milan Police Department. An interview with the Warden confirmed the reporting process to Milan Police Department, JIC, Field Office Leadership and DHS OIG. The PSA Compliance Manager and staff interviews confirmed the requirement for mandated reporting and the need for confidentiality. Interviews with medical and mental health staff confirmed their responsibility to inform detainees their duty to report and their limitations of confidentiality.

(d) Cibola CCC Policy #14-2 requires if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the allegation shall be reported to the designated State or local services agency under applicable mandatory reporting laws. An interview with the PSA Compliance Manager indicated there were no detainees under the age of 18 or vulnerable adults housed at this facility in the past 12 months, therefore this element (d) would not be applicable.

§115.62 – Protection duties.

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

Notes:

Cibola CCC Policy #14-2 indicated the requirement of the facility staff to take immediate action if staff learn that a detainee is at risk of imminent sexual abuse. Interviews with the Warden and staff indicated any information received that alleges a detainee is at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety and protection of the detainee, separate from the alleged perpetrator and contact their immediate supervisor. In the past 12 months there were no incidents that involved an immediate action to protect a detainee that was a substantial risk of imminent sexual abuse.

§115.63 – Report to other confinement facilities.

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

Notes:

(a-d) Cibola CCC Policy #14-2 requires that an allegation made whereby a detainee was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made within 72 hours, and shall be documented by the Warden. The policy also requires that any receipt of an allegation of sexual abuse by a detainee from another facility that occurred while confined in that facility, the Warden or designee shall ensure an investigation is completed. Interviews with the Warden and PSA Compliance Manager indicated there had been no incidents reported that a detainee had been abused while confined at another facility during the past 12 months and confirmed their requirement to report the allegation to the ICE Field Office Director. Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 confirmed the facility had no incidents reported a detainee had been abused while confined at another facility during the past 12 months. A review of the 5 of 12 investigative files and the PREA Allegation list provided by the Team Leader had no incidents reported where a detainee had been abused while confined at another facility.

§115.64 – Responder duties.

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

Notes:

(a-b) Cibola CCC Policy #14-2 indicated the requirement of the first responding staff is to separate the detainees (victim and abuser), protect any physical evidence by requesting that the victim and alleged perpetrator does not destroy evidence through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence, and secure the crime scene. The policy requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. The policy also requires a first responder who is not a security staff to request the victim not to destroy evidence and to notify a security staff.

Interviews with the detention staff and a first responder validated their technical knowledge of actions to be taken upon learning that a detainee was sexually abused and provided the action steps identified in the Cibola CCC policies and procedures of their responsibilities as first responders and aware of why they do these duties. There had been no allegations that any staff responded as a first responder to an incident of sexual abuse during the past 12 months. The auditor interviewed [REDACTED] staff with the first responder questions to determine the knowledge of the first responder role.

§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) Cibola CCC Policy #14-2 required the development of a written institutional plan (Coordinated Response Plan) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The policy contained the response procedures for the facility to establish a Sexual Abuse Response Team (SART) which includes the following positions: PSA Compliance Manager; medical representative; security representative; mental health representative and Victim Services Coordinator and the responsibilities of the team members in response to sexual abuse allegations. An interview with the Warden confirmed his technical knowledgeable of his duties to coordinate actions taken in response to an incident of sexual abuse among staff first responders, facility leadership, investigators, contacting medical and mental health and outside emotional support sources. Also, the Warden's interview confirmed that he has established a SART team at the facility.

(c-d) Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 indicated no detainee was transferred to another confinement facility who was a victim of sexual abuse, therefore no notification was required to a receiving facility. The Warden's interview confirmed his knowledge of the process of transferring an alleged victim to another DHS immigration detention facility or holding facility, as permitted by law or to a non-DHS facility, as permitted by law, by providing information about the incident to that facility.

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

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

Notes:

Cibola CCC Policy #14-2 requires that any staff, contractor or volunteer suspected of perpetrating sexual abuse be removed from all duties that involve requiring detainee contact pending the outcome of the investigation. An interview with the Warden confirmed there were no instances or reports where a staff, volunteer or contractor suspected of perpetrating sexual abuse was removed from all duties in the past 12 months.

§115.67 – Agency protection against retaliation.

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

Notes:

(a-c) Cibola CCC Policy #14-2 indicated the requirement that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other detainees, staff, volunteer and contractor. The policy requires multiple protections such as housing changes or transfers for detainee victims or abusers, removal of the alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation are available. The policy also requires monitoring for a minimum of 90 days or longer if there is a continuing need, with periodic status monthly checks, and provides protections for any other individual who cooperates with an investigation. Interviews with the Warden and the PSA Compliance Manager confirmed the monitoring of the conduct or treatment of detainees or staff who reported the sexual abuse and of detainees who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. They monitor for changes in work assignments, education or vocational changes, detainee disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. Also, the Warden indicated there had been no incidents of retaliation in the past 12 months. Four of five investigation files reviewed contained PREA Retaliation Monitoring Report Forms. The other investigation file was not applicable for retaliation monitoring, since the detainee was released from the facility after the report.

§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-d) Cibola CCC Policy #14-2 requires that detainees identified as victims of sexual abuse shall be placed in a supportive environment that represents the least restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Also, the policy requires victims not to be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. The policy further indicated a detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment. Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 and interviews with the Warden and the PSA Compliance Manager confirmed the process and indicated that no detainee victim of sexual abuse was placed in restrictive housing. Also, the ICE Field Office Director would be notified whenever a detainee victim had been held in administrative segregation for 72 hours.

§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,f) Cibola CCC Policy #14-2 requires that a facility administrator shall ensure that an administrative investigation and a referral for a criminal investigation are conducted by a specially trained, qualified investigator in a prompt, thorough and objective manner for all allegations of sexual abuse. Documentation review of the Mutual Assistance Agreement (MAA), an email dated 11/16/2018 and an interview with PSA Compliance Manager confirmed Milan Police Department conducts the criminal investigations of sexual abuse allegations. A review of the 5 of the 12 investigation files confirmed the investigator was contacted to conduct the investigation. The facility investigator's interview confirmed that all administrative or criminal investigations are referred to the facility investigator for an investigation and upon her initial review of the allegation, she will refer criminal investigations to local law enforcement (Milan PD or New Mexico State Police) if the allegation is criminal in nature. Once the criminal investigation is referred to local law enforcement, she works with law enforcement and acts in a liaison position. The Investigator confirmed that an administrative investigation is conducted on all allegations. Also, she informs the Warden on the progress of a sexual abuse investigation as well as required notifications to the ICE Field Office Director, Joint Intake Center, ICE Office of Professional Responsibility (OPR) or the DHS Office of Inspector General. Cibola CCC has a PREA investigator who has completed the required specialized investigator training. Interviews with the Warden and the PSA Compliance Manager confirmed that internal administrative sexual abuse investigations are conducted at the facility and in coordination with external investigators (Milan PD or New Mexico State Police) in the event of a criminal investigation. A review of the 5 of 12 investigation files confirmed within 24 hours a qualified investigator trained in special investigations in accordance with the PREA standards was notified of the investigations. Two of the five investigation files reviewed were referred to Milan PD. The Cibola CCC PREA investigator remained informed of the progress of both criminal investigations. The outcome of both investigations resulted in one substantiated and the other was unsubstantiated. An administrative investigation was completed on all five investigation files reviewed.

(c,e) Cibola CCC Policy #14-2 contained the written procedures for administrative investigations that included all the required components identified in section (c). Also, the policy requires an investigation not be terminated should the alleged abuser or victim depart from the employment or control of the facility or agency. Five of the twelve investigation files reviewed complied with all the required components as identified in section (c).

§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:

Cibola CCC Policy #14-2 requires the facility impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. An interview with the facility's investigator confirmed she investigates the allegation and indicated a standard of a preponderance of the evidence for determining if allegations are substantiated, unsubstantiated or unfounded.

§115.73 – Reporting to detainees.

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

Notes:

Cibola CCC Policy #14-2 requires following an investigation, the detainee will be informed of the outcome of the investigation. If the allegation was against a staff member, the victim is to be notified of the outcome, whether the staff member is no longer employed at the facility, and whether the staff member has been either indicted or convicted on a charge related to sexual abuse within the facility. If the allegation was against another detainee, the victim is to be notified of the outcome and whether the detainee has been indicted or convicted on a charge related to sexual abuse in the facility. An interview with the Warden confirmed the notification process to the detainee is provided by an assigned staff. Also, all five investigations reviewed contained documentation that the detainee was informed or there was a memo indicating the detainee was released from the facility and was not notified of the investigation outcome.

§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-d) Cibola CCC Policy #14-2 requires that staff shall be subjected to the disciplinary sanctions up to and including removal from their position and the federal service for substantiated allegations of sexual abuse and for violation of CoreCivic sexual abuse policies. The policy requires staff who are terminated or who resign in lieu of termination for a violation of the sexual abuse policies shall be informed of CoreCivic's reporting requirement of notifying the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Also, the policy requires that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 and interviews with the Warden and Human Resources Manager confirmed there have been no employee disciplined in the past 12 months for violation of the facility's sexual abuse policies.

§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-c) Cibola CCC Policy #14-2 requires that any contractor or volunteer who engages in sexual abuse of detainees shall be prohibited from contact with detainees and shall be reported to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. The policy requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse policies by a volunteer or contractor pending the outcome of the investigation. The Cibola CCC Quality Assurance Manager's memorandum dated 11/1/2018 and an interview with the Warden confirmed there have been no contractors or volunteers who have violated the facility's sexual abuse policies in the past 12 months.

§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-f) Cibola CCC Policy #14-2 allows for disciplinary sanctions towards a detainee pursuant to a formal disciplinary process following and administrative or criminal finding that a detainee engaged in detainee-on-detainee sexual abuse. The policy requires sanctions to be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The policy requires consideration whether a detainee's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. An interview with the mental health staff confirmed they are consulted and advised of the detainee's behavior. The medical and/or intake staff provide the information of the detainee's behavior to the mental health staff. Also, the policy requires the offending detainee's consideration on whether to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. An interview with the mental health staff confirmed the medical and/or intake staff provide the information on an offending detainee. Detainees shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. An interview with the Warden confirmed the process and no occurrences of disciplinary actions in the past 12 months. Also, the interview with the Warden confirmed the disciplinary system provides for progressive levels of review, appeals, procedures, and documentation procedures. A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. A review of the 5 of the 12 investigative files and the PREA Allegation list provided by the Team Leader had no additional information where a detainee was disciplined or given any sanctions.

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

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

Notes:

(a-c) Cibola CCC Policy #14-2 states if the initial screening (DHS Sexual Abuse Screening Tool) indicates that a detainee who experienced prior sexual victimization or who discloses prior incidents of perpetrating sexual abuse shall be referred immediately to a qualified medical and/or mental health practitioner for follow-up. Also, the policy indicated that when a medical referral is initiated a detainee will receive a health evaluation no later than 2 working days from the date of the initial screening and when a mental health referral is initiated a detainee will receive a mental health evaluation no later than 72 hours after the referral. Interviews with Classification and Records Supervisor and medical and mental health staff confirmed that there were no disclosures while conducting risk assessments and confirmed the referral process for detainees who report sexual victimization or are identified as being sexually abusive at intake is reported immediately. An interview with the nursing supervisor indicated there were no disclosures of sexual victimization during detainee health evaluations. Also, the nursing supervisor verified if a detainee discloses prior sexual victimization or prior incidents of perpetrating sexual abuse, she would conduct medical health assessment.

§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) Cibola CCC Policy #14-2 requires detainee victims of sexual abuse to have timely and unimpeded access to emergency medical treatment and crisis intervention services. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility's designated medical and mental health practitioner. The preliminary steps would consist of: separating the detainees (victim and abuser), protect any physical evidence by requesting that the victim and alleged perpetrator does not destroy evidence through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence and secure the crime scene. The policy requires that victims of sexual abuse while detained shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Both the medical and hospital staff provides this information to the detainee upon completion of their assessment. This was verified during the medical staff interviews. The policy requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation. Interviews with the medical and mental health staff confirmed that detainees (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services upon learning of the incident and provided treatment services free of cost. Medical services are available 24 hours a day 7 days a week. An interview with the

nursing supervisor and review of the medical file indicated there was only one victim identified who was sent to Cibola General Hospital for a forensic examination. The medical services provided were timely and follow-up services were refused by the victim.

§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-c) Cibola CCC Policy #14-2 requires ongoing medical and mental health care for sexual abuse victims and abusers. This will include medical and mental health evaluation and treatment, follow-up services, treatment plans and referrals. The facility is required to provide such victims with medical and mental health services consistent with the community level of care. Interviews with the medical and mental health staff confirmed that victims are offered a sexual assault assessment, individual counseling, medication as ordered by the physician, laboratory testing and follow-up medical and mental health treatment. Also, the medical and mental health staff interviews confirmed services are consistent with the community level of care. An interview with the nursing supervisor and review of the medical file indicated there was only one victim identified sent to Cibola General Hospital for a forensic examination. The medical services provided were timely and follow-up services were refused by the victim.

(d) The facility does not house female detainees and therefore this section is not applicable.

(e-g) Cibola CCC Policy #14-2 requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident this includes the offering of tests for sexually transmitted infections as medically appropriate. Also, the policy requires mental health staff to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment if deemed appropriate by mental health practitioners. The medical and mental health staff interviews confirmed the process. The interviews indicated there were no detainee-on-detainee abusers identified this audit period. The medical record reviewed contained information tests were offered to the victim.

§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-c) Cibola CCC Policy #14-2 requires a sexual abuse incident review at the conclusion of every sexual abuse investigation, where an allegation was not determined to be unfounded, and requires the sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation. Also, the policy requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendation. The policy identified the sexual abuse incident review team to consider the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, information regarding any enhancement of current monitoring technology and the motivation of varied group dynamics (race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification etc.) at the facility. According to the policy, the incident review team consists of upper level management, SART team, line supervisors, medical and mental health staff. Interviews with the Warden and the PSA Compliance Manager confirmed that a report is prepared upon completion of sexual abuse incident reviews within 30 days. Also, both interviews indicated that sexual abuse incidents reviews had been conducted in the past 12 months. All five investigation files reviewed contained the completed Sexual Abuse or Assault Incident Review form. CoreCivic conducts an annual review, completes an annual report and the information is forwarded to the PSA Compliance Manager, Field Office Director and ICE PSA Coordinator for review and any actions. The annual review was completed in 2017.

§115.87 – Data collection.

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

Notes:

(a) Cibola CCC Policy #14-2 requires all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. An interview with the PSA Compliance Manager confirmed case records are maintained in a secure location (records room) with limited access, in accordance with DHS PREA and applicable ICE policies and in accordance with CoreCivic policy. The [REDACTED] have access to this information.

§115.201 – Scope of audits.

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

Notes:

(d, e, i, j) This auditor had access to the entire facility and was able to conduct the tour, staff and detainee interviews in a private room and provided with documentation in accordance to the standard. Detainees were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility and this auditor did not receive any correspondence from any detainees.

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.

Dorothy Xanos July 2, 2019

Auditor's Signature & Date