

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	8/16/2022	To:	8/18/2022
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AUDITOR INFORMATION

Name of auditor:	Sharon R. Shaver	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	770-790- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Phoenix Field Office
Field Office Director:	John Cantu
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	2035 N. Central Ave., Phoenix, AZ 85004
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Eloy Federal Contract Facility
Physical address:	1705 E. Hanna Rd., Eloy, AZ 85131
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	520-464-4141
Facility type:	D-IGSA
PREA Incorporation Date:	9/18/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-464- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Chief of Unit Management
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-464- (b) (6), (b) (7)(C)

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Eloy Federal Contract Facility (EFCF) was conducted on August 16-18, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor/Assistant Program Manager (APM) Sharon R. Shaver, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) also a DOJ and DHS certified PREA Auditor. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is August 19, 2021, through August 18, 2022. EFCF is operated by CoreCivic under contract with the City of Eloy who holds the contract with DHS/ICE, Office of Enforcement and Removal Operations (ERO).

The facility houses adult male and female detainees with custody levels of high, medium, low. The design capacity for the facility is 1550 and the average daily population for the prior 12 months is 779 (376-males and 403-females). The facility reports there were 14,415 detainees booked into the facility in the last 12 months. The current population on the first day of the audit was 805 (524-males and 281-females). The top three nationalities of the facility population reported by the facility are from India, Peru, and Columbia. The average length of time in custody is 29 days. The facility is comprised of 17 buildings which includes 8 multiple occupancy cell housing units. There are 2 medical unit/infirmarary beds, 14 mental health unit beds, and 26 segregation cells. Medical and mental health services are provided by ICE Health Services Corporation (IHSC) and food services are provided through a contract with Trinity. The facility is assigned an ICE/ERO PSA Compliance Manager (PSACM) in addition to the facility's PSACM.

Prior to the audit, the ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and placed within folders for ease of auditing. The facility provided five related policies for the Auditor's review 14-2-DHS, Sexual Abuse Prevention and Response; IHSC Directive 03-01, Sexual Abuse and Assault Prevention and Intervention; and Policy 115-100, Detainee Discipline. Additionally, the governing Agency policy for detention facilities is Policy 11062.2, SAAPI. The Auditor reviewed all documentation, policies, and the PAQ and developed a tentative daily schedule for staff and detainee interviews. The Auditor also reviewed the facility's website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>, and the agency's website <https://www.ICE.gov/prea>.

On August 16, 2022, at approximately 8:15 am, the Auditor met with facility administration in the conference room where the entry briefing was moderated by Team Lead (b) (6), (b) (7)(C) via teleconference. The Team Lead opened the briefing and then turned it over to the Auditor. Listed below are the entry briefing attendees:

CoreCivic Staff

Fred Figueroa, Warden

(b) (6), (b) (7)(C) Assistant Warden (AW),

(b) (6), (b) (7)(C) Chief of Unit Management/PSACM

(b) (6), (b) (7)(C) Chief of Security (COS)

(b) (6), (b) (7)(C) Assistant Chief of Security (ACOS)

(b) (6), (b) (7)(C) Facility Investigator

(b) (6), (b) (7)(C) Quality Assurance Manager

(b) (6), (b) (7)(C) Quality Assurance Coordinator

(b) (6), (b) (7)(C) Grievance Coordinator

ICE Staff

(b) (6), (b) (7)(C) Office in Charge (OIC), ERO

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ERO

(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), PSA Compliance Manager, ERO

(b) (6), (b) (7)(C) Deportation Officer (DO), ERO

(b) (6), (b) (7)(C) DO, ERO

(b) (6), (b) (7)(C) DO, ERO

(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ERAU/OPR

IHSC Staff

Captain (CAPT) (b) (6), (b) (7)(C) Health Services Administrator (HSA)

Commander (CDR) (b) (6), (b) (7)(C) Supervisory Behavioral Health Practitioner (BHP)

Lieutenant Commander (LCDR) (b) (6), (b) (7)(C) Facility Healthcare Program Manager (FHPM)

Creative Corrections, LLC

Sharon R. Shaver, DHS/DOJ Certified PREA Auditor, APM

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to evaluate and determine compliance with the DHS PREA Standards with those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation for review, and information obtained from both staff and detainee interviews. The Auditor reported that no correspondence was received from any person or entity regarding EFCF. The Warden provided a general overview of the facility operations, and all key staff present introduced themselves and their areas of responsibility.

Immediately after the entry briefing, the Auditor was taken on a complete tour of the facility, led by the Warden. The tour consisted of all areas of the facility to include Administrative Offices; South (departures) and North (new arrivals) Intake Areas; Vehicle Sallyport; Medical Department; Training Area; Courtrooms; Visitation; Shift Briefing Area; South and North Libraries; Kitchen; Dining Room; Laundry; Barbershop; Warehouse; South and North Chapels; Commissary; Program Area; Gym; Outdoor Recreation Area/Yard, and all Housing Units. The housing units are identified as follows: Alpha Unit (5-pods with 200 beds); Bravo Unit (6-pods with 287 beds); Charlie Unit (5-pods with 250 beds); Delta Unit (5-pods with 250 beds); Echo Unit (6-pods with 292 beds); Fox Unit (5-pods with 250 beds). Six of the pods were closed (Alpha 500, Bravo 200, Charlie 400, Delta 300 and 400, and Echo 600). Echo Unit, with the exception of pod 400, and Fox Unit were currently dedicated to new arrival intake male detainees. Charlie 100, 200, 300, and Bravo 400 were dedicated to new arrival intake female detainees. (b) (7)(E)

The other units/pods housed general population, divided by male/female population and low/high level security classifications. Each housing unit has a unit manager and counselor assigned. The Warden explained that the population varies from time to time and the facility makes adjustments to the locations used for housing the various populations based on the needs at any given time.

There were no detainees in the intake area during the tour of the facility; however, the COS and facility PSACM assisted the Auditor in reviewing video footage from two recent intakes. Additionally, the intake supervisor demonstrated a mock intake to explain the procedures.

Medical and mental health services are provided by IHSC. This large operation which is directed and overseen by the HSA with the support of 69 staff, provides community level medical, dental, pharmacy, and mental health services to detainees. Medical schedules male and female services alternating to avoid co-mingling; however if there is an emergency, the two population are kept separate and under supervision while in the medical area. The medical department operates 24 hours per day, seven days per week. The facility has an MOU (memorandum of understanding) for outside hospital and SANE services with HonorHealth Scottsdale Osborn Medical Center. (b) (7)(E)

(b) (7)(E)

There are no camera views where a detainee can be observed while showering or using the latrine or in any designated area where detainees change clothes based on the Auditor's review of the camera views.

The facility reported on the PAQ that there are 237 employees who may have recurring contact with detainees. These employees include 145 security staff (83 males/62 females), and 92 other staff including, 12-Trinity (food service), 69-IHSC, with the remainder being ICE/ERO employees. The facility utilizes service contractors for maintenance and other contracted services; during the audit period these services were provided by Sierra Electric, Wilson Electric, Desert Sun, Classic Roofing, Trane, Talton, Century Link, Metro Fire, and Blue Sky Pest Control. No religious services volunteers have been allowed into the facility for the past 12 months due to COVID-19. The Auditor was provided with staff rosters of security staff and ICE/ERO staff on shift during the site visit, and a list of all EFCF staff, a list of IHSC staff, and a list of Trinity staff from which personnel were selected randomly to participate in formal interviews. Based on interviews with the facility PSACM and the Auditor's review of the PAQ prior to the site visit, a list of identified specialized staff was also used for interviews. A total of 49 staff interviews were conducted, consisting of 34-CoreCivic staff, 5-ICE/ERO staff, 5-IHSC staff, 4-contractors, and 1-volunteer. The 34 CoreCivic staff interviewed included 16-random staff (10/security, 6/non-security) and 18 staff selected for specialized topics; the 5 ICE/ERO staff consisted of 2-random, and 3-staff selected for specialized topics. Several of the specialized topics were addressed with multiple staff; additionally, individual specialized staff, in some cases, held responsibilities in more than one specialized area which results in the number of specialized interview protocols conducted being more than the number of staff interviewed. Interviews were conducted regarding specialized topics with the Warden (1), OIC (1), Classification Supervisor (1), Grievance Coordinator (1), Learning & Development Manager (LDM) (1), Intake Supervisor (1), Investigators (3), PSACM (2), Human Resources Manager (HRM) (1), Medical/Mental Health (5), Maintenance Supervisor (1), Incident Review Team (IRT)(6), Security Supervisors (4), AFOD (1).

The facility PSACM provided the Auditor with a detainee roster containing the detainee's age, date of arrival, Nationality, and housing location. The Auditor was also provided a list of detainees who are monitored by the facility PSACM for potential risk of victimization. The Auditor used both lists and factors available from the rosters to select detainees who provided a balanced, but reflective sampling of the current population. The Auditor selected 33 detainees to interview (11-females and 22-males); however, 1 of the female detainees related before the interview and 1 of the male detainees spoke a language that the Auditor was unable to obtain an

interpreter (Wolof). This resulted in the Auditor interviewing 31 detainees (10-females and 21-males). The Auditor interviewed 9 detainees who had been at the facility for more than 90 days. Of the 31 detainees, all were considered limited English proficient (LEP) initially; however, only 24 required the use of an interpreter during the interview. The Auditor used the assistance of a language interpreter through Language Services Associates, provided by Creative Corrections. Of the 31 detainees interviewed, 12 detainees were on the Alert List provided to the Auditor. The Alert List identifies detainees who may have experienced prior sexual abuse or have other factors that may increase their risk for sexual victimization. There were no transgender or intersex detainees assigned to the facility at the time of the site visit and no detainee with a hearing or visual impairment. The Auditor interviewed eight detainees who disclosed prior victimization, three who identified as lesbian/bisexual/gay, and two that reported a sexual abuse allegation at the facility during the audit period. There were ten allegations of sexual abuse reported and investigated at EFCF during the audit period. One additional allegation was reported to the DRIL, but ICE deemed it to not be PREA and did not forward to the facility for investigation. Five allegations were detainee-on-detainee and five were staff-on-detainee. None of the cases were substantiated based on the administrative investigation. No criminal investigations were conducted.

On August 18, 2022, an exit briefing was held in the EFCF conference room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C) opened the briefing (via telephone) and then turned it over to the Auditor. In attendance were:

CoreCivic Staff

Fred Figueroa, Warden

(b) (6), (b) (7)(C) Chief of Unit Management/PSACM

(b) (6), (b) (7)(C) Facility Investigator

(b) (6), (b) (7)(C) Classification Coordinator

(b) (6), (b) (7)(C) Quality Assurance Manager

(b) (6), (b) (7)(C) Quality Assurance Coordinator

ICE Staff

(b) (6), (b) (7)(C) OIC, ERO

(b) (6), (b) (7)(C) AFOD, ERO

(b) (6), (b) (7)(C) SDDO, PSA Compliance Manager, ERO

(b) (6), (b) (7)(C) ICS, ERAU/OPR

IHSC Staff

CAPT (b) (6), (b) (7)(C) HSA

CDR (b) (6), (b) (7)(C) Supervisory BHP

LCDR (b) (6), (b) (7)(C) FHPM

Creative Corrections, LLC

Sharon R. Shaver, DHS/DOJ Certified PREA Auditor, APM

The Auditor expressed her appreciation to the Warden, facility PSACM, IHSC staff, and ICE/ERO staff and all other staff who participated in interviews and provided documentation during the audit. The Auditor was impressed at how well the different entities worked collaboratively for a seamless operation. The staff at EFCF are to be commended for their responsiveness to the Auditor's request for information. The facility PSACM strategically coordinated the interviews and had support from many staff who made themselves available to ensure the Auditor's time was maximized. The audit went very smoothly, and all staff and detainees interviewed did so willingly and appeared to be forthcoming with their information provided to the Auditor. Staff morale was very positive and both staff and detainees were very courteous to the Auditor. The Auditor explained that preliminary findings appeared to have no areas out of compliance but that the final determination could not be made until the Auditor analyzed the information obtained from interviews, evaluated the additional documentation reviewed during the site visit and triangulated it with the initial policy and documentation review. Again, the Auditor thanked staff for their cooperation during the audit and turned the meeting back over to the Team Lead who explained the timeframes then adjourned the meeting.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 7

- §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.31 Staff training
- §115.33 Detainee education
- §115.41 Assessment for risk of victimization and abusiveness
- §115.42 Use of assessment information
- §115.54 Third-party reporting
- §115.67 Agency protection against retaliation

Number of Standards Met: 33

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

Number of Standards Not Met: 0

Number of Standards Not Applicable: 1

- §115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c) EFCF has a written SAAP Policy, 14-2-DHS, that states "CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse or assault. It is the Policy of CoreCivic to provide a safe and secure environment for all detainees [...] that is free from the threat of sexual abuse or assault. CoreCivic provides a Sexual Abuse and Assault Prevention and Intervention (SAAP) Program that ensures effective procedures for preventing, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault." The Auditor's review of this policy determined that it outlines the facility's SAAP Program, which ensures effective procedures for preventing, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault. EFCF's SAAP Policy 14-2-DHS was reviewed and approved by the FOD on September 1, 2021. The zero-tolerance policy is publicly posted on the CoreCivic website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

(d) The facility designates a PSACM who oversees the facility's PREA compliance efforts and implementation process for sexual abuse prevention and intervention policies and procedures and is the point of contact for the agency PSA Coordinator. The designated PSACM is the Chief of Unit Management. The Auditor determined compliance through the review of the facility's Policy 14-2-DHS, review of the facility's organizational chart, and an interview with the facility PSACM. During the interview, the facility PSACM indicated she reports to the Warden, and confirmed she has sufficient time and authority to oversee facility efforts to ensure the facility's compliance with the sexual abuse prevention and intervention policy. She further stated that the Warden is 100% supportive of her PREA compliance efforts which extends to the support she receives from facility staff. The facility PSACM was knowledgeable of the DHS PREA Standards and of her responsibilities and duties as well as overall facility operations. Additionally, the agency employs an SDDO as the ICE/ERO PSACM for the facility. The facility and the agency PSACMs work closely to ensure the facility's compliance with the sexual abuse prevention and intervention policy based on interviews with both the agency and facility PSACM. The Auditor interviewed the ICE/ERO PSACM and was informed that the facility PSACM handles most of the daily operational issues and that she provides support and resources and becomes more involved when allegations are received by the facility, as she is the first line of ICE contact for facility reporting. She was extremely knowledgeable of the requirements of the DHS PREA standards and of the agency's investigative protocols.

§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)(c) Policy 14-2-DHS states, "The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility's physical plant; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; Recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, an annual PREA Staffing Plan Assessment will be completed. The Facility PSA Compliance Manager will complete the 12-2I-DHS Annual PREA Staffing Plan Assessment and forward it to the Facility Administrator for review." The EFCF provided their 2022 PREA Staffing Plan and their Annual PREA Staffing Plan Assessment, dated June 9, 2022, which listed the number of allocated positions for the 1500 detainee facility and collectively document consideration of all elements required by subpart (c) of this standard during the guidelines' development. This plan includes coverage for general housing supervision, restrictive housing unit (RHU) court, visitation, work details, laundry, central control, recreation, kitchen, and medical. Coverage is provided for three shifts, seven days per week. Additionally, the facility provided the complete employee list which includes all EFCF CoreCivic staff, Trinity staff, ICE/ERO staff, and IHSC staff. The staffing schedules and Daily Shift Reports reviewed by the Auditor and interviews with the Warden, OIC, and HSA confirmed that appropriate staffing levels are maintained to ensure adequate supervision of detainees. The facility's comprehensive detainee supervision guidelines are represented by development of the facility's post orders, which were provided for the Auditor's review. These post orders provide detailed supervision instructions for the staff holding the post and were reviewed most recently on June 11, 2022. During the Warden's interview, the Auditor confirmed that in determining adequate levels of detainee supervision and determining the need for video monitoring, the facility takes into consideration general accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the

length of time detainees spend in EFCF's custody, and other relevant factors. The Warden further confirmed that the staffing plan and comprehensive detainee supervision guidelines are reviewed annually.

During the site visit, the Auditor observed staff posted and other staff presence in all areas occupied by detainees. The detainee supervision is enhanced by use of a video monitoring system to electronically monitor the facility, which are monitored by the central control officer. (b) (7)(E)

The current system was installed in 2012, (b) (7)(E) installed from January 2020 to December 2021. During the site visit, the Auditor reviewed where the cameras were mounted, visited the Central Control Room where the cameras are monitored 24/7, and discussed with the facility PSACM about who has access to these cameras. Designated executive staff, and the facility investigator also have access to monitoring areas through these cameras from their office. Interviews with the Warden, AW, COS and facility PSACM confirmed that they regularly assess whether additional cameras may be needed based on review of sexual abuse incident reports and any other relevant factors.

Cameras are monitored by Central Control Room officers assigned to the post; additionally, members of the executive management team, facility PSACM, facility investigators, and other supervisory positions whose positions warrant the need for access. The recorded footage is stored on a DVD/DVR at the facility with approximately 90 days retention before deletion. The facility performs nightly checks to ensure that all cameras are working properly, and interviews with the central control officer and COS confirmed that any cameras identified as not working will be considered an emergency work order and must be addressed immediately. In areas that did not have cameras, but had potential blind spots, the facility had installed mirrors to increase staff visibility in these areas, and supplement by making more frequent staff rounds. The Auditor identified no areas of the facility where detainees have access that were not adequately covered by video monitoring.

(d) Policy 14-2-DHS states, "Staff, including supervisors, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer [(ADO)], post log, shift report, etc.) as "PREA Rounds". This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted." The policy further states, "Employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." The PAQ provided by the facility prior to the site visit stated that frequent unannounced security inspections are conducted to identify and deter sexual abuse of detainees; that the inspections occur on night and day shifts; and that staff are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility. Interviews with 10 random security staff and 4 security supervisors, confirmed that these inspections occur on a frequent but irregular basis and are documented in the area logbook at the time of the inspection. The AW and facility PSACM confirmed that the ADO is responsible for visiting every area of the facility at least once per shift during their weekly rotation. The Auditor reviewed random logbook entries in the ADO log, post logs, and shift reports during the facility tour and found that these inspections are documented and that they occur on a basis that is not predictable and that they occur on both day and night shifts. Additionally, the Auditor requested copies of the Daily Shift Report for five randomly selected dates and confirmed that unannounced PREA checks were documented. In addition to the EFCF staff rounds, ICE/ERO have a regular presence at the facility and make rounds on the housing units to address questions from the detainees and make observations. These visits are recorded in the ICE Visitors Logbook, which is also located on each housing unit, as observed by the Auditor during the facility tour. According to the documentation reviewed and interviews with ICE/ERO staff, visits are made by ICE/ERO staff several times per week.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

EFCF houses no detainees younger than 18 years of age or family detainees. Interviews with the Warden, OIC, PSACMs, and information provided on the PAQ indicate that EFCF does not house juveniles. The detainee population roster provided to the Auditor during the site visit indicated there were no detainees under the age of 18.

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

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

Notes:

(b)(c)(d) Policy 14-2-DHS states, "Pat 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 pat-down search is required, or, in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances." The facility reported on the PAQ there were no cross-gender pat searches conducted during the audit period. During the site visit, the Auditor observed several pat searches of detainees and observed footage of the most recent intake where detainees were brought into the facility. All pat searches observed were conducted by staff of the same gender as the detainee being searched. Interviews with 10 random security staff and 31 detainees, of both genders, indicated that cross-gender pat searches had not occurred, and staff understood that if it is necessary to conduct a cross-gender pat search under exigent circumstances, the search must be documented in accordance with the policy. Since no cross-gender searches had occurred during the audit period, there was no documentation for review; the Auditor reviewed the Cross Gender Search Log to further confirm, which also had no entries documented during the audit period.

(e)(f) According to Policy 14-2-DHS, all strip searches and visual body cavity searches of any detainee must be documented on the 5-1B Notice to Administration. With regard to opposite gender strip searches, Policy 14-2-DHS states, "Strip searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners. An officer of the same gender as the detainee shall perform strip searches. [...], staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file." Interviews with 10 security staff of both genders confirmed their knowledge that cross-gender strip searches are prohibited. While they all insisted that there would never be an occasion for this to occur, they confirmed they understood that if a cross-gender strip search was necessary under exigent circumstances that it would have to be documented and would need prior approval. Interviews with four security supervisors, the facility PSACM, and Warden confirmed that no incidents of cross-gender strip searches have occurred during the audit period; additionally, no body cavity searches are permitted at all. The Warden provided a Memorandum dated July 6, 2022, indicating there had been no strip search or visual body cavity search conducted at EFCF during the audit period, which was also confirmed during his interview. The Warden explained that if there was a health safety reason that warranted a body cavity search, it would be conducted by medical and under the direction of a Physician and documented through an incident report and in medical charts. The HSA provided the same information regarding body cavity searches during her interview that supported the Warden's explanation. The Auditor reviewed the strip search log between 07/01/2021 and 12/27/21, and 05/18/22 through 07/02/22, along with three Record of Search reports. All strip searches listed on the log identified the gender of the detainee and the staff who conducted the search; all strip searches were conducted by staff of the same gender as the detainee. Juveniles are not held at EFCF. The Auditor's review of staff rosters and observation of staff present during the site visit concluded that there is adequate staff of both genders available to ensure cross-gender searches of any kind would not be necessary.

(g) Policy 14-2-DHS states, "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine checks or cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. Cross gender staff may only be assigned to a suicide watch, including constant observation, provided that the facility has procedures in place that enable the detainee on suicide watch to avoid exposing himself or herself to non-medical cross gender staff. Same gender correctional staff or medical staff may be substituted to observe the periods of time when the detainee is showering, performing bodily functions, or changing clothes." During interviews with 10 random security staff, they confirmed that they make their opposite gender announcements when entering a housing unit or when entering an area that a detainee may be undressed. They also indicated that non-security staff are expected to make their announcements as well, but if they forget, the officer makes it for them. These announcements are documented in the area logbook and the Auditor observed samples of logbook entries where opposite gender announcements were made, indicating a well instituted practice. Additionally, during the site inspection, the Auditor observed signage posted outside each housing unit reminding staff to make the opposite gender announcements, and observed these announcements being made when the tour group entered the housing units. Detainee interviews confirmed that these announcements are made with regularity.

(h) EFCF is not a Family Residential Center; therefore, this provision is not applicable.

(i) Policy 14-2-DHS states, "The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." There were no transgender or intersex detainees housed at the facility during the site visit, although the facility had housed transgender detainees within the audit period. Interviews with 10 random security staff and 4 security supervisors, the HSA, and other medical staff, confirmed everyone's knowledge that searching a detainee for the purpose of determining his or her gender is prohibited. The facility reports that there were no incidents during the audit period where this type of search has occurred.

Recommendation (i): Provision (i) requires that the facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. The Auditor recommends that the policy be updated to extend the prohibition of these type searches to all detainees, not only to transgender or intersex detainees.

(j) Policy 14-2-DHS states, "The gender of the staff member searching a transgender or intersex detainee will depend on the specific needs of the individual detainee and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the detainee. There are three (3) options for pat searches and strip searches of transgender or intersex detainees. [These options are] Pat searches and strip searches conducted only by medical staff; asking detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search; and Pat searches and strip searches conducted in accordance with the detainee's gender identify." The policy further states, "In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs." The Auditor reviewed the Search Procedures Facilitator Guide used by EFCF to train their officers on conducting searches which covers the proper procedures for conducting both pat and strip searches, cross-gender searches, and searches of transgender and intersex detainees. This training is supplemented with the "ICE Detention Facilities Cross-Gender Search Requirements" Bulletin published in June 2018 which outlines Best Practices for searches. The LDM confirmed during his interview

that all security staff are required to take this training during their Pre-Service training. A roster dated June 10, 2022, supported by signed training certifications and training acknowledgement forms provided evidence that seven new hires attended Pre-Service Orientation Search Procedures training. Interviews with 10 random security staff and 4 security supervisors confirmed that they have been trained on searches to include conducting searches of opposite gender, and transgender and intersex detainees and were able to explain to the Auditor proper techniques that would be used. All detainee interviews confirmed that searches are conducted in a professional and respectful manner, and by an officer of the same gender.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) Policy 14-2-DHS states, "The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTY), interpreters, and note-takers."

During interviews with the Warden, the facility PSACM, and intake staff they informed the Auditor that staff will sit one on one with visually impaired or otherwise disabled and those who have limited reading skills to go over the facility detainee handbook; and that staff will use the TTY machine for detainees who are deaf or hard of hearing to answer any questions they may have about the information in the facility detainee handbook. The facility detainee handbook is published in English and Spanish and includes the SAAPI information on pages 33-38. The intake sergeant stated she would consult with the Disability Compliance Manager if she encountered a situation where she is unable to effectively communicate with the detainee to obtain assistance for appropriate accommodations.

The facility's detainee handbook includes information for the detainee about accessing accommodations for disabilities and explains that access to programs and activities will be provided in the least restrictive setting possible, and to the most integrated setting appropriate to the needs of the detainee with a disability. EFCF has video relay service (VRS) capabilities through Purple Communications for use by deaf detainees who sign. The facility provides auxiliary aids or services to accommodate disabilities as determined by the HSA. These services include the provision of readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunication devices for deaf persons (TTYs), interpreters, and note-takers, as needed. The TTY machines are available for hearing impaired detainees in Charlie, Fox, and Bravo Units, and can be moved to any unit where it is needed. The intake supervisor explained that if a detainee appears to not understand the information based on cognitive limitations, they take extra time with the detainee to ensure the message is conveyed properly and notify the PSACM, medical, and classification supervisor so that each of these individuals will be aware of the potential cognitive limitations. The classification supervisor will follow up with the individual to ensure they understood the information provided during intake. According to the HSA, all incoming detainees are seen and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. The interviews also confirmed that they rarely receive a detainee who needs communication accommodations for a disability, and there were none at the facility during the site visit for the Auditor to interview.

(b) Policy 14-2-DHS states, "The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Detainees with LEP will be provided in-person or telephonic interpretation services. The facility will provide access to the Language Line or other similar translation service at no cost to the detainee. Where practicable, provisions for written materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Information provided to detainees will be available in both English and Spanish, including, but not limited to: Written information provided to detainees at intake and orientation; PREA information posted on housing unit bulletin boards; and Information videos." The facility's orientation booklet (same as the video) is available in English, Spanish, Haitian Creole, Hindi, Punjabi, and traditional Chinese. This orientation is available in printed format and is played on video to the detainees during orientation, and has closed-caption. The Auditor reviewed the English version of the orientation booklet and found it contains SAAPI information. The I Speak... language Identification Guide was present in the intake areas to aid in identifying what language a detainee speaks if they are unable to communicate with English or Spanish speaking staff. This language guide poster allows the detainee to point to the language that they speak so that staff can contact an appropriate interpreter through the language line. Intake staff use the language line to go over the SAAPI information contained on pages 33-38 in the facility detainee handbook for detainees who need it in a language other than English or Spanish. Additionally, staff will sit one-on-one with LEP detainees to go over the facility detainee handbook if they have questions, regardless of the language, and will use language line services if necessary. The facility handbook is published in English and Spanish and includes the SAAPI information on pages 33-38. During interview with the intake staff, the Auditor was informed that the facility has obtained translation of several questions from the 14-2B-DHS Sexual

Abuse Screening Tool into 21 languages (Thai, Urdu, Serbian, Russian, Romanian, Persian, Pashto, Hindi, Haitian Creole, Gujarati, French, Chinese-Traditional, Chinese-Simplified, Azerbaijani, Armenian, Albanian, Bengali, Georgian, Nepali, Portuguese, Punjabi) for detainees who speak languages other than English and Spanish. While an interpreter is still used during the interview, this allows the detainee to read these questions in their preferred language and provide an appropriate response in writing to the intake staff. This supplement to the 14-2B-DHS form is not intended to replace the full screening instrument and is only used to improve communication with detainees who speak languages other than English and Spanish during the screening process. These efforts are above and beyond the requirement of this standard. The Talton tablets, available on the housing units for detainee use, also have the ability to translate messages that can be sent to designated staff through the system in Arabic, Creole, English, Farsi, French, German, Hawaiian, Hindi, Japanese, Korean, Mandarin, Polish, Punjabi, Russian, Samoan, Spanish, Tagalog, Vietnamese, and Chinese (Simplified and Traditional). The ICE National Detainee Handbook was available on hand in, either printed or in PDF format, in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). Upon arrival, detainees receive the facility's detainee handbook, ICE National Detainee Handbook (in one of the 14 languages), and the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) Information pamphlet. The facility detainee handbook contains the contact numbers for all reporting methods as well as the community advocate. Based on interview with the intake supervisor, when a detainee does not speak/understand any of the languages that the SAAPI information is available in, either intake staff or classification staff reads the pamphlet, the local reporting information, and community advocate flyer to the detainee with use of an interpreter in a language they understand. The facility created a flyer which is posted in all housing units, How To Make An Anonymous Report Using the Telephone, which contains detailed instructions in nine languages on placing a call to the facility's PREA Hotline and to the Southern Arizona Center Against Sexual Assault (SACASA).

The facility has a contract with Language Line Services, Inc., which was verified during an interview with the facility's business manager and review of the contract and June 2022 account statement. Based on the number of calls (148) and various languages accessed (19) on the invoice, it is evident the facility has a well-implemented process of using the interpreter services to communicate with detainees. Additionally, EFCF and ERO staff may utilize the ERO Language Services Resource Flyer for accessing translation, transcription, and interpreting services or contact the <https://icegov.sharepoint.com/sites/insight/ero/custody/pages/larc.aspx> for access. The DHS ICE Zero Tolerance for Sexual Abuse & Assault posters, in both English and Spanish, were observed by the Auditor during the tour posted in all housing units and in other common areas, intake processing, medical, visiting area, courtroom area, and front entry. These posters included the name and contact number for the facility PSACM. Each housing unit also has a posting that includes the Sexual Abuse (PREA) Hotline reporting information and instructions on how to place the call; and Victims Services contact information next to the telephones, in both English and Spanish. The external community advocate provider flyer is also provided to detainees in both English and Spanish. Interviews with 31 LEP detainees confirmed they were provided the SAAPI information in a manner of their understanding, and that they are afforded an interpreter when needed; they also mentioned the posters in the housing units provide them with information they can understand to make a complaint if needed. The facility also made available the DHS-prescribed SAA Information pamphlet, which is available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). These brochures were available in the intake area in English and Spanish and were available in the other languages in PDF for printing and distributing to detainees. The Auditor interviewed the intake supervisor who explained she trains all staff who routinely work the intake area in efforts toward ensuring effective communication with detainees during the intake processing and utilization of the resources available to them as described in this narrative.

(c) Policy 14-2-DHS states, "Interpretation services shall be provided by someone other than 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. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." The Auditor's review of six randomly selected investigative case files found that they were documented with the language used when an interpreter was necessary. Interviews with 10 random security staff, 4 security supervisors, the facility investigator, ICE staff, and both PSACMs confirmed that the interpreter service would be used if needed, and if a detainee requested the use of another detainee to interpret, this may be allowed but would require assessment of appropriateness and approval by the Warden and OIC.

EFCF has gone above and beyond the requirements of this standard in providing the SAAPI information in multiple formats and translations to ensure that this information is conveyed in a manner understood by the detainee.

§115.17 – Hiring and promotion decisions.

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

Notes:

(a)(b)(e) Policy 14-2-DHS provides personnel procedures consistent with Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive that require collectively, to the extent permitted by law, the agency/facility to decline to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor, or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively

adjudicated to have engaged in the activity as outlined above. Interviews with the Warden and HRM confirmed that no candidate for a position that has contact with detainees, by new hire or promotion, will be considered for employment if they are found to have engaged in sexual abuse, sexual harassment, or any prior sexual misconduct. The Auditor reviewed seven personnel files during the site visit (3-new hires, 2-promotions, 1-contractor, and 1-volunteer) and found evidence of an initial background investigation being completed on all employees and a criminal history check was conducted on the volunteer.

Policy 14-2-DHS states, "To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct [described in subpart (a)], or the provision of materially false information. All applicants, employees, and contractors who may have direct contact with detainees shall be asked about previous misconduct, as outlined [in subpart (a)], in written applications or interviews for hiring or promotion, and in any interviews or written self-evaluations conducted as part of reviews of current employees." Policy 14-2-DHS also states, "Consistent with federal, state, and local law each CoreCivic shall make its best effort to contact all prior institutional employers for information on substantiated investigations or sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to obtain such prior employment information." Additionally, the acting Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. The HRM confirmed during her interview that any material omissions or materially false information discovered to have been presented by a candidate is grounds for termination and that employees and contractors are advised of this during the hiring process and the initial orientation. The CoreCivic application for employment contains the misconduct questions outlined in provision (a) of this standard and is required to be asked of all applicants. The Auditor's review of the personnel files for three new hires confirmed that these questions are required to be asked and answered as a part of the initial hiring process. The Auditor reviewed two samples of the DHS 6 Code of Federal Regulations Part 115 'Self-Evaluation' form that questions staff about prior misconduct. This form is required to be completed for all staff during evaluations, and prior to promotions. This form asks the employee directly about previous misconduct described in paragraph (a) of this standard. A current 'Self-Evaluation' form was present in the two existing employee personnel files reviewed by the Auditor during the site visit. Additionally, employees have a continuing affirmative duty to disclose any such misconduct, and the employee is advised of this during the initial hiring process as well as during the policy training in orientation. During the AFOD interview, he confirmed that there have been no recent promotions of ICE/ERO employees assigned to EFCF. Random interviews with 16 staff confirmed a clear knowledge of the continuing affirmative duty to disclose misconduct. Of the seven personnel files reviewed, one listed prior institutional employment and the file was documented where the prior employer was contacted requesting information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. During the interview with the HRM she explained that a background check is run on every employee and the COS confirmed that a background check is run on every contractor and volunteer, prior to hiring or enlisting their services. The Auditor reviewed evidence of the background check for the seven personnel files reviewed (5-employees, 1-Trinity contractor, and 1-volunteer). The Auditor reviewed records for and interviewed two randomly selected service contractors that were observed during the site visit and confirmed that a background check was completed on both contractors prior to enlisting their services.

(c)(d) Policy 14-2-DHS states, "CoreCivic shall ensure that criminal background records checks are completed at least every five (5) years for current employees and contractors who may have contact with detainees." On July 27, 2022, the Auditor sent a request for Background Investigation for Employees and Contractors form to the PSO with a list of 11 employees (9-CoreCivic; 2-ICE/ERO; 1-Trinity), to verify that background investigations had been conducted. The PSO responded indicating that 10 are current and one was not identified as a current ICE employee/contractor. The facility explained that this person had been hired provisionally, contingent on a suitable ICE background investigation. The facility was attempting to contact the prospective employee to reinstate the investigation if they were still interested in becoming employed at EFCF. Based on interviews with the HRM and Warden, due to the length of time that it takes to process a new hire, the facility will bring staff onboard tentatively after an initial background check and until they are cleared by ICE. These provisional employees have no detainee contact until their background investigation is completed and approved by ICE for hire.

(f) Policy 14-2-DHS states, "Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." At the agency level, based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. During the HRM's interview she confirmed that she provides information to prospective employers regarding prior employees of EFCF upon request, and when they provide a signed release from the employee.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a) Policy 14-2-DHS states, "When designing or acquiring any new facility, or in planning any substantial expansion or modification to the existing facility, CoreCivic will consider the effect of the design, acquisition, expansion, or modification upon its ability to protect detainees from sexual abuse. Such consideration shall be documented on 7-1B PREA Physical Plant Considerations form." Interviews

with the facility PSACM and the Warden confirmed that there have been no substantial expansions or modifications to the existing facility within during the audit period; however, they would take into consideration how any changes would affect their ability to protect detainees from sexual abuse.

(b) Policy 14-2-DHS states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology at the facility, CoreCivic will consider how such technology may enhance its ability to protect detainees from sexual abuse. Such consideration shall be documented on 7-1B PREA Physical Plant Considerations form." (b) (7)(E)

(b) (7)(E) installed between January 2017 to December 2019, and the facility provided a memorandum from the Warden, dated 07/12/2022, (b) (7)(E) installed between January 2020-December 2021. Interviews with the Warden and COS confirmed that careful consideration was taken with each camera installation to meet security and PREA requirements. Two PREA Physical Plant Considerations Forms, CoreCivic Form 7-1B, completed during the audit period for the camera installations, were provided for the Auditor's review indicating consideration of the facility's ability to protect detainees from sexual abuse. This was further confirmed during interviews with the Warden and facility PSACM, as well as observations by the Auditor during the site visit.

§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)(e) Policy 14-2-DHS states, "Investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled in accordance with the Code of Federal Regulations, Title 6 Part 115.21, Evidence Protocol and Forensic Medical Examinations. If the facility is not responsible for investigating such allegations, the facility shall request through the Memorandum of Understanding that the responsible outside agency or entity (i.e., state, or local law enforcement, contracting agency, etc.) comply with these requirements. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic protocols developed after 2011." The facility has entered into an MOU with Eloy Policy Department (EPD), effective March 7, 2014, with no sunset date, which establishes the EPD as the designated entity to conduct criminal investigations for sexual abuse allegations referred by the EFCF. This MOU includes an agreement that the EPD will conduct criminal investigations in accordance with DHS Standard 115.21 sections (a) through (d). The agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, outlines the agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. The facility houses no juveniles, so this requirement within the provision is not applicable. The Auditor's review of six randomly selected investigative case files confirmed that uniform evidence protocols were used for collecting circumstantial evidence and the nature of each allegation presented no indication of physical evidence to be collected. During the facility investigator's interview, she advised the Auditor that she follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The EPD is contacted for all allegations of sexual abuse and will assess whether they will conduct a criminal investigation. If accepted, the facility would be responsible for preserving evidence until an EPD Investigator arrived on the scene. If declined, the facility investigator will proceed with collection of any available evidence and administrative investigation. The ERO/ICE PSACM and facility PSACM explained during each of their interviews the evidence protocols as described by the facility investigator, and in accordance with agency Policy 11062.2.

(b) Policy 14-2-DHS states, "The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services." EFCF is provided victim advocacy services by SACASA through an MOU executed March 25, 2021, with no expiration, to provide standard advocacy services including accompanying the victim through the medical forensic examination process and investigatory interviews conducted in designated Pima County exam site hospitals. HonorHealth, the hospital used by EFCF, is a designated exam site hospital in Pima County. If the interviews are conducted outside of the exam site (hospital); SACASA can accompany the detainee via video conferencing. SACASA will provide emotional support, crisis intervention, information, and referrals.

(c)(d) Policy 14-2-DHS states, "The investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations, [...] without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Such examinations shall be performed by a [Sexual Assault Forensic Examiner] SAFE or [Sexual Assault Nurse Examiner] SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs." The policy further states, "As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." The EFCF has entered into an MOU with HonorHealth, effective April 9, 2018, with no sunset date, to respond to requests from EFCF to provide a SANE for comprehensive care for EFCF detainee victims of sexual assault, as needed. The Auditor's interview with the HSA confirmed the

utilization of the services through Honor Health, the availability of SANE personnel and explained the protocols the EFCF medical staff would go through to access these services if needed. She further advised the Auditor there was no incident during the audit period requiring a forensic medical exam, which was also confirmed through review of six investigative case files. Additional medical personnel were interviewed who were also able to provide the Auditor with protocols for accessing these services in the event of a sexual assault incident. An interview with the ICE/ERO PSACM, facility PSACM, facility investigator, COS, and HSA confirmed that as requested by the detainee victim, the victim advocate would be allowed to accompany the detainee during the examination.

§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)(d)(e)(f) Policy 14-2-DHS states, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. Administrative investigations will include retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. When a detainee, of the facility in which an alleged detainee victim is housed, is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center [JIC], the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director/designee, and to any local government entity or contractor that owns or operates the facility."

The facility has an MOU with EPD, the entity with legal authority to provide investigative services to EFCF for any allegation of detainee sexual abuse that arises to the level of criminal behavior. Agency protocols require that all allegations be reported to the JIC, where the allegation will be assessed to determine if it falls within the PREA purview. The PREA allegations are referred to DHS OIG or OPR. DHS OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused by DHS OIG, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for action, and the agency would assign an administrative investigation to be completed. There were 11 allegations reported and investigated during the audit period. Five were staff-on-detainee, and six were detainee-on-detainee. One allegation was reported to the DRIL, and the facility was not made aware of the allegation. Based on an interview with the ICE/ERO PSACM this allegation was deemed not PREA by ICE. Of the 10 allegations remaining, all were investigated by the facility investigator, and of these, four were reviewed by ICE. None of these 10 investigations were substantiated; 5 staff-on-detainee cases were closed with 3-unsubstantiated and 2-unfounded; and 5 detainee-on-detainee cases were closed with 3-unsubstantiated and 2-unfounded. The Auditor reviewed six investigative case files with the facility investigator and found that each case was presented to the EPD for a criminal investigation, and they declined in all six allegations reviewed based on the nature of the allegation lacking criminal element.

The facility's protocols, as outlined in Policy 14-2-DHS, includes a description of the responsibilities of the agency, the facility, and other investigative entities. Interviews with the ICE/ERO PSACM, the facility PSACM, the facility investigator, Warden, and OIC confirmed each have a thorough understanding of their responsibilities and the inter-agency coordinated efforts that are required when investigating an allegation of sexual abuse. Following a report of sexual abuse, the facility investigator will begin to collect facts and any available evidence and provide notification to the facility and ICE/ERO PSACMs. If at any point the incident appears to be criminal in nature, the facility investigator will immediately pause the administrative investigation, will update the PSACMs who will make notification to the ICE FOD through their reporting procedures. If the abuse appears to be criminal in nature, the facility investigator will not interview the alleged perpetrator, and will contact the EPD for a criminal investigation referral. Upon conclusion of the criminal investigation, the facility investigator will resume the administrative investigation. When a staff member is involved as an alleged perpetrator, the facility will follow the same protocols as outlined above, including the notifications to JIC, ICE OPR, or the DHS OIG. Additionally, the Warden advised that he is responsible for providing notification to CoreCivic corporate office of incidents of a criminal nature involving staff. All notifications are made by email for documentation purposes, and in some cases, followed up with a phone call based on the urgency of the situation. In the six randomly selected investigative case files reviewed, the Auditor confirmed that notifications were made promptly and appropriately to the required entities. An interview with the OIC confirmed the reporting protocols as previously explained by the ICE/ERO PSACM. The PSACMs confirmed during their individual interviews that the documentation of referrals and reports related to allegations of sexual abuse are maintained as long as the alleged perpetrator is detained or employed by the agency or facility, plus five years. The ICE/ERO PSACM confirmed during her interview that she is responsible for making notifications to the JIC, ICE OPR or the DHS OIG, as appropriate. The Team Lead provided the Auditor with a PREA Allegations Spreadsheet for EFCF to review prior to the site visit. The Auditor interviewed both the OIC and the ICE/ERO PSACM regarding six allegations listed on the spreadsheet that were not reported to the ERO SAAPI office and did not contain a JICMS case number. It was explained to the Auditor that the allegations, when reported to these entities through the designated procedure, were deemed to not meet the definition of PREA. The ICE/ERO PSACM provided the Auditor with a copy of the SAAPI Assessment

Worksheet for these six allegations. This worksheet must be used by facilities/field offices to assess whether a detainee's allegation meets the criteria to be reported as a SAAPI allegation. Based on the information provided on the SAAPI Assessment Worksheet, each of these cases did not meet the criteria for a report to the Agency for a DHS PREA investigation. Based on these interviews with ICE/ERO, interview with the facility investigator, review of the six randomly selected investigative case files and the SAAPI Assessment Worksheets provided, the Auditor determined that the facility acted with due diligence to investigate all allegations reported to them within the audit period, and that the notifications to ICE were made appropriately in all cases.

(c) The Auditor determined compliance with this subpart based on the protocols for ICE investigations and CoreCivic investigations being found on their respective web pages: (<https://www.ICE.gov/prea>) and (<https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>). Policy 14-2-DHS

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) Policy 14-2-DHS states, "Training on the facility's [SAAPI Program] shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. [This training] shall include: The facility's zero-tolerance policies for all forms of sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; Instruction that sexual abuse and assault is never an acceptable consequence of detention; Recognition of situations where sexual abuse and/or assault may occur; How to avoid inappropriate relationships with detainees; Working with vulnerable populations and addressing their potential vulnerability in the general population; Recognition of the physical, behavioral and emotional signs of sexual abuse and assault and ways to prevent and respond to such occurrences; The requirements to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee's-victim's welfare, and for law enforcement/investigative purposes; The investigative 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; How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; Procedures for reporting knowledge or suspicion of sexual abuse and assault; Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault; and Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault. Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file."

The Auditor reviewed the staff training PowerPoint PREA & SAAPI and found it to be inclusive of all topics required in provision (a) including five additional topics related to the SAAPI not required by the DHS standard. The LDM confirmed that the training is delivered annually and that all staff are required to attend this training annually, including Trinity staff. The LDM also confirmed during his interview that he is responsible for coordinating, scheduling, and delivering training to staff, contractors, and volunteers and that they are required to take PREA training every year, which exceeds the requirement of provision (b) which requires a refresher every two years. The LDM advised the Auditor during his interview that training is delivered in-person and the SAAPI Program training is a two-hour block of instruction. Based on the records reviewed and interviews with 16 random staff and the LDM, the facility has a well-implemented system in place for training staff and maintaining records. The LDM provided the Auditor with a roster indicating all staff have completed their PREA training for 2022; additionally, a roster was provided for all new staff hired since January indicating their PREA training during pre-service orientation. Additionally, the Auditor selected eight employees (5-CoreCivic/3-Trinity) to review their training records and found current signed 14-2A-DHS PREA Policy/Training Acknowledgment form for each employee. The ICE/ERO AFOD, during his interview, confirmed that ICE/ERO staff assigned to EFCF are all current with their PREA training through PALMS and that their training requirements are set for this training to occur annually. The Auditor selected five ICE/ERO staff to review training records and certificates were provided for all five. All staff interviewed were very knowledgeable about the SAAPI program and had a complete understanding of the agency's zero-tolerance for sexual abuse.

§115.32 - Other training.

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

Notes:

(a)(b)(c) Policy 14-2-DHS states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees will be trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility's zero-tolerance policy and informed on how to report such incidents." The Auditor interviewed and reviewed the file of one volunteer and two service contractors and found current signed 14-2A-DHS PREA Policy/Training Acknowledgment forms present for both their initial and annual PREA training.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) Policy 14-2-DHS states, "During the intake process, all detainees shall be notified of the facility zero-tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing), about the facility's SAAPI Program. Such information shall include, at a minimum: The facility's zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee on detainee sexual abuse and assault, staff-on-detainee sexual abuse

and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact (line officer), their consular official, the DHS/OIG and ICE/OPR investigation process; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault will not negatively impact the detainee's immigration proceeding; The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." Additionally, the policy states, "During intake and/or orientation, detainees shall be shown the CoreCivic Video "PREA What You Need to Know" or alternative ICE-approved video. This video will be shown in both English and Spanish. Detainees must sign and acknowledge that they have seen the video. Information about reporting sexual abuse shall be included in the detainee handbook."

(b) Policy 14-2-DHS states, "The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTY), interpreters, and note-takers." Additionally, the policy states, "The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Detainees with LEP will be provided in-person or telephonic interpretation services. The facility will provide access to the Language Line or other similar translation service at no cost to the detainee. Where practicable, provisions for written materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Information provided to detainees will be available in both English and Spanish, including, but not limited to: Written information provided to detainees at intake and orientation; PREA information posted on housing unit bulletin boards; and Information videos."

During interviews with the Warden, the facility PSACM, and the intake sergeant they informed the Auditor that staff will sit one on one with visually impaired or otherwise disabled and those who have limited reading skills to go over the facility detainee handbook; and that staff will use the TTY machine for detainees who are deaf or hard of hearing to answer any questions they may have about the information in the facility detainee handbook. The facility handbook is published in English and Spanish and includes the SAAPI information on pages 33-38. The intake sergeant stated she would consult with the Disability Compliance Manager if she encountered a situation where she is unable to effectively communicate with the detainee to obtain assistance with appropriate accommodations. The facility's orientation booklet is available in English, Spanish, Haitian Creole, Hindi, Punjabi, and traditional Chinese. This orientation is available in printed format and is played on video to the detainees during orientation. The Auditor reviewed the English version of the orientation booklet and found it contains SAAPI information. The I Speak... language Identification Guide was present in the intake areas to help in identifying what language a detainee speaks if they are unable to communicate with English or Spanish speaking staff. This language guide poster allows the detainee to point to the language that they speak so that staff can contact an appropriate interpreter through the language line. The intake supervisor advised the Auditor during her interview that intake staff use the language line to go over the facility detainee handbook for detainees who need it in a language other than English or Spanish. Additionally, staff will sit one on one with LEP detainees to go over the facility detainee handbook if they have questions, regardless of the language, and will use language line services if necessary. The facility handbook is published in English and Spanish and includes the SAAPI information on pages 33-38. The I Speak... language Identification Guide was available in the intake areas to help in identifying what language a detainee speaks when they are unable to communicate in a language not spoken by staff. This language guide poster allows the detainee to point to the language that they speak so that staff can contact an appropriate interpreter through the language line. Intake staff or classification staff will sit one on one with LEP detainees to go over the facility detainee handbook if they have questions, regardless of the language, and will use language line services if necessary. The facility has a contract with Language Line Services, Inc., which was verified during an interview with the facility's business manager and review of the June 2022 account statement. Based on the number of calls (148) and various languages accessed (19) on the invoice, it is evident the facility has a well-implemented process of using the interpreter services to communicate with detainees.

During interviews with the intake supervisor, the facility PSACM, and the HSA the Auditor confirmed that an assessment of a detainee's disability and any language barrier is made upon arrival at the facility and if a disability or language barrier is identified, the PSACM and HSA are both notified so accommodations needed for effective communication are met in delivering the SAAPI information during the intake process. The intake area contains a private office where medical personnel interview the detainees and another private area where the classification staff discuss the SAAPI information and conduct the risk screening. It is in this private setting that staff are able to assess if a detainee may have a disability or a language barrier that needs the assistance of an interpreter. Consistent with §115.16, multiple measures are employed to effectively deliver the SAAPI message to detainees at EFCF. EFCF has VRS capabilities through Purple Communications for use by deaf detainees who sign. The facility provides auxiliary aids or services to accommodate disabilities as determined by the HSA. These services include the provision of readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, TTYs, interpreters, and note-takers, as needed. The intake supervisor explained that if a detainee appears to not understand the SAAPI information based on cognitive limitations or limited reading skills,

they take extra time with the detainee to ensure the message is conveyed properly. If necessary, classification staff will be notified and will follow up with the individual to ensure they have understood the information provided at intake and to answer any additional questions the detainee may have. According to the HSA and other medical staff interviewed, all incoming detainees are seen and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. These interviews also confirmed that they rarely receive a detainee who needs communication accommodations for a visual, hearing, or cognitive disability, and there were none at the facility during the site visit for the Auditor to interview. The EFCF detainee handbook is published in English and Spanish and the facility's orientation video is presented in both English and Spanish, as the most common language spoken by detainees housed at the facility is Spanish. However, the orientation video transcript is available in English, Spanish, Haitian Creole, Hindi, Punjabi, and traditional Chinese which can be distributed to the detainee who needs these languages so they may follow along with the video. Intake staff use the language line to go over the SAAPI information contained on pages 33-38 in the facility detainee handbook for detainees who speak languages other than the ones that the orientation video transcript is published in.

(c) Policy 14-2-DHS states, "The facility shall maintain documentation of detainee participation in educational sessions pertaining to sexual abuse." Based on interviews with the intake supervisor and the facility PSACM, the detainee's signature is captured on the Unit Admission and Orientation Acknowledgement form to signify that they have received the orientation program including information on sexual assault/abuse. This form has recently been updated to include a section to indicate if an interpreter was used to deliver the SAAPI information and to notate the language and interpreter's ID. The Auditor reviewed six recent examples of the Unit Admission and Orientation Acknowledgement form indicating an interpreter was used during orientation.

(d)(e) Policy 14-2-DHS states, "The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the PSA Compliance Manager; and Information about the local organization that can assist detainees who have been victims of sexual abuse or assault, including the mailing address and telephone number (including toll-free hotline numbers where available). The facility shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." The facility made available the DHS-prescribed SAA information pamphlet which is available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). These pamphlets were available in the intake area in English and Spanish and were available in the other languages in PDF for printing and distributing to detainees. During interviews with 31 detainees (10-females and 21-males), 1 stated they did not receive a SAA informational pamphlet in a language of their understanding (Punjabi). The Auditor advised the facility PSACM, and she provided this detainee with a pamphlet in the designated language to the detainee. During the facility tour, the Auditor observed the DHS-prescribed sexual assault awareness notice, the name of the PSACM, and information for contacting SACASA. The Auditor observed that all notifications provided to detainees on the housing units were neatly printed and legible posted in every unit.

Recommendation (e): The facility should be aware that as of September 6, 2022, the DHS-prescribed SAA information pamphlet is available in 15 languages. The additional translations are: Bengali, Vietnamese, Ukranian, Turkish, and Russian, Romanian.

(f) The ICE National Detainee Handbook was observed by the Auditor in, either printed or in PDF format, in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). Based on interviews with the intake supervisor, facility PSACM, 31 detainees, and review of supporting documentation in the 26 detainee files reviewed, upon arrival at EFCF, detainees receive the ICE National Detainee Handbook. The ICE National Detainee Handbook includes information on how to report sexual abuse.

EFCF has gone above and beyond the requirements of this standard in providing the SAAPI information in multiple formats and translations in multiple additional languages to ensure that this information is conveyed in a manner understood by the detainee.

§115.34 – Specialized training: Investigations.

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

Notes:

(a)(b) Policy 14-2-DHS states, "The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigative process." Based on interviews with the facility PSACM, LDM, and both facility investigators and review of six randomly selected investigative case files, the facility uses qualified investigators to conduct investigations of alleged sexual abuse. The Auditor reviewed training records for both the primary facility investigator and the backup investigator, which included evidence that they both have received training on all topics required of provision (a) of this standard, to include the DHS PREA §115.34: Effective Cross-Agency Coordination Training. Training rosters and certificates are maintained by the training coordinator.

Agency Policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes

topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI (lesbian, gay, bisexual, transgender, intersex), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements. The Auditor verified that the ICE/ERO PSACM and OIC have received the specialized training. Of the six randomly selected investigative case files reviewed, all six were investigated by a trained facility investigator.

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

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

Notes:

(a)(b)(c) Healthcare services are provided by IHSC staff at EFCF. Policy 14-2-DHS states, "In addition to the general training provided to all employees, all full time and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below: How to detect and assess signs of sexual abuse; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse; How and to whom to report allegations of sexual abuse; and How to preserve physical evidence of sexual abuse." IHSC Directive 03-01 states, "All IHSC facilities must ensure all facility medical staff are trained in the proper procedures to identify, assess, examine, refer, and treat victims of sexual abuse, in accordance with the [National Commission on Correctional Health Care] NCCCHC 2018 standards."

The Auditor's review of the IHSC Prison Rape Elimination Act (PREA) training PowerPoint found that it includes the specialized topics required for medical and mental health staff. Interviews with the Supervisory BHP, and the HSA confirmed that all medical and mental health staff receive this training during their initial orientation. Additionally, IHSC staff complete their general PREA training annually through PALMs. Training certificates for three random healthcare staff were reviewed by the Auditor. EFCF's SAAPI Policy 14-2-DHS was reviewed and approved by the designated FOD on September 1, 2021. Additionally, the IHSC Directive 03-01 was reviewed and approved by the designated ICE Director on October 16, 2019.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) Policy 14-2-DHS states, "All detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing should be completed within 12 hours of admission to the facility." The Auditor reviewed 26 detainee files during the site visit and found completed risk screenings that were clearly documented as being completed within 12 hours of the detainee's arrival. Interviews with the intake supervisor and the classification supervisor also confirmed that the intake processing is completed within 12 hours and that detainees are not placed into general population until he/she is classified, and appropriate housing decisions are determined.

(c)(d)(f) Policy 14-2-DHS states, "The facility shall consider to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of detainee; The physical built and appearance of the detainee; Whether the detainee has been previously incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses against an adult or child; Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the detainee has self-identified as having previously experienced sexual victimization; and The detainee's own concerns about his or her physical safety. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked [from the risk screening instrument]. The 14-2B-DHS Sexual Abuse Screening Tool or electronic OMS version will be utilized to complete the initial screening. The initial screening will consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive." The facility provided a blank copy of the 14-2B-DHS Sexual Abuse Screening Tool for the Auditor's review and the Auditor found that it included appropriate questions to obtain information for consideration, as required by provisions (c)(d) of this standard. An interview with the AW and the Disciplinary Hearing Officer (DHO) confirmed that detainees are not disciplined for refusing to answer or for not disclosing complete information in response to the questions asked during the risk screening process.

(e) Policy 14-2-DHS states, "The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. The reassessment of a detainee's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager, or a staff member designated by the Facility Administrator. The 14-2B-DHS Sexual Abuse Screening Tool will be used for completing the re-assessment. Completed 14-2B-DHS forms will be maintained in the detainee's central file or electronic records, with a copy forwarded to the detainee's medical record and/or, where applicable, the detainee's electronic medical records. Following any investigation into an allegation of sexual abuse, the necessity of filing any detainee "incompatible" or "keep separate" notices between the victim and abuser will be evaluated, such that the victim and abuser or potential abuser are kept separate while housed at the CoreCivic facility or recommend for a transfer to another facility. The predatory detainee shall be reclassified in accordance with the applicable classification procedures." Of the 26 detainee files reviewed, 9 had been at the facility for more than 60 days and each of these had a documented reassessment conducted between 60-90 days. An example was provided to the Auditor of a detainee who received an initial assessment on the date of arrival, a 60-90-day reassessment within the appropriate timeframe, and then another assessment upon receipt of additional information from ICE that

affected the risk status. Additionally, the classification supervisor explained that if a detainee is still assigned to the facility after the 90 days, another in-person assessment will be conducted between 90-120 and the Auditor observed this documentation in 8 detainee files during the file review. This is above and beyond the requirement and exceeds this standard. The Auditor randomly selected six of the 10 investigative case files for review during the site visit. Of the investigative case files reviewed, evidence of a reassessment of risk were present in the file for the detainee victims. None of the cases were substantiated so there were no reassessments conducted on an alleged detainee perpetrator.

(g) Policy 14-2-DHS states, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." Interviews with the intake supervisor, two security supervisors, classification supervisor, and the facility PSACM confirmed that the information collected during the screening is kept confidential and only shared with those who need to know for facility management, classification, or treatment purposes.

§115.42 - Use of assessment information.

Outcome: Exceeds Standard (Substantially exceeds requirement of standard)

Notes:

(a) Policy 14-2-DHS states, "The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing, recreation, work, program, and other activities." Interviews were conducted with the classification supervisor, the facility PSACM, HSA, Supervising BHP, security supervisors, COS, AW, and Warden and collectively these interviews explained how the information gathered from the 14-2B-DHS form is utilized to inform assignment of detainees to housing, recreation, and other activities, and voluntary work. Once the information is collected on the screening form, any information that may indicate the detainee could be at risk for victimization or abusiveness is immediately forwarded to the facility PSACM, COS, shift supervisor, medical and mental Health, and classification supervisor. The shift supervisor will review the information and determine if an initial housing adjustment should be made, or if the detainee may be placed in the unit designated for new arrivals. The classification supervisor reviews the complete detainee file, including the 14-2B-DHS in order to make a permanent housing decision by the time the detainee moves out of the unit designated for new arrivals. Once the information collected from the 14-2B-DHS is entered into the offender management system, a report can be generated that provides a list of detainees who are identified as high risk for either victimization, predatory behavior, or both. The classification supervisor, AW, and the facility PSACM explained that this information is utilized to keep potential victims and potential abusers separated, and that the report is distributed only to staff who need to know the information for management purposes.

(b) Policy 14-2-DHS states, "The decision whether to assign a transgender or intersex detainee to a male facility or a female facility will generally be made by ICE prior to the detainee's arrival at a CoreCivic facility. The Facility Administrator shall consult with his/her appropriate ICE representative, CoreCivic Management Director, and the CoreCivic FSC PSA Coordinator in the event there are concerns with a placement. The facility should not base housing and program placement decisions for transgender or intersex detainees solely on the anatomy of the detainee. A detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration. The facility shall make individualized case-by-case determinations about how to ensure the safety of each detainee. Upon arrival at a facility, the transgender/intersex detainee will be temporarily housed, in a location away from the general population, to include a medical unit or protective custody unit, for no more than seventy-two (72) hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed. In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee." Additionally, IHSC 03-01 states, "Custody staff [will] consult a medical and mental health professional as soon as practicable on an assessment made for a transgender or intersex. The facility shall provide such victims with medical and mental health services consistent with the community level of care." Custody staff should not base placement decisions of transgender or intersex detainees solely on the identify documents or physical anatomy of the detainee."

The facility has a Special Needs Committee/Transgender Care Committee that meets, as needed, to address any needs required of specialized populations. This committee meets within 72 hours of the transgender/intersex detainee entering the facility and develops a care plan with participation and input from the detainee. Members include the facility PSACM, medical, mental health, security, and the classification supervisor, who all convene as a multi-disciplinary group to meet with the transgender or intersex detainee for the purpose of making informed decisions on placement and needs of detainee and in consideration of the best interest of the individual and the facility. During the Supervising BHP interview, he advised the Auditor that detainees who identify as LGBTI are provided an informational packet on LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersexed) from National Alliance on Mental Illness (NAMI) to provide them additional information on resources available to them in the community. The implementation of the Special Needs Committee/Transgender Care Committee is above and beyond the requirements of this provision and exceeds this standard.

(c) Policy 14-2-DHS states, "Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees. The degree of separation required is dependent on the layout of the facility and may be accomplished either through physical separation or by time-phasing or scheduling." Each housing pod has individual shower stalls with curtains for privacy.

Interviews with 10 random security staff, 4 security supervisors, intake supervisor, classification supervisor, COS, facility PSACM, AW, and Warden confirmed that if a transgender or intersex detainee requests to shower separately from other detainees, accommodations would be made.

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§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e) Policy 14-2-DHS states, "Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. Staff shall document detailing reasons for placement of an individual in Administrative Segregation on the basis of a vulnerability to sexual abuse and assault. If involuntary segregated housing is warranted as outlined above [...], the facility will take the following actions: A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted; and A supervisory staff member shall conduct, at a minimum, [an] identical review after the detainee has spent seven (7) days in Administrative Segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (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. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: The opportunities that have been limited; The duration of the limitation; and The reasons for such limitations." Interviews with both PSACMs, COS, AW, Warden, OIC, and HSA confirmed that detainees are not routinely placed in administrative segregation for protection and that alternative housing arrangements are generally possible. If it is necessary to place a detainee in segregation for protection, measures are taken to ensure the least restrictive environment is provided. The facility provided documentation for a detainee placement in Protective Custody (PC) Status. The documentation indicated the detainee voluntarily requested placement in PC; an initial review was conducted within 44 hours; an identical review was conducted within 7 days; and the detainee was released from PC 2 days after the first 7-day review, based on being released from the facility. The initial placement and review forms documented there were no restrictions to programs, privileges, education, or work opportunities.

§115.51 - Detainee reporting.

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

Notes:

(a)(b) Policy 14-2-DHS states, "The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with a Health Services staff member during sick call; Calling the facility twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Forwarding a letter to the CoreCivic FSC PSA Coordinator at 10 Burton Hills Boulevard, Nashville, TN 37215. ICE has established the following reporting methods: Directly report to the [DHS OIG] complaint hotline toll-free telephone number at 1-800-323-8603 (this number also has an option to report outside of ICE); Contact the ICE Detention and Reporting Information Line (DRIL) toll-free telephone number 1-888-351-4024 or 9116#; Tell an ICE/ERO staff member who visits the facility; Write a letter reporting the sexual misconduct to the ICE [OIC], ICE AFOD, or ICE FOD using special mail procedures; File a written formal request or emergency grievance to ICE; Contact ICE OPR JIC toll-free hotline number 1-877-246-8253 or email joining.intake@dhs.gov; By mail to DHS OIG, Attention Office of Investigations Hotline, 245 Murray Drive, SW, Building 410/Mail Stop 0305, Washington, DC 20528."

(c) The Auditor observed that all notifications provided to detainees on the housing units were neatly printed and legible and were posted in every unit. These notifications include: The DHS OIG Hotline Poster (English/Spanish); ICE DRIL Poster (English/Spanish); and a How To Make An Anonymous Report Using the Telephone detailed instructions flyer in nine languages. The EFCF (85231) Consulate Listing is also posted on each housing unit and includes instructions and speed dial numbers to reach Consulates and Embassies and multiple resources including the DRIL; DHS/OIG, CRISIS – Sexual Abuse Hotline in Arizona; and RAINN. In addition to these postings, detainees have access to reporting information through the ICE National Detainee Handbook. All staff interviewed were aware of the various methods detainees can use to make a report, which included staff accepting a verbal, written, anonymous, or third-party complaint. Staff explained that if they received a verbal complaint, they would make a report in writing and report it up to their supervisor. Detainee interviews also confirmed their awareness of multiple ways to make a report sexual abuse. Most detainees stated they would tell a staff member, but they were all aware of the many other avenues available to them through the written materials distributed and the posters on the walls and bulletin boards. A test call to the DRIL was successfully placed from a randomly selected housing unit telephone during the site visit. Of the six randomly selected investigative case files reviewed the allegations were reported to the following resources: 1-security staff; 1-SACASA; 3-non-security staff; 1-third party reporter.

§115.52 – Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f) Policy 14-2-DHS states, "Formal grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator of Administrative Duty Officer. Detainees will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send all grievances related to related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. " Detainees are notified of the facility's grievance policy through the facility's detainee handbook, and based on the Auditor's review, it conveys the same message to detainees as listed in Policy 14-2-DHS.

During an interview with the grievance coordinator, he explained that detainees are allowed to file a grievance related to sexual abuse at any time and there is no limit imposed on when it may be submitted. Additionally, the facility will provide the detainee with a decision by written response within five working days of receipt and responds to an appeal of the decision within the 30 days. Any grievance that involves an immediate threat to health, safety, or welfare will be considered an emergency grievance; and any medical emergencies will be brought to the attention of medical staff immediately. The grievance coordinator checks the grievance box daily Monday through Friday. An interview with the HSA confirmed that detainee medical emergencies are brought to medical without delay. The grievance coordinator and both PSACMs confirmed during interviews that any sexual abuse grievance would be forwarded to the ICE FOD via the OIC at the end of the grievance process. The OIC confirmed during his interview that he is notified of sexual abuse grievances and makes notification to the FOD in accordance with policy. Detainee interviews confirmed awareness of the grievance process, that they can report sexual abuse through this method, and that they may obtain assistance in preparing the grievance if needed. The facility received one grievance regarding an allegation of sexual abuse. The Auditor reviewed the grievance and found that a response was provided by the grievance coordinator within four days and no appeal was filed. There was no medical emergency indicated to warrant being brought to medical staff immediately. This allegation was investigated through the sexual abuse allegations protocols administratively.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) Policy 14-2-DHS states, "CoreCivic shall maintain, or attempt to enter into, MOU or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. The facility shall require that agencies providing confidential support services inform detainees, prior to rendering services, or the extent to which communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports on abuse will be forwarded to authorities in accordance with mandatory reporting laws."

EFCF is provided victim advocacy services by SACASA through a MOU executed March 25, 2021, with no expiration, to provide EFCF detainees with confidential emotional support services related to sexual abuse; crisis intervention, information, and referrals as needed; a 24-hour sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to detainees. SACASA will provide detainees calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and standard SACASA operating procedures. SACASA will accept and forward reports of sexual assault received from detainees and third parties and will allow the detainee or any third-party reporter the ability to remain anonymous when forwarding the information to the facility. Additionally, SACASA will take appropriate steps to ensure that detainees with disabilities identified as LEP have an equal opportunity to participate in or benefit from the services provided by SACASA. The EFCF advises detainees of access to these services through the facility detainee handbook and informational notices posted in the housing units. Detainees are advised the calls placed to SACASA will not be recorded and may be placed at no cost to the detainee. The Auditor placed a test call from a random housing unit phone and spoke with a representative who confirmed these services are available. Interviews with both PSACMs, AW, HSA, Supervising BHP, and facility investigator confirmed that detainee victims of sexual abuse are offered the advocacy services when an allegation is reported; which was also documented in the investigative case files. Random detainee and staff interviews confirmed their awareness that these services are available and how to access them when needed.

§115.54 - Third-party reporting.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Policy 14-2-DHS states, "The facility shall establish a method to receive third-party reports of sexual abuse and shall post this information on the facility PREA link [found on the CoreCivic website]." EFCF provides four methods for making third-party reports of sexual abuse. These methods are: DHS OIG toll-free Hotline 1-800-323-8603; OPR JIC toll-free Hotline 1-877-246-8253 or email https://joint.intake@dhs.gov; CoreCivic 24-Hour Ethics Line 1-866-757-4448 or visit <https://www.CoreCivic.ethicspoint.com>; The SACASA at (520) 327-7273 or 1-800-400-1001 or send a letter to 1600 North Country Club Road, Tucson, AZ 85716. The DHS OIG Hotline posters and SACASA posters were observed in the facility entrance, in the visitation area, and in other areas of the facility to include the housing units. The Auditor also visited the following web sites (<https://www.ice.gov>) and (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>), to view the third-party reporting information. The Auditor interviewed 31 detainees during the site visit and most of them were aware that family members and friends could report sexual abuse on their behalf. Detainees confirmed during interviews they are aware that sexual abuse may be reported by a third-party. Additionally, ICE provides the DRIL website which is another method to the public for reporting sexual abuse on behalf of a detainee and these posters were also observed in every housing unit. Of the six randomly selected investigative case files reviewed, one was reported by a third-party. The standard requires the facility establish a method, and EFCF has established multiple methods to receive third-party reports of sexual abuse, thereby exceeding requirements of this standard.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b) Policy 14-2-DHS states, "Staff members who become aware of alleged sexual abuse shall immediately follow the facility's [Coordinated Response Procedures]. The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Employees are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed, and marked "Confidential", to the Facility Administrator. Reports of sexual abuse may also be reported to the CoreCivic Ethics Hotline at <https://www.CoreCivic.ethicspoint.com>." Interviews with random staff, one volunteer, and two contractors confirmed they understand their responsibility to immediately report any allegation they become aware of to the shift supervisor. Random staff were aware that they may go outside of their chain of command to make a report, should they feel it necessary. Of the six randomly selected investigative case files reviewed, one was reported to security staff and three to non-security staff. Documentation in the case files indicated the staff member took immediate action and in accordance with the established protocols. EFCF's SAAPI Policy 14-2-DHS was reviewed and approved by the FOD on September 1, 2021.

(c) Policy 14-2-DHS states, "Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions." Random staff interviews and specialized staff interviews all confirmed the importance of limiting distribution of information related to a sexual abuse incident outside of those who need to know for purposes of treatment, investigation, or local management needs.

(d) Policy 14-2-DHS states, "If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation will be reported to the designated state or local services agency under applicable mandatory reporting laws." EFCF houses only adult detainees. The OIC, Warden, and both PSACMs both confirmed during their interviews that if a detainee victim of sexual abuse was considered to be a vulnerable adult, they would notify the ICE FOD via the appropriate channels in addition to the EPD, and ICE would make any required notifications to any other State or service agency. None of the six investigative case files reviewed involved a vulnerable adult.

§115.62 - Protection duties.

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

Notes:

Policy 14-2-DHS states, "When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee." Interviews with random staff, supervisors, both PSACMs, facility investigator, COS, AW, Warden, and OIC confirmed that immediate action would be taken to protect a detainee who is subject to a substantial risk of imminent sexual abuse. Most line staff stated they would keep the detainee with them and then contact their supervisor for further instructions; supervisory/management and executive level staff explained that the same methods used in §115.43 are the methods that would be used to protect a detainee subject to a substantial risk of imminent sexual abuse which are moving them to a different housing unit, transferring to another facility, housing in the medical unit, or placing in PC.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c) Policy 14-2-DHS states, "Upon receiving an allegation of sexual abuse that a detainee currently at the facility was sexually abused while housed at another facility the following actions shall be taken: The Facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA)." The facility provided a memorandum from the Warden, dated July 7, 2022, advising the Auditor there had been no sexual abuse notifications from another facility from July 2021 to July 2022. During an interview with the Warden, the Auditor confirmed that if EFCF receives such a report, immediate notification would be made to the other facility by the captain, administrative duty officer, or facility investigator, and then followed with written notification to the appropriate office of the agency or the facility administrator within 72 hours and to serve as documentation of this notification.

(d) The PSACM advised the Auditor EFCF received no reports of allegations from another facility that was to have occurred at EFCF during the audit period, but if one were to be received, the facility would follow the same protocols for responding to sexual abuse allegations for a detainee housed at the facility and it would be investigated following the same protocols and the appropriate ICE FOD would be notified through the OIC.

§115.64 – Responder duties.

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

Notes:

(a)(b) Policy 14-2-DHS states, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect and crime scene until appropriate steps can be taken to collect evidence. Staff shall take immediate action to separate any detainee who alleges that he/she has been sexually abused or assaulted from the alleged assailant and shall refer the detainee for a medical examination and/or clinical assessment for potential negative symptoms. The first security staff member to respond to a report of sexual abuse, or his or her supervisor, shall preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder shall request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. When the alleged perpetrator is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. And ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff." Two of the six allegations received during the audit period were reported to a non-security staff. The Auditor's review of six randomly selected investigative case files indicated no physical evidence would be available due to the nature of the allegations, so the evidence preservation instructions were not given by the staff member; however, the file indicated that the detainee was kept separated from contact with the alleged abuser and security staff was notified. Random staff interviews confirmed all staff are well-trained on their first responder duties and the importance of an immediate response to separate the alleged victim and alleged perpetrator.

§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) Policy 14-2-DHS clearly outlines the facility's written institutional plan to coordinate actions, using a multidisciplinary approach, taken by staff first responders, medical and mental health representatives, security representative, and victim services coordinator, investigators, and facility leadership in response to an incident of sexual abuse. This plan includes notification to the EPD; use of the designated hospital, HonorHealth Scottsdale Osborn Medical Center; and the designated victim advocate provider, SACASA. Additionally, Policy 14-2-DHS establishes a Sexual Abuse Response Team (SART), which designates specific parties with assigned specified responsibilities during the response. The Auditor interviewed members of the SART and found them very knowledgeable of their responsibilities, as well as understanding of the established institutional plan to coordinate actions following a sexual abuse allegation. The Auditor's review of the six randomly selected investigative case files that were reported during the audit period found that EFCF staff responded according to the facility's established coordinated response plan. The facility provided a memorandum, dated July 25, 2022, from the HSA advising the Auditor that there have been no incidents at the EFCF requiring a SANE examination during the audit period. This was further confirmed during interviews with the ICE/ERO and facility PSACMs, HSA, and review of the investigative files.

(c)(d) Policy 14-2-DHS states, "If a victim is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." The Auditor interviewed the HSA who confirmed that the medical department will inform the receiving facility of the incident and the victim's potential need for medical or social services (unless the victim requests otherwise in the case of transfer to a facility that is not covered by the DHS PREA standards).

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

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

Notes:

Policy 14-2-DHS states, "Staff, contractors, and civilians [volunteers] suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." The Auditor's review of six randomly selected investigative files included four allegations made against a staff member. These files were documented that these staff were removed from detainee contact during the investigation. Interviews with the HRM, facility investigator, AW, Warden and OIC confirmed that employees would be removed from all duties requiring detainee contact pending the outcome of the investigation which may include suspension, and contractors or volunteers would be removed from the facility until the investigation is completed and the ICE FOD would be notified. The facility investigator provided the Auditor with a sample of the email documentation returning a staff member to work after the conclusion of the investigation.

§115.67 - Agency protection against retaliation.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) Policy 14-2-DHS states, "Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force." Policy 14-2-DHS states, "For at least 90 days following a report of sexual abuse or assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments by staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PSA Compliance Manager shall ensure that 30/60/90-day retaliation monitoring is conducted by the designated staff, following a report of sexual abuse, to protect against potential retaliation against detainees or employees. This shall include periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D-DHS PREA Retaliation Monitoring Report (30/60/90) form." The Auditor interviewed the facility's designated retaliation monitor who explained during his interview that he utilizes form 14-2D-DHS PREA Retaliation Monitoring Report (30/60/90) to document the monitoring of detainees to see if there are facts that may suggest possible retaliation by other detainees or staff. He explained the various protection measures that would be used if needed. This form is comprehensive and includes the type of periodic status check indicated as well as the reviewer's name, and the name and information of the person being monitored. Each section has a comment box to record information related to the monitoring. The Auditor reviewed five samples of a properly executed 14-2D-DHS PREA Retaliation Monitoring Report (30/60/90) form where retaliation was monitored on a detainee who reported sexual abuse. The form was complete, thorough, and demonstrated a well-implemented system for monitoring retaliation at the facility. The retaliation monitor included detailed information in the comments section for each instance of monitoring that indicated all elements that were reviewed during the monitoring, which is above and beyond the requirements of this standard. Random staff interviews confirmed a clear understanding that retaliation is prohibited. The Warden and OIC both confirmed that retaliation against any person involved in a sexual abuse incident is strictly prohibited and explained procedures consistent with the policy as the facility's measures to prevent and respond to retaliation.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(d) Policy 14-2-DHS states, "The facility shall take care to place victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee." Based on interviews with the Warden, AW, ICE/ERO and facility PSACMs, COS, FHPM, OIC, and the Auditor's review of six randomly selected investigative case files, no detainee was placed in administrative segregation status based on a reported incident of sexual abuse within the audit period. These interviews further confirmed that detainees are not routinely placed in administrative segregation for protection and that alternative housing arrangements are generally possible. If it is necessary to place a detainee victim in segregation after an allegation of sexual abuse for protection, measures are taken to ensure the least restrictive environment is provided. These interviews also confirmed everyone's knowledge that after a detainee has been held in administrative segregation for 72 hours the FOD must be notified.

(c) Policy 14-2-DHS states, "A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse." The facility provided a memorandum from the Warden, dated July 6, 2022, advising the Auditor there were no instances of a detainee victim being placed in segregation after an allegation of sexual abuse, which was further confirmed during interviews with the Warden, AW, COS, ICE/ERO and facility PSACMs, and the Auditor's review of six randomly selected investigative case files. The facility PSACM and the classification supervisor confirmed that a reassessment would be conducted before returning the detainee to general population.

§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) Policy 14-2-DHS states, "The facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with the legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity." EFCF provided the Auditor with an MOU with EPD who is the entity with legal authority to provide investigative services to the facility for any allegation of sexual abuse and/or harassment that arises to the level of criminal behavior. During the interviews with the ICE/ERO and facility PSACMs, the facility investigator, AW, Warden, and OIC, they confirmed the investigative protocols for the facility, that the EPD is the designated law enforcement agency to conduct criminal investigations, and that the facility investigator conducts the administrative investigations promptly, thoroughly, and objectively. The Auditor's review of six randomly selected investigative case files found that they were all investigated promptly, thoroughly, and objectively. The facility has two designated investigators, and both have been specially trained and are authorized to conduct administrative investigations. These investigations are completed only after consultation with the ICE/ERO PSACM and OIC, who provide notification to and any subsequent consultation with JIC, OPR and DHS OIG, as necessary. Training for the facility investigators was verified and discussed in §115.34 of this report. Additionally, the ICE/ERO PSACM is a specially trained investigator to conduct administrative investigations of sexual abuse and may do so under the direction of OPR if they elect to review a case.

(c)(e)(f) Policy 14-2-DHS states, "Administrative investigations will include: Preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, an witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years; coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. When outside agencies conduct investigations of sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation."

The facility investigator confirmed during her interview that the facility remains in contact with EPD, aiding where needed, on any criminally investigated allegation. Additionally, she would take no actions involving the administrative investigation that may compromise any criminal investigation without coordinating with the investigating entity. This interview also confirmed that determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; and that the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating an investigation. The Auditor's review of six randomly selected investigative case files found these protocols were followed as described in the policy and as explained by during interviews with the facility investigator.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

Policy 14-2-DHS states, "When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated." During the interviews with the facility investigator, she confirmed the evidence standard used when determining the outcome of a sexual abuse case is the preponderance of evidence. She explained to the Auditor how the evidence is evaluated to make a conclusive decision on the disposition of a case. The Auditor reviewed six randomly selected investigative case files reported during the audit period and found all outcomes of the investigations were based on the preponderance of evidence.

§115.73 - Reporting to detainees.

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

Notes:

Policy 14-2-DHS states, "Following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. All detainee notifications or attempted notifications shall be documented on the 14-2E Detainee Allegation Status

Notification. The detainee shall sign the 14-2E Detainee Allegations Status Notifications verifying that such notification has been received. The signed [notification] shall be filed in the detainee's file." The Auditor completed the Notification of PREA Investigation Result to Detainee form on August 15, 2022, for two allegations reported during the audit period and submitted to the Team Lead to verify that ERO had made notification of the results of the closed investigation to the victims in these cases. The requested information was provided to the Auditor via email on August 16, 2022, demonstrating the notification of the case disposition were made to the detainee victim in both cases. Additionally, the facility provided a sample of a properly executed 14-2E Detainee Allegation Status Notification form with the PAQ documents for review. An interview with the facility investigator confirmed that she is the designee for making these notifications at the facility and the Auditor reviewed six randomly selected investigative case files during the site visit that all included notifications provided to the detainee victims.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) Policy 14-2-DHS states, "Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. The facility shall also report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the ICE FOD, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies to the extent known." The facility had no incidents that resulted in disciplinary sanctions, staff terminations, or resignations within the audit period, which was confirmed during interviews with the Warden, OIC, and FHPM. These interviews also confirmed removal from employment and Federal Service would be the presumptive discipline for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or failed to follow the zero-tolerance policy; additionally, notification would be made to both the EPD and any relevant licensing body. A copy of the letter template to a licensing body that would be used for notification purposes was provided to the Auditor for review. Additionally, a copy of the letter template that would be used to notify an employee of termination for violation of Policy 14-2-DHS was provided to the Auditor for review. Disciplinary sanctions for violations of SAAP policies, other than engaging in sexual abuse or actions deemed criminal, would be based on the nature and seriousness of the violation, employee's prior conduct, and any other relevant factors. Policy 14-2-DHS was reviewed and approved by the FOD on September 1, 2021.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) Policy 14-2-DHS states, "Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to the ICE FOD regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, if known." The facility had no incidents that resulted in contractor or volunteer disciplinary sanctions, terminations, or resignations within the audit period, which was confirmed during interviews with the Warden, OIC, and FHPM. These interviews also confirmed any contractor or volunteer found to have engaged in sexual abuse will be removed from the facility and reported to EPD and any relevant licensing body. A copy of the letter template to a licensing body that would be used for notification purposes was provided to the Auditor for review. Additionally, a copy of the letter template that would be used to notify a contractor or volunteer of termination for violation of Policy 14-2-DHS was provided to the Auditor for review. Disciplinary sanctions for violations of SAAP policies, other than engaging in sexual abuse or actions deemed criminal, would be based on the nature and seriousness of the violation, but would most likely result in termination.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d) Policy 14-2-DHS states, "Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse or assault. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." Policy 15-100, Resident Rules and Discipline, establishes that disciplinary sanctions are administered with the intent to encourage the detainee to conform with rules and regulations in the future. A detainee shall have the right to due process, which includes the right: to present statements and evidence, including witness testimony on his/her own behalf; and appeal the committee's determination through the detainee grievance process. The Auditor interviewed the DHO who confirmed that the disciplinary system has progressive levels of reviews, appeals, procedures, and documentation procedures, which were also explained in the facility's detainee handbook. The Supervising BHP confirmed that if a detainee is mentally disabled or mentally ill, but competent, the disciplinary process considers whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

There were no substantiated allegations of sexual abuse during the audit period; and therefore, no files to review covering detainee disciplinary sanctions pursuant to sexual abuse.

(e) Policy 14-2-DHS states, "A detainee may be disciplined for sexual contact with an employee only upon a finding that the employee did not consent to such contact." This procedure and that no detainee has been disciplined for sexual contact with an employee within the audit period was confirmed during interviews with the DHO, AW, Warden, and OIC.

(f) Policy 14-2-DHS states, "For the purpose of disciplinary action, a report of sexual abuse or assault made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." This procedure and that no detainee has been disciplined for making a false report within the audit period was confirmed during interviews with the DHO, AW, and COS.

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

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

Notes:

(a)(b)(c) Policy 14-2-DHS states, "If screening [pursuant to 115.41] indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral." IHSC 03-01 states, "Health care providers may identify detainees who have been allegedly sexually assaulted or abused during the intake screening process or during other clinical encounters. Facility staff may refer suspected incidents of sexual assault or abuse, or detainees who are susceptible to a high risk for victimization, to a qualified health care provider at any time. Mental health assessments must be completed within 72 hours of the referral. Medical referrals must be completed within two working days."

Based on interviews with intake staff, upon completion of the 14-2B-DHS Sexual Abuse Screening Tool, if the screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. These referrals are initiated immediately from the referring staff, generally the intake staff, by email. During interviews with the HSA, the Auditor confirmed that when a referral for medical follow-up is initiated, the detainee receives a health evaluation no later than two working days from the date of assessment. Each detainee is seen by medical staff on the day of their arrival and depending on the severity of the needs of the detainee, will dictate how quickly an evaluation will be completed, but within two days. The Auditor reviewed a documented example of 3 detainee referrals resulting from the detainee's disclosure of prior sexual abuse (victimization) and 2 referrals made for disclosure of prior sexual abuse (abusiveness) during the risk screening process and found that the detainee was seen by medical and mental health providers on the first day and had a follow-up by mental health based on the referral within 72 hours. Additionally, 6 of the 26 detainees whose files were reviewed during the site visit reported prior victimization; each file contained documentation that the detainee had been referred to medical/mental health at intake. Based on interviews with the HSA, medical staff, Supervising BHP, and mental health staff, and review of the documented referral provided, the Auditor concluded that medical and mental health evaluate the detainees right away after a referral, but no later than two days (medical) and 72 hours (mental health) after the referral. Interviews with the intake staff confirmed when a detainee answers affirmative to certain questions on the 14-2B-DHS Sexual Abuse Screening Tool, that they immediately notify the PSACM, medical, mental health, and classification by email to initiate the necessary services.

§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) Policy 14-2-DHS states, "Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care." IHSC 03-01 states, "IHSC staff facilities [shall] provide emergency medical and mental health services to detainees who are victims of sexual abuse. [These] services include: Initial evaluation, ongoing mental health care, examination, and referrals; Emergency medical treatment; Crisis intervention services including emergency contraception, sexually transmitted infections testing, and prophylaxis; Pregnancy tests for females." The facility provided memorandums dated July 25, 2022, from the HSA, and dated July 7, 2022, from the Warden, advising the Auditor that there have been no detainee victims of sexual abuse referred out for emergency services during the audit period. This was further confirmed during interviews with both PSACMs, HSA, Warden, and OIC.

(b) Policy 14-2-DHS and ICSC 03-01 both state, "All treatment services, will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care." Interviews with the HSA and FHPM confirmed that detainee victims are not charged for treatment services related to sexual abuse.

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

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

Notes:

(a)(b)(c)(e)(f) Policy 14-2-DHS states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide such victims with medical and mental health services consistent with the community level of care." IHSC 03-01 states, "IHSC will provide immediate medical and mental health treatment to all detainees with a current and/or history of sexual abuse. IHSC staff facilities [shall] provide emergency medical and mental health services and ongoing care for detainees who are victims of sexual abuse. [These] services include: Initial evaluation, ongoing mental health care, examination, and referrals; Emergency medical treatment; Crisis intervention services including emergency contraception, sexually transmitted infections testing, and prophylaxis; Pregnancy tests for females." These procedures and practices were confirmed during interviews with the HSA, Supervising BHP, FHPM, and other medical and mental health staff and through review of detainee health records. Interviews with the HSA and FHPM confirmed that detainee victims are not charged for treatment services related to sexual abuse. Interviews with the HSA and other medical staff confirmed that once a detainee victim returns from the hospital, they will carry out any medical treatment or medical regiment started at the hospital and administer necessary tests and treatment as prescribed by the medical provider. Detainees are not charged for health care services.

(d) IHSC 03-01 establishes pregnancy tests will be offered for females of sexually abuse by a male abuser. These procedures and practices were confirmed during an interview with the HSA and FHPM; additionally, the Auditor was advised that if pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services but would not remain at EFCF.

(g) Policy 14-2-DHS states, "The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. IHSC 03-01 states, "A BHP, or physician if no BHP is available, will conduct a mental health evaluation of all known detainee-on-detainee sexual abusers. The BHP, physician, [or other appropriate provider] will conduct a mental health evaluation and provide treatment within 60 days of notification of such recent and history of abuse and/or assault. If an evaluation is conducted, the BHP or physician will document the evaluation and ensure it is placed in the electronic health record." The Auditor's interview with the Supervising BHP and two mental health providers confirmed these procedures and practices, and that there have been no substantiated allegations resulting in a known detainee perpetrator during the audit period.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) Policy 14-2-DHS states, "The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the PSA Compliance Manager, and the [CoreCivic] FSC PREA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report or shall be forwarded to the [CoreCivic] FSC PREA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office." The Auditor interviewed the HSA, Supervising BHP, facility investigator, AW, and the PSACMs as members of the Incident Review Team to confirm the processes and procedures for conducting an Incident Review. All were well informed on the criteria to be used during a review and conveyed to the Auditor that the process is well-established at EFCF. The facility provided a completed Sexual Abuse or Assault Incident Review Form, which includes consideration of all elements required in provision (b), with the PAQ documents for one of the closed cases reported during the audit period. During the site visit, the Auditor reviewed the completed Sexual Abuse or Assault Incident Review Form for the six randomly selected investigative case files reviewed, further confirming that the facility's processes for conducting incident reviews is well-implemented. The completed incident reviews conducted during the audit period resulted in no recommendations for improvements or changes to policy at EFCF.

(c) Policy 14-2-DHS states, "Each facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office." The facility provided a copy of the CoreCivic 2021 PREA Annual Report. The facility PSACM explained that data collected and published in this report is used to improve procedures and practices at the facility and a copy of the report is provided annually to all entities as required by this standard.

§115.87 - Data collection.**Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a) Policy 14-2-DHS states, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with Core Civic Policy 1-15 Retention of Records." The facility investigator maintains the allegation/investigative files and confirmed during her interview and through direct observation of the file records, that files are maintained securely and containing information consistent with the requirements of this standard. IHSC maintains electronic medical records which are securely maintained through password access which is strictly issued on a need-to-know basis.

§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) The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.
- (e) The Auditor was provided with and allowed to view all relevant documentation as requested. The facility staff was extremely responsive to the requests of the Auditor and promptly provided all documentation requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	7
Number of standards met:	33
Number of standards not met:	0
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	41

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.

Sharon R. Shaver

10/6/2022

Auditor's Signature & Date**(b) (6), (b) (7)(C)**

10/6/2022

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

10/6/2022

Program Manager's Signature & Date