

PREA Audit: Subpart A

DHS Immigration Detention Facilities

Corrective Action Plan Final Determination



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	Jodi L. Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
------------------------	--

FIELD OFFICE INFORMATION

Name of Field Office:	New Orleans
Field Office Director:	Melissa Harper
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras St., Suite 300, New Orleans, LA 70113
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Hancock Public Safety Complex		
Physical address:	8450 Highway 90, Bay St. Louis, Mississippi 39520		
Mailing address: <i>(if different from above)</i>			
Telephone number:	228-466-6922		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	228-466-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-878-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found Hancock Public Safety Complex (HPSC) met 10 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 30 non-compliant standards. As a result of the facility being out of compliance with 30 standards, the facility entered a 180-day corrective action period which began on June 1, 2023, and ended on November 28, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 30

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

§115.13 Detainee supervision and monitoring

§115.15 Limits to cross-gender viewing and searches

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

§115.17 Hiring and promotion decisions

§115.18 Upgrades to facilities and technologies

§115.21 Evidence protocols and forensic medical examinations

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

§115.31 Staff training

§115.32 Other training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and mental health care

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.43 Protective custody

§115.51 Detainee reporting

§115.52 Grievances

§115.53 Detainee access to outside confidential support services

§115.54 Third-party reporting

§115.61 Staff and agency reporting duties

§115.64 Responder duties

§115.65 Coordinated response

§115.71 Criminal and administrative investigations

§115.76 Disciplinary sanctions for staff

§115.81 Medical and mental health screenings; 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

§115.201 Scope of audit

The facility submitted documentation, through the Agency, for the CAP on June 26, 2023, through November 28, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on December 7, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with three of the standards, and found that 27 standards: continued to be non-complaint based on submitted documentation or lack thereof.

Number of Standards Not Met: 27

§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff and agency reporting duties
§115.64 Responder duties
§115.65 Coordinated response
§115.71 Criminal and administrative investigations
§115.81 Medical and mental health screenings; 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
§115.201 Scope of audit

PROVISIONS

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

§115. 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)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center maintains a zero-tolerance policy for all forms of sexual abuse or sexual harassment in compliance with applicable standards including National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination act." HCSO policy 19.09 further mandates, "The facility administrator will designate a Prevention of Sexual Assault Compliance Manager POC for ICE and PSA (PSA Coordinator) who will serve as the facility point of contact for the ICE PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures." A review of HCSO policy 19.09, and interviews with the Warden and PSA Compliance Manager, could not confirm HCSO policy was submitted to the Agency for review and approval. In addition, the Auditor reviewed the facility's website www.hancockcountyso.com and could not locate the facility's zero-tolerance policy. During the on-site tour the Auditor observed the DHS-prescribed sexual assault awareness notice in the booking area and in all the housing units in English and Spanish. The Auditor reviewed the facility's organizational chart and confirmed the PSA Compliance Manager reports to the Assistant Warden. In an interview with the PSA Compliance Manager and four security line staff, it was indicated she is the point of contact for the Agency PSA Coordinator and has sufficient time and authority to oversee the facility's efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of HCSO policy 19.09, and interviews with the PSA Compliance Manager, did not confirm the facility submitted HCSO policy 19.09 to the Agency for review and approval. To become compliant the facility must provide documentation that HCSO policy 19.09 has been submitted to the Agency for review and approval.

Corrective Action (c): The facility submitted HCSO policy 19.09 with a digital approval from the AFOD. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 13 - Detainee supervision and monitoring

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center will maintain sufficient supervision of detainees through a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (a) Generally accepted detention and correctional practices; (b) Any judicial findings of inadequacy; (c) Any findings of inadequacy from Federal investigative agencies; (d) Any findings of inadequacy from internal or external oversight bodies; (e) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); (f) The composition of the inmate population; (g) The number and placement of supervisory staff; (h) Institution programs occurring on a particular shift; (i) Any applicable State or local laws, regulations or standards; and (j) The prevalence of substantiated and unsubstantiated incidents of sexual abuse." In addition, HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure the Shift Supervisor or designee is conducting daily rounds and documenting PREA unannounced rounds. Both day and evening shift supervisors, while conducting these rounds shall be looking at cross-gender viewing, gender announcement, staff detainee communication, identify and deter sexual abuse of detainees and ensuring PREA signs are posted in housing areas and holding rooms" and "employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility." A review of HCSO policy 19.09 confirms it does not include the requirement to consider the findings and 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. According to the PAQ HPSC has a total of 35 security staff, consisting of 18 males and 17 females, that may have recurring contact with detainees. The remaining facility staff consists of administration and maintenance. ICE staff come to the facility on Tuesday and Thursday to drop off or pick up detainees. During the on-site audit, the Auditor reviewed the comprehensive supervision guidelines for Booking Control Officer, Master Control Officer, Housing Control Room Officer, and Floor Officer and confirmed the supervision guidelines had a revision date of May 4, 2020. In addition, the Auditor reviewed a memorandum submitted by the facility that acknowledges the annual review of the facility comprehensive detainee

supervision guidelines has not been conducted. HPSC has (b) (7)(E) located throughout all areas of the facility. The cameras run 24/7 and are monitored in the control room. Video footage is stored on a server for up to 90 days before being written over by new video. Video footage can only be played back or downloaded by Sergeants and above who would provide Investigators with a copy of video footage should there be a need for the Investigator to review footage for a sexual abuse allegation investigation. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. The Auditor viewed the camera site lines for direct viewing of (b) (7)(E) areas and confirmed camera angles provided privacy while a detainee was using the bathroom, showering, or changing clothes. Cameras have the ability to pan, tilt and zoom (TPZ); however, do not record sound. The facility reported in the PAQ a complete overhaul of the video system was completed in August of 2022 which included replacement of all cameras, new wiring, and DVR capability. The Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not consider all elements of subsection (c) of the standard in determining the need for the camera upgrades and replacements. The Auditor reviewed a report generated by the Jail Tracker system utilized by HPSC which listed all PREA checks completed for three weeks in February. The entries were reported in the system as, "unannounced PREA check completed" which clearly distinguishes the checks from a regular mandated security inspection. In an interview with the Warden, it was indicated that by utilizing two shifts adequate supervision and monitoring for detainees is being provided; however, the interview did not confirm that the facility takes into consideration all elements of subsection (c) of the standard when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor observed adequate coverage during the onsite audit. In addition, the Auditor observed PREA rounds being conducted and did not notice staff alerting others to this activity. Interviews with four security line staff did indicate that supervisors do conduct rounds and it is on a random basis.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of this standard. A review of HCSO policy 19.09 confirms it does not include the requirement to consider the findings and 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. The facility reported in the PAQ a complete overhaul of the video system completed in August of 2022 which included replacement of all cameras, new wiring, and DVR capability. The Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not consider the elements of subsection (c) of the standard in determining the need for the camera upgrades and replacements. In an interview with the Warden, it was indicated by utilizing two shifts adequate supervision and monitoring for detainees is being provided; however, the interview did not confirm that the facility takes into consideration all elements of subsection (c) of the standard when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor reviewed a memorandum submitted by the facility that acknowledges that the annual review of the facility comprehensive detainee supervision guidelines has not been conducted as required by subsection (b) of the standard. To become compliant the facility must provide documentation that all elements of subsection (c) of the standard were taken into consideration when determining adequate levels of detainee supervision and the need for video monitoring. In addition, the facility must submit documentation to the Auditor that the facility conducted an annual review of the supervision guidelines for the year 2023.

Corrective Action (b)(c): The facility submitted a memorandum concerning the preparation for upgrades to the HCDC camera system. However, the Auditor requested documentation to confirm all elements of subsection (c) were taken into consideration when determining adequate levels of detainee supervision and the need for video monitoring. Auditor required the facility submit documentation to confirm HCPS conducted an annual review of the facility supervision guidelines for the year 2023. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (b) and (c) of the standard.

§115. 15 - Limits to cross-gender viewing and searches

Outcome: Does not Meet Standard

Notes:

(b)(c)(d)(e)(f)(g)(i)(j): HCSO policy 19.09 mandates, "The Hancock Adult Detention Center shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. The Hancock County Adult Detention Center shall not conduct cross-gender pat-down searches of male detainees unless, after reasonable diligence staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Hancock County Adult Detention Center shall not conduct cross-gender pat-down searches of female detainees unless in exigent circumstances." HCSO policy 19.09 further mandates, "The Hancock County Adult Detention Center shall document all cross-gender strip searches, cross gender body cavity searches, and all cross-gender pat-down searches." In addition, HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall enable detainees to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine dorm checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement" and "Hancock County Adult Detention Center shall require staff of the opposite gender to announce their presence when entering a detainee-housing

unit." HCSO policy 19.09 further mandates, "The Hancock County Adult Detention Center shall not search or physically examine a transgender or intersex detainees for the sole purpose of determining the detainee 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 the standard medical examination that all detainees must undergo as part of the intake or other processing procedures conducted in private by a medical practitioner" and "the Hancock County Adult Detention Center shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The Auditor reviewed blank copies of a Body Cavity Search, Cross-Gender Pat-Down Search log and All Strip/Body Cavity Search Report and confirmed the Body Cavity Search and the Cross-Gender Pat Down Search logs included areas for the Inmate Name, A # and Reason. During the onsite audit the Auditor observed toilets that allowed for direct viewing in numerous cells throughout all male and female housing units. The Auditor reviewed the camera angles in the control center and confirmed they did not allow for cross-gender viewing into toilets, the shower areas, or areas where a detainee may change clothing. During the onsite audit the Auditor observed staff of the opposite gender announcing their presence as they entered housing units that included detainees of the opposite gender. The Auditor was provided with training sheets that confirmed staff have received PREA training; however, the Auditor reviewed the "PREA" training curriculum utilized for cross-gender pat-down searches and confirmed it did not include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. Interviews with four security line staff indicated that cross-gender pat-down searches and strip and body cavity searches are not normally allowed; however, should they occur, they would be documented. Interviews with four male detainees confirmed that pat-down searches have been conducted by male security staff. In an interview with the MD, it was indicated should the detainee's gender be unknown and can't be determined based on an interview with the detainee or other supporting documentation, the detainee would be referred to medical for a follow-up interview. In an Interview with the TO, staff have reviewed policy and procedure and signed that they have received the training; however, staff have only recently received pat down search training in anticipation of their scheduled DHS PREA audit. The Auditor reviewed an intake video of four detainees being processed into HPSC and confirmed all searches were conducted by staff of the same gender as the detainee. In interviews with the Warden and PSA Compliance Manager it was confirmed the facility does not house juveniles.

Does Not Meet (g)(j): The facility is not in compliance with subsections (g) and (j) of this standard. During the on-site audit, the Auditor observed numerous male and female housing units which allowed for cross-gender viewing of toilet areas. The Auditor was provided with training sheets that confirmed staff have received PREA training; however, the Auditor reviewed the "PREA" training curriculum utilized for cross-gender pat-down searches and confirmed it did not include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. To become compliant the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine jail checks. Once implemented the facility must provide the Auditor with documentation that confirms the cross-gender viewing issues are no longer a concern. In addition, the facility must update the PREA training curriculum to include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. Once updated the facility must submit documentation that all security line staff and supervisors received the updated training.

Corrective Action (g)(j): The facility submitted photographs of a toilet and a shower area; however, based on the number of cross-gender viewing issues the Auditor requested labeled photos from additional housing units. The Auditor further requested the facility must update the facility search training curriculum to include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. In addition, the Auditor requested the facility submit documentation once the training curriculum was updated to confirm all security line staff and supervisors received the updated training. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (g) and (j) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall take appropriate steps to ensure that detainees with disabilities (including detainees who are limited English proficient, are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse by: Providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; and Providing access to

written materials related to sexual abuse in fonts or through methods that ensure effective communication.” During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice and reporting numbers for the DRIL posted in the housing units in English and Spanish. In addition, the Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. The Auditor reviewed a video of four detainees being processed into the facility and confirmed the detainees did not receive the ICE National Detainee Handbook or the DHS-prescribed ICE Sexual Assault Awareness (SAA) Information pamphlet. A review of all four detainee files confirmed there was no documentation to confirm PREA information was distributed to any of the detainees. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency’s and facility’s efforts to detect or respond to sexual abuse. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing or deaf. In an interview with intake staff, it was confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. In interviews with four LEP detainees, it was indicated that PREA information had not been received by any of the detainees.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) or (c) of this standard. In an interview with intake staff, it was confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. During the on-site audit the Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. The Auditor reviewed a video of four detainees being processed into the facility and confirmed the detainees did not receive the ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet. A review of four detainee files confirmed that there was no documentation to confirm PREA information was distributed to any of the detainees. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency’s and facility’s efforts to detect or respond to sexual abuse. To become compliant the facility must implement a practice of providing PREA information to detainees who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills in a manner that all detainees can understand, including but not limited to the PREA information in the facility handbook. In addition, the facility must implement a practice that includes having the DHS-Prescribed SAA Information pamphlet, in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian) and the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) available to the detainee onsite. Once implemented, the facility must submit documentation that all Intake staff have received training on the new procedure. In addition, the facility must present the Auditor with the files of 10 detainees received during the CAP period that includes detainees who speak languages, other than English or Spanish, to confirm that detainees are getting the information in a language they understand. In addition, if applicable, the facility must provide the Auditor with the files of 10 detainees received during the CAP period consisting of detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual,

psychiatric, or speech disabilities, or have limited reading skills to confirm they are getting the PREA information in a format they understand.

Corrective Action (a)(b)(c): The facility submitted copies of the ICE National Detainee Handbook in English, French, Haitian Creole, Hindi, Arabic, and Portuguese and copies of the DHS-Sexual Abuse and Assault Awareness (SAA) Information pamphlet in Arabic, Chinese, English, French, Haitian Creole, Hindi, Portuguese, and Spanish. However, the Auditor requested the facility submit documentation which confirms the facility implemented a practice of providing PREA information to detainees who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills in a manner that all detainees can understand. The facility submitted a training curriculum which includes the requirements of standard 115.16; however, the Auditor required the facility submit documentation to confirm all Intake staff have received training on the implemented procedure. The facility submitted a memorandum to Auditor which confirms no detainees were received during the CAP period who were blind or had limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills. Upon review of all submitted documentation, the Auditor continues to find the facility does not meet subsections (a), (b) and (c) of the standard.

§115. 17 - Hiring and promotion decisions

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." The ICE Personnel Security and Suitability Program policy outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The 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. "HCSO policy 19.09 states, "Hancock County Adult Detention Center is prohibited from hiring anyone who may have contact with detainees, and shall not enlist the services of any contractor/volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. HCSO policy 190.09 further states, "Hancock County Adult Detention Center when considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees" and "HCDC, consistent with law, shall make its best effort to contact all prior institutional employers of any applicant for employment, to obtain information of substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse." In addition, HCSO policy 19.09 states, "Hancock County Adult Detention Center shall conduct criminal background checks and make its best effort to contact prior institutional, employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers at least five years" and "Hancock County Adult Detention Center shall also impose upon Employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination." HCSO policy 19.09 further states, "Unless prohibited by law, the Hancock County Adult Detention Center shall provide information on substantiated allegations or sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." In a memorandum submitted by the facility Warden it was confirmed there is no documentation in the employee personnel files to confirm staff have a continuous affirmative duty to report sexual misconduct. In an interview with the HR representative, it was indicated background checks are completed on all applicants for hire. The HR representative further indicated that should a facility contact HPSC for information regarding a former employee, the information would be given based on Mississippi law. During the onsite audit, the Auditor requested to review both volunteer and contractor files; however, the facility did not have files for review; and therefore the Auditor could not confirm the facility would not enlist the services of any contractor or volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively

adjudicated to have engaged in such activity. The Auditor reviewed seven staff personnel files and confirmed an initial background check was conducted in all files. In addition, a review of seven personnel files could not confirm the facility imposes a continuing affirmative duty to disclose sexual misconduct or that prior institutional employers were contacted prior to employment. In an interview with the AFOD it was indicated that he was promoted within the last year and thought he may have been asked questions about sexual misconduct or charges related to such; however, he could not confirm with certainty that he was. The Auditor submitted two ICE employees to PSO to verify the background check process. ICE PSO confirmed the investigation status of both ICE employees was conducted in accordance with subsection (b) of the standard. HPSC is not an immigration-only detention facility; and therefore, five-year background rechecks are not required.

Does Not Meet (a)(b)(c)(d)(e): The Facility is not in compliance with subsections (a), (b), (c), (d), and (e) of the standard. During the onsite audit, the Auditor requested to review both volunteer and contractor files; however, the facility did not have files for review; and therefore, the Auditor could not confirm the facility would not enlist the services of any contractor or volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. In a memorandum submitted by the facility Warden it was confirmed there is no documentation in the employee personnel files to confirm staff have a continuous affirmative duty to report sexual misconduct. A review of seven personnel files could not confirm the facility imposes a continuing affirmative duty to disclose sexual misconduct or that prior institutional employers were contacted prior to employment. In an interview with the AFOD it was indicated that he was promoted within the last year and thought he may have been asked questions about sexual misconduct or charges related to such; however, he could not confirm with certainty that he was. In addition, conditional offers of employment or applications do not include material omissions regarding sexual misconduct on conditional offers of employment or applications. To become compliant the facility must implement a practice that requires the facility not hire, promote, or use the services of any contractors or volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement practices that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse and the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. In addition, the facility must implement practices that require material omissions regarding sexual misconduct be grounds for termination of employment or withdrawal of an offer of employment and to make its best efforts to contact all prior institutional employers of an applicant for hire to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Once implemented the facility must provide documentation that all applicable staff, including HR, have been trained on the new practices. The facility must provide the Auditor with five contractor and five volunteer files to confirm the contractor or volunteer did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population. In addition, the facility must provide the Auditor with five staff personnel files. If applicable, the facility must provide the Auditor with any staff, who may have contact with detainees, who were promoted during the CAP period to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

Corrective Action (a)(b)(c)(d)(e): The facility submitted updated HCSO policy 19.09 to include the requirements the facility not hire, promote, or use the services of any contractors or volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity, staff have a continuing affirmative duty to report any misconduct involving sexual abuse and the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview, and to make its best efforts to contact all prior institutional employers of an applicant for hire to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. However, the facility did not provide documentation to confirm the facility has implemented practices which require material omissions regarding sexual misconduct be grounds for termination of employment or withdrawal of an offer of employment or documentation that all applicable staff, including HR, have been trained on the new practices as required by the Auditor. In addition, the facility did not provide the required staff files for those staff who may have contact with detainees or who were promoted during the CAP period to confirm they

were directly asked about previous misconduct related to sexual abuse in a written application or during an interview. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a), (b), (c), (d) and (e) of the standard.

§115. 18 - Upgrades to facilities and technologies

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

Notes:

(a)(b): HCSO policy 19.09 mandates, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in an immigration detention facility, the facility or agency, as appropriate, shall consider how such technology may enhance their ability to protect detainees from sexual abuse and sexual harassment." A review of the facility PAQ confirms the facility has not designed or acquired a new facility or planned a substantial expansion since May 6, 2014, or the last PREA audit. In addition, a review of the facility PAQ confirms a complete overhaul of the camera system was completed in 2022. This modification included new cameras, wiring and DVR capability; however, the Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not take into consideration how the modifications to the video system would enhance their ability to protect detainees from sexual abuse.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. A review of the facility PAQ confirms a complete overhaul of the camera system was completed in 2022. This modification included new cameras, wiring and DVR capability; however, the Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not take into consideration how the modifications to the video system would enhance their ability to protect detainees from sexual abuse. To become compliant the facility must submit documentation that confirms HPSC took into consideration how the modification to the video system would enhance their ability to protect detainees from sexual abuse.

Corrective Action (b): The facility submitted a memorandum to Auditor from the facility Warden which confirms a HPSC took into consideration how the modification to the video system would enhance their ability to protect detainees from sexual abuse during a planning meeting held with the Sheriff. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (b) of the standard.

§115. 21 - Evidence protocols and forensic medical examinations

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), 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." HCSO policy 19.09 mandates, "Hancock County Adult Detention Center is responsible for investigating allegations of sexual abuse: (a) HCADC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable" and "to the extent that HCADC is not responsible for investigating allegations of sexual abuse, HCADC shall request that the investigating agency follow the uniform evidence protocol requirements." In addition, HCSO policy 19.09 states, "The Hancock County Adult Detention Center shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside the facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available. The examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The results of the physical examination and all collected physical evidence are provided to the investigative entity." In addition, HCSO policy 19.09 states, "Hancock County Adult Detention Center shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victim's needs" and "Hancock County Adult Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Hancock County Adult Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages. HCSO policy 19.09 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. A qualified agency staff member or a qualified community-based staff member means as individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals.” In addition, HCSO policy 19.09 states, “The protocol shall be developed in consultation with DHS; however, the facility did not submit documentation that confirms that DHS consulted in the development of the protocol. Further, in an interview with the PSA Compliance Manager it could not be confirmed HCSO policy 19.09, the facility protocol was developed in coordination with DHS. During the onsite audit the Auditor did not observe informational posters for local or national emotional support resources displayed in the intake area or on housing unit bulletin boards. A poster for the National Sexual Assault hotline (RAINN) was provided; however, the Auditor did not observe the posters within the housing units. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. The MD did not provide contact information for the Auditor; and therefore, the Auditor could not confirm they would provide the required services. In interviews with the Warden, PSA Compliance Manager, and the MD it was indicated Ochsner Medical Center (local hospital) would provide medical services for detainee victims of sexual abuse at no cost if needed. The Auditor reviewed two memorandums from the facility Warden indicating there was a Memorandum of Understanding (MOU) in place with the local hospital to provide “services as needed” and the facility has an agreement with SANE’s through the local hospital; however, the MOU or agreement was not provided to the Auditor for review; and therefore, the Auditor could not confirm the local hospital would provide the required services. There were no allegations of sexual abuse reported at HPSC during the audit period. HSPC does not house juveniles.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c) and (d) of this standard. A review of HCSO policy 19.09 and interviews with the PSA Compliance Manager could not confirm HSPC policy 19.09 was developed in coordination with DHS. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. During the on-site audit the Auditor attempted to contact the Gulf Coast Center; however, the MD, did not provide the contact information for the Gulf Coast Center; and therefore, the Auditor could not contact the center to confirm they would provide the required services. In addition, in interviews with the Warden and PSA Compliance Manager it was confirmed that they were unaware of the Gulf Coast Center and what services they would provide. In an interview with the Warden, PSA Compliance Manager, and the MD it was indicated Ochsner Medical Center (local hospital) would provide medical services for detainee victims of sexual abuse at no cost if needed. The Auditor reviewed two memorandums from the Warden which stated there was a MOU in place with the local hospital to provide “services needed” and the facility has an agreement with SANE’s through the local hospital; however, the MOU or agreement was not provided to the Auditor for review; and therefore, the Auditor could not confirm the local hospital would provide the required services. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. In addition, the MD did not provide contact information; and therefore, the Auditor could not confirm they would provide the required services. To become compliant the facility must identify a local hospital to provide the detainee victim a forensic exam, if evidentially or medically appropriate, by a SAFE/SANE Nurse or other qualified medical practitioner. In addition, the facility must coordinate with a community resource to provide expertise and support in the areas of crisis intervention and counseling and to provide advocacy services, if not available through the hospital agreement, to the detainee victim during a forensic exam and during the investigation process. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse.

Corrective Action (a)(b)(c)(d): The facility submitted several emails between the Medical Division Director and Pine Belt Mental Healthcare Resources; however, although Pine Belt Mental Healthcare Resources responded to the emails Pine Belt Mental Healthcare Resources did not confirm the center would provide expertise and support in the areas of crisis intervention and counseling or to provide advocacy services detainee victims during a forensic exam and during the investigation. The facility did not submit documentation to confirm the facility identified a local hospital to provide the detainee victim a forensic exam, if evidentially or medically appropriate, by a SAFE/SANE Nurse or other qualified medical practitioner. In addition, the facility did not provide documentation to confirm all applicable staff received training regarding protocols developed and their responsibility to provide the detainee victim with all requirements of the standard or any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), (c), and (d) of the standard.

(e): In the interview with the facility Investigator, it was confirmed the HCSO, in which he is an employee, is responsible for conducting administrative and criminal sexual abuse investigations at HPSC. The Investigator further indicated the facility would investigate using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and if it is determined that the reported allegation is criminal in nature, it would be referred to the HCSO Criminal Investigation Division (CID). In addition, in an interview with the Investigator it was confirmed that both entities are part of the same agency; and therefore, are required to follow the requirements of subsection (a-d) of the standard. The Investigator further indicated if an allegation of sexual abuse involves a staff member the Mississippi State Police (MSP) would be notified; however, the facility did not provide documentation to confirm that the facility requested the MSP to follow the requirements of subsection (a-d) of the standard.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. In an interview with the Investigator, it was indicated if an allegation of sexual abuse involves a staff member the MSP would be notified; however, the facility did not provide documentation to confirm the facility requested the MSP to follow the requirements of subsection (a-d) of the standard. To become compliant the facility must request the MSP to follow the requirements of subsection (a-d) of the standard.

Corrective Action (e): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsection (e) of the standard.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. B) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center will ensure all allegations of Sexual Abuse and Sexual Harassment are referred for investigation to law enforcement with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. The agency shall retain all written reports and referrals for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. HCPS shall ensure that all allegations of sexual abuse or assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and shall document such referrals. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. A review of HCSO policy 19.09 confirms it does not contain the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD; and therefore, although the facility has established a protocol it does not contain all required elements of the standard. The Auditor reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol. In addition, the Auditor reviewed the facility website www.hancockcountysoc.com and confirmed HCSO policy 19.09 is not posted. In an interview with the Warden, it was indicated the HCSO would investigate detainee allegations of sexual abuse. In addition, in an interview with the Investigator it was indicated the HCSO would handle both administrative and criminal investigations unless the allegation involved a staff member and then the investigation would be turned over to the MSP. In an interview with the PSA Compliance Manager, it was indicated that records would be kept in a locked cabinet and maintained by the HCSO. There were no sexual abuse allegations reported at HPSC during the audit period.

Does Not Meet (c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of HCSO policy 19.09 confirms it does not contain the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD; and therefore, although the facility has established a protocol it does not contain all required elements of the standard. The Auditor reviewed the facility website

www.hancockcountyso.com and confirmed HCPS policy 19.09 is not posted as required by subsection (c) of the standard. To become compliant the facility must update HPSC policy 19.09 to include the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD. Once updated the facility must submit documentation that all applicable staff are trained on the updated policy. In addition, the facility must post updated HPSC policy 19.09 on the facility website www.hancockcountyso.com.

Corrective Action (c)(d): The facility submitted a screenshot of HPSC's website which now includes the updated HPSC Policy 19.09; however, HPSC Policy 19.09 as written is not compliant as it does not include the standard's requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD. In addition, the facility did not submit documentation to confirm all applicable staff have received training on HPSC policy 19.09 as required by the Auditor. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (c) and (d) of the standard.

§115. 31 - Staff training

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and 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; and examples of prohibited and illegal sexual behavior; Instruction that sexual abuse and/or 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/or assault and ways to prevent and respond to such occurrences; The requirement to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the detainee victim's welfare, and for law enforcement/investigative purposes; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; How to communicate effectively and professionally with detainees, including lesbian gay, bisexual, transgender intersex, or gender nonconforming detainees; Instruction on reporting knowledge 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." The Auditor was provided with the facility PREA training curriculum and confirmed it included all elements of subsection (a) of the standard; however, several slides within the curriculum reference the "Winn Correctional Center" including the Winn Correctional Center zero-tolerance policy; and therefore, the Auditor could not confirm that HPSC staff were being informed of the HPSC zero-tolerance policy. The Auditor reviewed seven staff training files and confirmed PREA training was documented; however, the training records did not include dates to confirm when the PREA training was received. Interviews with four security line staff could not confirm that PREA refresher training is conducted as required by subsection (b) of the standard.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. The Auditor was provided with the facility PREA training curriculum and confirmed it included all elements of subsection (a) of the standard; however, several slides within the curriculum reference the "Winn Correctional Center" including the Winn Correctional Center zero-tolerance policy; and therefore, the Auditor could not confirm that HPSC staff were being informed of the HPSC zero-tolerance policy. In addition, the Auditor reviewed seven staff training files and confirmed PREA training was documented; however, the training records did not include dates to confirm when the PREA training was received. To become compliant the facility must update the HSPC PREA training curriculum to include material specific to HPSC. Once updated, the facility must provide documentation that all HSPC staff have received the updated training.

Corrective Action (a)(b)(c): On December 7, 2023, the facility submitted a training roster which confirms security staff completed PREA training; however, the Auditor required all facility staff receive training on the updated training curriculum. In addition, the facility did not provide documentation to confirm the PREA training curriculum was updated to include PREA training specific to HPSC. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b) and (c) of the standard.

§115. 32 - Other training

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. 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 must be notified of the Hancock County Adult Detention Center zero-tolerance policy and informed how to report such incidents. In this paragraph "other contractor" means a person who provides services on a non-recurring basis to the facility pursuant to a contractual agreement with the agency or facility. The Hancock County Adult Detention Center shall maintain written documentation verifying employee, volunteer, and contractor training." During the on-site audit, the Auditor requested to review both volunteer and contractor training files; however, the facility did not provide the Auditor with files for review. The Auditor was provided a volunteer sign in sheet titled "PREA Training" for review with no date. The Auditor was able to compare the sheet to a current volunteer list and confirmed the list is current; however, the Auditor was not provided a PREA training curriculum to confirm that volunteers and other contractors have been notified of the Agency's and facility's zero-tolerance policies or were informed how to report and incident of sexual abuse.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. During the on-site audit, the Auditor requested to review both volunteer and contractor training files; however, the facility did not provide the Auditor with files for review. The Auditor was provided a volunteer sign in sheet titled "PREA Training" for review with no date. The Auditor was able to compare the sheet to a current volunteer list and confirmed the list is current; however, the Auditor was not provided a PREA training curriculum to confirm that volunteers and other contractors have been notified of the Agency's and facility's zero tolerance policies or were informed how to report and incident of sexual abuse. To become compliant, the facility must provide documentation that all current volunteers and other contractors as defined in paragraph (d) of the standard have received training on the Agency's and facility's zero-tolerance policy regarding sexual abuse and how to report an incident of sexual abuse.

Corrective Action (a)(b)(c): The facility did not submit any documentation to confirm compliance with the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

§115. 33 - Detainee education

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): HCSO policy 19.09 PREA mandates, "Detainees shall be informed about Hancock County Adult Detention Center's sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. HCADC prohibits all forms of sexual abuse or assault of staff on detainee, detainee on detainees. Prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse 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, (e.g., the compliance manager or a mental health specialist) the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Each detainee shall receive a copy of the "Sexual Assault Awareness Information" pamphlet; a Hancock County Adult Detention Center Detainee Handbook; and an U.S. Immigration and Customs Enforcement National Detention Handbook in which both include information on how to report sexual abuse. A signed acknowledgment shall be kept in the detainee detention file. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Hancock County Adult Detention Center shall maintain documentation of detainee participation in the instruction session. The Hancock County Adult Detention Center shall have a TTY machine available in the Intake Processing Area. The Hancock County Adult Detention Center shall ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The Hancock County Adult Detention Center sexual abuse or assault prevention and intervention program shall provide detainees who are victims of sexual abuse or assault the option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (e.g., the program coordinator or a mental health specialist). The Hancock County Adult Detention Center shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her. Detainees will also be

informed that they can report any incident or situation regarding sexual abuse, assault, or intimidation to any staff member (as outlined above), the DHS Office of Inspector General, and the Joint Intake Center. The Hancock County Adult Detention Center shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. The Hancock County Adult Detention Center shall inform the detainees of at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of HPSC.” During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all housing units; however, the Auditor did not observe the facility PSA Compliance Manager’s name or information of a local organization that could assist detainees who have been victims of sexual abuse. The Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. A review of the informational sheet confirmed it provided information on what the Prison Rape Elimination Act is, definitions of sexual misconduct, what a detainee’s treatment options are, how to protect themselves from becoming a victim and information on what will happen if the detainee is a sexual predator and assaults someone; however, the facility did not provide documentation that the information is available in languages other than English or Spanish or in a manner a detainee who is blind or had limited sight, was deaf or hard of hearing, had a physical, mental, psychological, or speech disability or had limited reading skills would understand. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency’s and facility’s efforts to detect or respond to sexual abuse. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing, or deaf; however, interviews with Intake staff confirmed they could not articulate how to utilize the TTY machine. In an interview with intake staff, it was further confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. The Auditor reviewed a blank Intake Orientation Video Viewed sheet available in English and Spanish; however, the Auditor was not provided with a script to confirm what PREA information, if any was included on the video. The Auditor reviewed provided documents for a Honduras detainee that was processed into the facility on January 24, 2023. The detainee did sign a HCDC PREA informational sheet in English with no handwritten date; however, the facility did not provide documentation to confirm the detainee received an orientation, facility handbook, the DHS-prescribed SAA Information pamphlet, or an ICE National Detainee Handbook in any language. The Auditor reviewed the files of all four detainees currently housed at the facility and confirmed the files did not include documentation of the detainee participation in the intake process orientation. In addition, the Auditor reviewed a video of the four LEP detainees interviewed during the onsite audit being processed into HCPS and confirmed the detainees did not receive an orientation, the facility handbook, the DHS-Prescribed SAA Information pamphlet or the ICE Detainee handbook. In addition, in interviews with all four detainees it was confirmed they did not receive orientation, a facility handbook, the DHS-prescribed SAA Information pamphlet, or the ICE National Detainee Handbook. In addition, in an interview with Intake staff it was confirmed the facility does not provide orientation, does not document that orientation has been provided, and does not provide the DHS-prescribed SAA Information pamphlet during the intake process in any manner or language. The Auditor reviewed the ICE National Detainee Handbook and confirmed it includes information about reporting sexual abuse; however, in interviews with Intake staff it was confirmed the facility does not provide the ICE National Detainee Handbook to detainees in any manner or language.

Does Not Meet (a)(b)(c)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (d), (e) or (f) of this standard. During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all housing units; however, the Auditor did not observe the facility PSA Compliance Manager’s name or information of a local organization that could assist detainees who have been victims of sexual abuse. The Auditor observed a video of four LEP detainees going through the intake process and confirmed the detainees did not receive an orientation or were provided a copy of the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the facility handbook in any language or manner which was further confirmed in interviews with the four detainees. The Auditor reviewed the HCDC PREA informational sheet and confirmed it provided information on what the Prison Rape Elimination Act is, definitions of sexual misconduct, what a detainee’s treatment options are, how to protect themselves from becoming a victim and information on what will happen if the detainee is a sexual predator and assaults someone; however, the facility did not

provide documentation that the information is available in languages other than English or Spanish or in a manner a detainee who is blind or had limited sight, was deaf or hard of hearing, had a physical, mental, psychological, or speech disability or had limited reading skills would understand. The Auditor reviewed a blank Intake Orientation Video Viewed sheet, provided in English and Spanish; however, the facility did not provide a script of the orientation video; and therefore, the Auditor could not confirm the video contained PREA information. There were no DHS-prescribed SAA Information pamphlets or ICE National Detainee Handbooks on-site in any language. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing, or deaf; however, interviews with Intake staff confirmed they could not articulate how to utilize the TTY machine. In an interview with intake staff, it was further confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. In addition, Intake staff indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. Intake staff further indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understanding including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. The Auditor reviewed four LEP detainee files and confirmed they did not contain documentation of detainee participation in orientation. To become compliant the facility must post on all housing unit bulletin boards the name of the PSA Compliance Manager and the name of a local organization that can assist detainees who have been victims of sexual abuse. In addition, the facility must implement an orientation program for incoming detainees which includes all elements of subsection (a) of the standard including a practice that requires the orientation received is documented in the detainee's file. In addition, the facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in the detainee's preferred language as required by subsection (e) of the standard. The facility must submit documentation that the ICE National Detainee Handbook available in the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali is available onsite. The facility must provide documentation that the facility handbook is available to all detainees in a language and manner they understand. The facility must provide the Auditor with a script of the orientation video and documentation that the video is available to all detainees in a manner and language they can understand. Once implemented, the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English and Spanish, to confirm the detainees are receiving orientation in a manner they understand during the intake process. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

Corrective Action (a)(b)(c)(d)(e)(f): The facility submitted copies of the ICE National Detainee Handbook in English, French, Haitian Creole, Hindi, Arabic, and Portuguese; however, the facility did not submit documentation to confirm the ICE National Detainee Handbook was available in Spanish, Punjabi, Simplified Chinese, Russian, Turkish, Bengali, Romanian, and Vietnamese. The facility submitted copies of the DHS-prescribed SAA Information pamphlet in Arabic, Chinese, English, French, Haitian Creole, Hindi, Portuguese, and Spanish; however, the facility did not submit documentation to confirm the DHS-prescribed SAA Information pamphlet Bengali, Romanian, Russian, Vietnamese, Turkish, and Ukrainian. The facility did not submit documentation to confirm an orientation program for incoming detainees is in place which includes all elements of subsection (a) of the standard or to confirm the orientation received is documented in the detainee's file. The facility did not submit a script of the orientation video or documentation to confirm the video is available to all detainees in a manner and language they can understand. The facility submitted a training curriculum which included the requirements of standard 115.33; however, the facility did not submit documentation to confirm all Intake staff have received training on a new orientation program. The facility submitted a memo to Auditor which confirms no detainees were received during the CAP period who were deaf or hard of hearing, blind or had limited sight, who had intellectual, psychiatric, or speech disabilities, or had limited reading skills; however, the facility did not provide the any detainee files to include detainees who speak languages, other than English and Spanish. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), (c), (d), (e) and (f) of the standard.

§115. 34 - Specialized training: Investigations

Outcome: Does not Meet Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a

confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. HCSO policy 19.09 mandates, "Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Hancock County Adult Detention Center shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations." In an interview with an Investigator from the HCSO CID it was confirmed he has not completed the specialized investigator training through the National Institute of Corrections (NIC). The Auditor is familiar with this training and can confirm that it does comply with the required investigator specialized training. According to the PAQ HSPC has eight investigators who have completed this required training; however, the Auditor was not provided with the investigator's certificates of completion.

Does Not Meet (a)(b): The facility is not compliant with subsections (a) or (b) of this standard. According to the PAQ, HSPC has eight investigators who have completed specialized training on sexual abuse and effective cross-agency coordination; however, the Auditor was not provided with the investigators certificates of completion to confirm the training was received. To become compliant the facility must provide documentation that all facility investigators have received specialized training on sexual abuse and effective cross-agency coordination. In addition, the facility must submit to the Auditor a copy of all sexual abuse allegation investigations that occur during the CAP period.

Corrective Action (a)(b): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 35 - Specialized training: Medical and mental health care

Outcome: Does not Meet Standard

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, this subsection of the standard is not applicable.

(b)(c): HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure that all full- and part-time medical and mental health care practitioners are provided with specialized training, to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse. If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Hancock County Adult Detention Center training department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency." In an interview with the MD, it was indicated that PREA training was received during the employment onboarding process for HPCS; however, the interview could not confirm medical and mental health staff have received the training required by subsection (b) of the standard. In addition, the facility did not provide a copy of a specialized training curriculum or medical or mental health staff certificates of completion. In a memorandum submitted by the facility it was confirmed the facility has not submitted HSPC policy 19.09 to the Agency for review and approval.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of this standard. The facility did not provide a training curriculum to confirm it includes all required elements of subsection (b) of the standard. In addition, the facility did not provide medical and mental health staff training records to confirm specialized training has been received. In a memorandum submitted by the facility it was confirmed the facility has not submitted HSPC policy 19.09, the PREA policy, to the Agency for review and approval. To become compliant the facility must submit a copy of the specialized training curriculum utilized for medical and mental health staff. In addition, the facility must submit documentation that all medical and mental health staff have received the required specialized training. In addition, the facility must submit documentation that HSPC policy 19.09 has been submitted to the Agency for review and approval.

Corrective Action (b)(c): The facility submitted HCSO policy 19.09 with a digital approval from the AFOD. The facility did not submit a copy of the specialized training curriculum utilized for medical and mental health staff or documentation that all medical and mental health staff have received the required specialized training. Upon review of all submitted

documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (b) and (c) of the standard.

§115. 41 - Assessment for risk of victimization and abusiveness

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall assess all detainees upon intake to identify those likely to be sexual aggressors or sexual abuse, victims and shall house detainees to prevent sexual abuse. taking necessary steps to mitigate any such danger. Hancock County Adult Detention Center shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. All detainees will be screened within 12 hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behaviors. The following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. The Hancock County Adult Detention Center shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of 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. Detainees shall not be disciplined for refusing to answer or not disclosing complete information in response questions. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." The Auditor was not provided an assessment for review to determine if the facility assess detainees in compliance with subsections (a), (b), (c), (d) or (e). Interviews with Intake and Classification staff confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. Intake staff further confirmed all staff have access to a detainee's responses to any sensitive information via the facility computer system. In interviews with four LEP detainees it was confirmed they were not assessed for risk of victimization or abusiveness upon intake. There were no transgender or intersex detainees housed at the facility during the onsite audit. No reassessments were provided for review due to there were no detainees housed at HPSC at the required 60 to 90 reassessment period.

Does Not Meet (a)(c)(d)(g): The facility is not compliant with subsections (a), (b), (c), (d), (e), (f) or (g) of this standard. The Auditor was not provided an assessment for review to determine if the facility assesses detainees in compliance with subsections (a), (b), (c), (d) and (e) of the standard. In addition, interviews with Intake and Classification staff confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. Intake staff further confirmed all staff have access to a detainee's sensitive information via the facility computer system. Interviews with four detainees currently housed at the facility confirmed they were not assessed for risk of victimization or abusiveness upon intake. To become compliant the facility must implement a practice that requires an assessment of all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. The implemented practice must include the following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. In addition, HPSC must submit documentation to the Auditor that the facility implemented a practice that ensures appropriate controls were placed on the dissemination of the responses to the implemented risk assessment. Once implemented the facility must submit documentation that all applicable staff, including intake and classification staff, have received training on the implemented practice. In addition, the facility must submit the files of 10 detainees received during the CAP period to confirm the facility has implemented the required practice.

Corrective Action (a)(c)(d)(g): The facility submitted a PREA Vulnerability Reassessment Questionnaire, which includes the reassessment of detainees for risk of sexual victimization; however, the Auditor required the facility submit documentation to confirm the facility implemented a practice which requires an assessment of all detainees at intake to

identify those likely to be sexual aggressors or sexual abuse victims which includes whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility submitted a training curriculum which includes the requirements of standard 115.41; however, the curriculum does not include signed acknowledgements confirming all applicable staff, including intake and classification staff, have received training on the standard's requirements. In addition, the facility did not submit documentation which confirms the facility implemented a practice to ensure appropriate controls were placed on the dissemination of the responses to the initial risk assessment or the files of 10 detainees received during the CAP period to confirm the facility has implemented the required practice. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (c), (d) and (g) of the standard.

§115. 42 - Use of assessment information

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall assess all detainees upon intake to identify those likely to be sexual aggressors or sexual abuse, victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Hancock County Adult Detention Center shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. In making assessment and housing assignments for Transgender and intersex detainees Hancock County Adult Detention Center shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. Medical and mental health professionals shall be notified as soon as practicable on this assessment. Hancock County Adult Detention Center shall not base placement decisions of transgender or intersex detainees solely on the identity documents or physical 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 as well. Hancock County Adult Detention Centers placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." In interviews with Intake staff, it was indicated the facility does not conduct a risk assessment to identify those likely to be a sexual aggressors or sexual abuse victims; and therefore, there is no information to confirm subsection (a) of the standard. In an interview with the MD, it was indicated intake or classification staff would not consult with medical or mental health personnel prior to making housing decisions for a transgender or intersex detainee. Interviews with intake staff confirmed that housing decisions would be made based on security and not a detainee's gender self-identification or an assessment of the effects of placement on the detainee's health and safety. In interviews with the Warden, PSA Compliance Manager, and four security line staff it was indicated a transgender or intersex detainee has not been housed at the facility during the audit period and a transgender or intersex detainee would be able to shower separately.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of this standard. In interviews with Intake staff, it was indicated that the facility does not conduct a risk assessment to identify those likely to be a sexual aggressors or sexual abuse victims; and therefore, there is no information to confirm subsection (a) of the standard. In an interview with the MD, it was indicated intake or classification staff would not consult with medical or mental health personnel prior to making housing decisions for a transgender or intersex detainee. Interviews with intake staff confirmed that housing decisions would be made based on security and not a detainee's gender self-identification or an assessment of the effects of placement on the detainee's health and safety. To become compliant the facility must assess all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. The implemented practice must include the following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. In addition, the facility must implement a practice that requires in making assessment and housing assignments for Transgender and intersex detainees

the facility considers the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety and based on security classification only. The facility must implement a practice that includes notifying medical and mental health professionals as soon as practicable when a transgender or intersex detainee is received in booking. Once implemented the facility must submit documentation that all intake, classification, medical, and mental health staff, have received training on the new procedure. The facility must submit files of 10 detainees received during the CAP period. If applicable the facility must submit to the Auditor any transgender or intersex detainee who arrives at HPSC during the CAP period.

Corrective Action (a)(b): The facility submitted a PREA Vulnerability Reassessment Questionnaire which includes reassessing a detainees' risk for sexual abuse; however, the Auditor required the facility implement a practice which requires an assessment of all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims to include the following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility submitted a training curriculum which includes the requirements of standard 115.42; however, the curriculum does not include signed acknowledgements to confirm all intake, classification, medical, and mental health staff have received the required training. The facility did not submit documentation to confirm the facility has implemented a practice which requires in making assessment and housing assignments for transgender and intersex detainees the facility considers the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety and based on security classification only. In addition, the facility has not submitted documentation to confirm all intake, classification, medical, and mental health staff, have received training on the standard's requirement to notify medical and mental health professionals as soon as practicable when a transgender or intersex detainee is received in booking. The facility did not submit the files of 10 detainees received during the CAP period or, if applicable, any transgender or intersex detainee who arrived at HPSC during the CAP period. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 43 - Protective custody

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e): HCSO policy 19.09 PREA mandates, "If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: The basis for the facility's concern for the detainee's safety; and the reasons why no alternative means of separation can be arranged. Detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the Hancock County Adult Detention Center facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary segregated housing for less than 24 hours while completing the assessment. The facility shall assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The victim shall be housed in a supportive environment that represents the least restrictive housing option possible, and that will to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Detainees placed in segregated housing for this purpose shall have access to programs privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. Every 30 days, the facility shall afford each such a review to determine whether there is a continuing need for separation from the general population. Hancock County Adult Detention Center shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours." The Auditor reviewed HCSO policy 19.09 and confirmed HCSO policy 19.09 has not been developed in consultation with the ERO FOD having jurisdiction for the facility. In addition, a review of HCSO policy 19.09 confirms that written procedures for the regular review of all vulnerable detainees placed in administrative segregation have not been developed. During the onsite audit the Auditor reviewed the facility Administrative Segregation Detention notice and confirmed the form included a line for the facility to enter the reason for placement and a line for entering the facts of the placement. In an interview with the Warden, it was indicated if a detainee is placed in administrative segregation due to being vulnerable to sexual abuse notification would be made immediately made to the ICE FOD. The Warden further indicated detainees vulnerable to sexual abuse would not be placed in administrative segregation unless there were no other

viable options available, and the detainee would have access to programs, visitation, counsel, and other services available to the general population; however, in interviews with Intake staff it was confirmed the facility does not conduct a risk assessment to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, should a detainee be vulnerable to sexual abuse or assault he/she would not be identified. In interviews with classification staff and a first line supervisor it could not be confirmed subsequent reviews would be conducted at the timeframes required by subsection (d) of this standard. During the onsite review there were no detainees housed in protective custody.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), (d) of this standard. A review of HCSO policy 19.09 confirms it was not developed in consultation with the ERO FOD having jurisdiction for the facility. In addition, a review of HCSO confirms written procedures for the regular review of all vulnerable detainees placed in administrative segregation have not been developed. In an interview with the Warden it was indicated detainees vulnerable to sexual abuse would not be placed in administrative segregation unless there were no other viable options available; however, in interviews with Intake staff it was confirmed the facility does not conduct a risk assessment to identify those likely to be a sexual aggressor or sexual abuse victims; and therefore, should a detainee be vulnerable to sexual abuse or assault he/she would not be identified. To become compliant the facility must develop HCSO policy 19.09 in consultation with the ERO FOD having jurisdiction for the facility to include for regular reviews of a detainee placed in administrative segregation in accordance with subsection (d) of the standard. In addition, the facility must implement a practice that requires an assessment of all detainees at intake to identify those likely to be vulnerable to sexual abuse. Once developed and implemented the facility must submit documentation that all applicable staff, including security supervisors and intake staff, have been trained on the newly developed procedures. If applicable, the facility must submit to the Auditor all detainee files that include detainees placed in administrative segregation due to being vulnerable to sexual abuse that occur during the CAP period.

Corrective Action (a)(b)(d): The facility submitted a training curriculum which includes the requirements of standard 115.43; however, the curriculum does not include signed acknowledgements to confirm security supervisors and intake staff have been trained on the standard's requirements. The facility submitted HCSO policy 19.09 with a digital approval from the AFOD which confirms HCSO policy was developed in consultation with the ERO FOD having jurisdiction over the facility; however, the facility did not provide documentation to confirm HCSO policy 19.09 includes the requirement for regular reviews of a detainee placed in administrative segregation in accordance with subsection (d) of the standard. The facility did not submit any detainee files which include detainees placed in administrative segregation due to being vulnerable to sexual abuse which occurred during the CAP period. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), and (d) of the standard.

§115. 51 - Detainee reporting

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The Hancock County Adult Detention Center sexual abuse or assault prevention and intervention program shall provide detainees who are victims of sexual abuse or assault the option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (e.g., the program coordinator or a mental health specialist). The Hancock County Adult Detention Center shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her. Detainees will also be informed that they can report any incident or situation regarding sexual abuse, assault, or intimidation to any staff member (as outlined above), the DHS Office of Inspector General, and the Joint Intake Center. The Hancock County Adult Detention Center shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. The Hancock County Adult Detention Center shall inform the detainees of at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of HCADC. HCADC staff must all accept reports made verbally, in writing, anonymously and from third parties and promptly document any reports and notify through the chain of command the Facility Administrator and the Field Office Director." During the onsite audit the Auditor observed the DHS-Prescribed sexual assault awareness notice, the DHS-prescribed SAA Information pamphlet, and the contact information for the DHS OIG and consulate offices posted in all housing units in English and Spanish only. In addition, the Auditor attempted to utilize the housing unit phone to contact the DHS OIG and the DRIL; however, the Auditor was not able to remain anonymous due to needing a Personal Identification Number (PIN) to complete the call. Interviews with four security line staff indicated they would accept reports made in writing, verbally, anonymously, and from third parties and would document all reports made verbally. In interviews with four LEP detainees it was confirmed they did not know how to report an incident of sexual abuse.

Does Not Meet (b): The facility is not in compliance with subsection (b) of this standard. During the onsite audit the Auditor attempted to utilize the housing unit phone to contact the DHS OIG and the DRIL; however, the Auditor was not able to remain anonymous due to needing a PIN to complete the call. In order to become compliant, the facility must provide the detainees a manner to confidentially and anonymously report an allegation of sexual abuse to a public or private entity that is not part of the Agency and can immediately forward reports of sexual abuse to Agency officials allowing the detainee to remain anonymous.

Corrective Action (b): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsection (b) of the standard.

§115. 52 - Grievances

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): HCSO policy 19.09 mandates, "Detainees are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse. No time limits will be set when a detainee may submit a grievance regarding an allegation of Sexual Abuse or Sexual Assault. The Hancock County Adult Detention Center staff shall be responsible on identifying and handling time-sensitive grievances that involve an immediate threat to detainees, health safety, or welfare related to sexual abuse. The Hancock County Adult Detention Center staff shall be responsible to alert proper medical personnel of any sexual abuse-related medical emergencies. A Final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Third parties (e.g., fellow detainees, Employees, family members attorneys and outside advocates) may assist individuals' detainees in filing requests for administrative remedies relating to allegations of Sexual Abuse and Sexual Harassment and may be file such requests on behalf of the alleged victim." A review of HCSO policy 19.09 confirms it does not include the requirements the facility shall respond to an appeal of a grievance within 30 days, a detainee's grievance and facility response should be forwarded to the appropriate ICE Field Officer Director at the end of the process, or written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. A review of the facility handbook does indicate that detainees are being informed in order to reserve their right to formal procedure a grievance must be filed within 30 days of incident with no exceptions for a grievance related to sexual abuse. The detainees are further informed to request assistance from the kiosk system or from a staff member and they must be filed on the correct form. There are progressive levels to the grievance process. If a detainee is not satisfied with the first response from the Chief of Security, they can then proceed to submit it to the Warden. The handbook also details that "unless and extension has been granted, no more than 90 days shall elapse from beginning the process to ending the process. Absent such an extension, expiration of response time limits without receipt of a written response shall entitle the inmate to move onto the next step in the process." The time limit requirements within policy and the facility handbook are not in compliance with the time limit requirements required of the standard. In an interview with the GO it was indicated medical emergencies submitted through the grievance system would be immediately given to medical for proper assessment. Interview with the GO further indicated detainees could submit grievances related to sexual abuse at any time and a detainee could utilize assistance in preparing the grievance; however, the GO could not articulate the facility's time limits when handling grievances related to sexual abuse. In addition, the GO could not confirm that all grievances related to sexual abuse and the facility's decisions with respect to the grievance will be forwarded to the appropriate ICE FOD at the end of the grievance process. Interviews with four detainees indicated they did not know how to utilize the grievance system. The facility has not had any grievances related to sexual abuse during the audit period.

Does Not Meet (c)(e): The facility is not in compliance with subsections (c) and (e) of the standard. A review of HCSO policy 19.09 confirms it allows facility staff to issue a decision on the grievance within 90 days of the initial filing. In addition, A review of HCSO policy 19.09 confirms it does not include the requirements the facility shall respond to an appeal of a grievance within 30 days, a detainee's grievance and facility response should be forwarded to the appropriate ICE FOD at the end of the process, or written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Auditor reviewed the facility handbook for grievance procedures and confirmed the grievance section notifies detainees of the process in which grievances are to be submitted, the appeal process, and time limits; however, the information provided is not compliant with the standards requirements. In an interview with the GO it was indicated that detainees could submit grievances related to sexual abuse at any time and that a detainee could utilize assistance in preparing the grievance; however, he could not articulate the facility's time limits when handling grievances related to sexual abuse. In addition, an interview with the GO could not confirm that all grievances related to sexual abuse and the facility's decisions with respect to the grievance will be forwarded to the appropriate ICE FOD at the end of the grievance process. To become compliant the facility must update HPSC policy 19.09 to include written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, the facility must implement practices that requires staff issue a decision on a grievance involving an allegation of sexual abuse within five days of receipt, respond to an appeal of the

grievance decision within in 30 days, and to submit a detainee's grievance and facility response to the appropriate ICE FOD at the end of the grievance process. Once implemented the facility must train all applicable staff on the new practice. In addition, the facility must update the facility handbook to include all the requirements of standard 115.52. If applicable, the facility is to submit to the Auditor copies of all allegations of sexual abuse submitted due to an allegation of sexual abuse, and the corresponding grievance that occur during the CAP period.

Corrective Action (c)(e): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsections (c) and (e) of the standard.

§115. 53 - Detainee access to outside confidential support services

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Hancock County Adult Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages." During the onsite audit the Auditor did not observe informational posters for local or national emotional support resources displayed in the intake area or housing units. A poster for the National Sexual Assault hotline (RAINN) was provided; however, the Auditor did not observe the RAINN posters within the housing units. A review of the facility handbook confirms it informs detainees that "all telephone calls are subject to monitoring and/or recording;" however, the Auditor did not observe any documentation to confirm detainees are informed the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In an interview with the MD it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, there are no informational posters for this resource or information about this resource in the facility handbook nor did the facility submit documentation that HPSC attempted to enter into an MOU with the center. During the on-site audit the Auditor attempted to contact the Gulf Coast Center; however, as no contact information was provided the Auditor could not contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of this standard. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, there are no informational posters for this resource or information about this resource in the facility handbook nor did the facility submit documentation that HPSC attempted to enter into an MOU with the center. In addition, during the onsite audit, the Auditor observed no informational posters for this resource or information about this resource in the facility handbook. The Auditor was provided a copy of the RAINN poster; however, during the onsite audit the Auditor did not observe the signage was posted. In a review of the facility handbook, it was confirmed the handbook informs detainees that "all telephone calls are subject to monitoring and/or recording;" however, the Auditor did not observe any documentation to confirm detainees are informed the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. To become compliant the facility must attempt to enter a MOU with the Gulf Coast Center, or other local community entity, that can provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse. In addition, the facility must make available to all detainees the contact information to a local entity that can provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse, or RAINN, to include the organization's addresses and telephone numbers with toll-free hotline numbers, if available, in a manner all detainees can understand. In addition, the facility must notify detainees the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility must document that the requirements have been implemented and provide said documentation to the Auditor for compliance.

Corrective Action (a)(c)(d): The facility submitted several emails between the Medical Division Director and Pine Belt Mental Healthcare Resources requesting the center enter an MOU to provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse; and therefore, the Auditor finds the facility in substantial compliance with subsection (a) of the standard. The facility did not submit documentation to confirm the facility has made available to all detainees the contact information to a local entity who can provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse, or RAINN, to include the organization's addresses and telephone numbers with toll-free hotline numbers in a manner all detainees can understand. In addition, the facility did not provide documentation to confirm the facility notifies detainees the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (c) and (d) of the standard.

§115. 54 - Third-party reporting

Outcome: Does not Meet Standard

Notes:

HCSO policy 19.09 mandates, "Hancock County Adult Detention Center Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Hancock County Adult Detention Center shall post publicly, third party reporting procedures on its public website to show its method receiving third-party reports of Sexual Abuse and Sexual Harassment." The Auditor reviewed the facility handbook and confirmed it does not contain information on how to report an allegation of sexual abuse through a third party. A review of the ICE web page (<https://www.ice.gov>) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee; however, a review of the facility's website, www.hancockcountyso.com, confirms it does not contain information for the public on how to make a third-party report of sexual abuse on behalf of a detainee. The facility did not have any reports of sexual abuse during the audit period.

Does Not Meet: The facility is not in compliance with the standard. The Auditor reviewed the facility website, www.hancockcountyso.com, and confirmed it does not include information for the public on how to make a third-party report of sexual abuse on behalf of a detainee. To become compliant the facility must provide documentation that confirms the facility advises the public on how to make a third-party report on behalf of a detainee.

Corrective Action: The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet standard 115.54.

§115. 61 - Staff reporting duties

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, 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." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall ensure that all staff are trained on appropriate reporting procedures, including a method by which staff can report outside the chain of command. Staff members who become aware of alleged sexual abuse shall immediately follow reporting requirements set forth in HCADC's written policy and procedures. Apart from such reporting, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." A review of HCSO policy 19.09 confirms staff will be trained on a method by which they can report outside of their chain of command; however, HCSO policy 19.09 does not specify the method staff could use. In addition, a review of HCSO policy 19.09 confirms it does not include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. A review of HCSO policy 19.09 further confirms the policy has not been submitted to the Agency for review and approval. During interviews with four security line staff, it was confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse; however, they could not articulate the need to report retaliation or staff neglect. In addition, interviews with four security line staff could not confirm they were aware they could make a report of sexual abuse outside the chain of command. The four security line staff further indicated they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary. In an interview with the HCSO CID Investigator it was indicated if a victim is under 18 or considered a vulnerable adult under state law, he would report the allegation to the designated State or local services agency; however, he did not indicate he would report the allegation to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility has not had any sexual abuse reports during the audit period for review. The facility does not house juveniles.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. A review of HCSO policy 19.09 confirms staff will be trained on a method by which they can report outside of their chain of command; however, HPSC

policy 19.09 does not specify the method staff would use. In addition, a review of HCSO policy 19.09 confirms it does not include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. A review of HCSO policy 19.09 further confirms the policy has not been submitted to the Agency for review and approval. In an interview with the HCSO CID Investigator it was indicated if a victim is under 18 or considered a vulnerable adult under state law, he would report the allegation to the designated State or local services agency; however, he did not indicate he would report the allegation to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. To become compliant, the facility must update HCSO policy 19.09 to include a method for staff to report an allegation of sexual abuse outside the chain of command. In addition, the facility must update HCSO policy 19.09 to include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. Once updated the facility must submit updated HCSO policy 19.09 to the Agency for review and approval and submit documentation that all staff have been trained on the updated HCSO policy 19.09. If applicable, the facility must submit to the Auditor copies all sexual abuse allegation investigation files that include a vulnerable adult.

Corrective Action (a): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsection (a) of the standard.

§115. 64 - Responder duties

Outcome: Does not Meet Standard

Notes:

(a)(b): HCSO policy 19.09 mandates, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: Separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant; Immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel. In the event this occurred, the ICE AFOD or designee will be notified; Preserve and protect, to the greatest extent possible any crime scene until an appropriate steps can be taken to collect any evidence; If the abuse or sexual abuse occurred within a time period that still allows for the collection of physical evidence, do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking and eating. If the first responder is not security staff the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." In addition, HCSO policy 19.09 mandates, "The alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking. or eating; until the forensic examination can be performed." A review of facility policy directs staff not to allow the victim or abuser to take any actions to destroy evidence. Interviews with four security line staff confirmed they would follow facility policy and not allow the detainee victim of sexual abuse to take any actions to destroy evidence.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. A review of HCSO policy 19.09 confirms it does not require security first responders to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In addition, HCSO policy 19.09 mandates, the alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking. or eating; until the forensic examination can be performed. In interviews with four security line staff, it was confirmed security first responders would not allow the detainee victim to take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth. changing clothes, urinating, defecating, smoking, drinking, and eating; however, subsection (a) of the standard requires security first responders to request the detainee victim not to take such actions. To become compliant facility must update HCSO policy 19.09 to include the first security staff member to respond to an incident of sexual abuse is required to request the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing his or her clothes, urinating, defecating, smoking, drinking, or eating thus eliminating the requirement to immediately place a detainee victim of sexual abuse in a medical area where they cannot perform such actions until a forensic exam could be performed. Once updated the facility must submit documentation that all security first responders were trained on the updated policy. If applicable the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

Corrective Action (a): The facility did not provide any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsection (a) of the standard.

§115. 65 - Coordinated response

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): The facility submitted HCSO policy 19.09 as their coordinated response plan. HCSO 19.09 PREA mandates, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: Separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant; Immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel. In the event this occurred, the ICE AFOD or designee will be notified; Preserve and protect, to the greatest extent possible any crime scene until an appropriate step can be taken to collect any evidence; If the abuse or sexual abuse occurred within a time period that still allows for the collection of physical evidence, do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking, and eating." HCSO policy 19.09 further mandates, "The alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed." In addition, HCSO policy 19.09 mandates, "Ensure that the Facility Administrator, PREA Compliance Manager, facility Investigator, Corporate PREA Coordinator, other designated individuals, and ICE AFOD or designee will be notified within two 2 hours of the occurrence. For allegations of Sexual Abusive Behavior in which an Employee is the alleged abuser, only the Facility Administrator and facility investigator shall be notified of the specifics of the allegation. They shall make notification and referrals to outside law enforcement and contracting officials as appropriate" and "victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house the following guidelines are used: A history is taken by healthcare professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated." HCSO policy 19.09 further mandates, "Following the physical examination there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant" and "when a transfer of a detainee victim from an ICE facility to another ICE facility, where permitted by law, inform them of need for medical or social services, unless victim requests otherwise. If it's an unknown facility, then the FOD is notified so they can determine notification." The Auditor did review a PREA Incident checklist that contained instructions for staff should an incident occur. This checklist included first responders, medical/mental health, investigators, and facility leadership; however, the checklist is not included in HCSO policy 19.09 which was submitted by the facility as their coordinated response plan in the PREA Pre-Audit Policy and Document request. In interviews with the Warden, MD, and Investigator from the CPSO CID it was indicated all were knowledgeable regarding their duties and responsibilities during an incident of sexual abuse; however, these duties are not included in HPSC policy 19.09. In an interview with the Warden, it was indicated should a victim be transferred, he would share information pertaining to the incident and victim's potential need for medical or social services. Interviews with four security line staff confirmed they would follow facility policy and not allow the detainee victim of sexual abuse to take any actions to destroy evidence.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of HCSO policy 19.09 confirms it does not include the coordinated actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in responding to an incident of sexual abuse. In addition, a review of HCSO policy 19.09 confirms it does not require security first responders to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating and mandates, the alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed. In interviews with four security line staff, it was confirmed security first responders would not allow the detainee victim to take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking, and eating; however, the requirements of first responders include security first responders will request the detainee victim not to take such actions. A review of HCSO policy confirms it does not include the verbiage, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, 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 and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise." In an interview with the Warden, it was confirmed should a victim be transferred, he would share information pertaining to the incident and victim's potential need for medical or social services. To become compliant the facility must update HCSO policy 19.09 to include coordinated actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition, the requirements of security first responders must be updated to require security first responders request the victim of sexual abuse and ensure the alleged perpetrator of sexual abuse not take any action to destroy physical evidence after an incident of sexual

abuse. Once implemented the facility must train all applicable staff on the updated coordinated response plan. If applicable, the facility must provide the Auditor copies of all sexual abuse allegation investigation files that occur during the CAP period.

Corrective Action (a)(c)(d): The facility submitted documentation to confirm medical staff have been trained on the requirements of subsections (c) and (d) of the standard. The facility did not submit documentation to confirm HCSO policy 19.09 was updated to include coordinated actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse or the requirements of security first responders were updated to require security first responders request the victim of sexual abuse and ensure the alleged perpetrator of sexual abuse not take any action to destroy physical evidence after an incident of sexual abuse. In addition, documentation was not submitted to confirm HCSO policy 19.09 was updated to include the verbiage, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, 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 and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise. The facility submitted a memo to Auditor which confirms there were no sexual abuse allegation investigations which occurred during the CAP period. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a), (c) and (d) of the standard.

§115. 71 - Criminal and administrative investigations

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(e)(f): HCSO policy 19.06 mandates, "The Hancock County Adult Detention Center will ensure all allegations of Sexual Abuse and Sexual Harassment are referred for investigation to the Hancock County Sheriff's Office to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. Where sexual abuse is alleged, the Hancock County Adult Detention Center shall use investigators who are specially trained, qualified investigators in sexual abuse investigations and they must be prompt, thorough, objective, and fair. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Administrative investigation shall: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic, monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; 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; and investigative facts and findings; The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; Such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged abuser or victim from the employment or control of the Hancock County Adult Detention Center shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse HCADC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." In an interview with the Investigator from the HCSO CID it was indicated the HCSO CID office would be responsible for administrative and criminal investigations for HPSC; however, the Investigator further indicated that he has not completed the specialized training required under standard 115.34. In an interview with the Investigator from the HCSO CID it was confirmed, although he has not received the required specialized training, he was able to articulate that all evidence would be collected, interviews would be conducted with any involved party, and reviews of prior history would be taken into account. In addition, in an interview with the Investigator from the HCSO CID it was indicated notification would be made to the appropriate ICE office; however, the appropriate office within DHS would not be consulted prior to an administrative investigation being conducted. The Investigator from the HCSO CID further indicated investigations would continue until completion regardless of it the staff member left employment, or the detainee was transferred. In an interview with the Warden, it was confirmed that he would remain informed of the investigation by way of telephone or email. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (a)(b): The facility is not compliant with subsections (a) and (b) of this standard. In an interview with the Investigator from the HCSO CID it was indicated the HCSO CID office would be responsible for administrative and criminal investigations for HPSC; however, the Investigator further indicated that he has not completed the specialized

training required under standard 115.34. In addition, in an interview with the Investigator from the HSCO CID it was indicated the appropriate office within DHS would not be consulted prior to an administrative investigation being conducted. To become compliant the facility must submit documentation that all facility investigators have received specialized training in accordance with the standard. In addition, the facility must submit documentation that confirms all facility investigators have been trained on the HPSC policy 19.09 and the standard's requirement to consult with the appropriate office within DHS prior to conducting an administrative investigation. If applicable the facility must provide to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period.

Corrective Action (a)(b): The facility submitted a memo to Auditor which confirms there were no sexual abuse allegation investigations which occurred during the CAP period. The facility did not submit documentation to confirm all facility investigators have received specialized training in accordance with the standard or training on HPSC policy 19.09 and the standard's requirement to consult with the appropriate office within DHS prior to conducting an administrative investigation. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§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): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall ensure that staff be subject to disciplinary or adverse actions up to and including removal from their position and from the Federal service, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Termination shall be the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse." HCSO policy 19.09 further states, "Hancock County Adult Detention Center shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. Hancock County Adult Detention Center shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known." In an interview with the Warden, it was indicated disciplinary actions for staff would be immediate and actions taken include removal from detainee contact, administrative leave, or termination. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (b): The facility is not in compliance subsection (b) of the standard. A review of HCSO policy 19.09 confirms the policy has not been submitted to the Agency for review and approval. To become compliant the facility must submit documentation to the Auditor that confirms HCSO policy 19.09 has been submitted to the Agency for review and approval.

Corrective Action (b): The facility submitted HCSO policy 19.09 with a digital approval from the AFOD. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

§115. 81 - Medical and mental health assessments; history of sexual abuse

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "If the assessment 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 is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." In interviews with Intake and Classification staff it was confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, detainees who have experienced prior sexual victimization or perpetrated sexual abuse are not identified.

Does Not Meet(a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. In interviews with Intake and Classification staff it was confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, detainees who have experienced prior sexual victimization or perpetrated sexual abuse are not identified. To become compliant the facility must implement a practice that requires an assessment of all detainees at intake to identify detainees likely to be sexual aggressors or sexual abuse victims. Once implemented the facility must refer all detainees who have experienced sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. In addition, once the detainee has been referred, the detainee shall receive a health evaluation no later than two working days from the date of the assessment or a mental health evaluation no later than 72

hours after the referral. The facility must submit documentation that all intake, classification, medical, and mental health staff have been trained on the updated procedure. If applicable, the facility must provide all detainee files, and corresponding medical and mental health files, of any detainee who was identified as being at risk for sexual victimization or a sexual aggressor during the CAP period.

Corrective Action (a)(b)(c): The facility submitted several emails between the Medical Division Director and Pine Belt Mental Healthcare Resources to provide mental health services to detainees in crisis and following an incident of sexual abuse; however, the Auditor required the facility submit documentation to confirm the facility has implemented an initial risk assessment compliant with subsections (c) and (d) of standard 115.41. The facility has submitted documentation which confirm medical staff have signed an acknowledgement of understanding the standard's requirement to refer all detainees who have experienced sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate; however, the facility has not submitted documentation which confirms medical and mental health have received training on the standard's requirement once the detainee has been referred, the detainee shall receive a health evaluation no later than two working days from the date of the initial assessment or a mental health evaluation no later than 72 hours after the referral. The facility did not submit detainee files, and corresponding medical and mental health files, of any detainee who was identified as being at risk for sexual victimization or a sexual aggressor during the CAP period. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a), (b) and (c) of the standard.

§115. 82 - Access to emergency medical and mental health services

Outcome: Does not Meet Standard

Notes:

(a)(b): HCSO policy 19.09 mandates, "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgement. Detainee victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, following-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). Emergency medical treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Interviews with the Warden, PSA Compliance Manager and Medical Director did indicate that detainee victims of sexual abuse would receive emergent treatment at Ochsner Medical Center; however, the facility did not provide documentation that Ochsner Medical Center would provide immediate medical care, would provide detainee victims of sexual abuse with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, or that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, in an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for crisis intervention services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. There were no sexual abuse reports during the audit period for the Auditor to review.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with the Warden, PSA Compliance Manager, and Medical Director indicated detainee victims of sexual abuse would receive emergent treatment at Ochsner Medical Center; however, the facility did not provide documentation that Ochsner Medical Center would provide immediate medical care, would provide detainee victims of sexual abuse with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, or that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, in an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for crisis intervention services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. To become compliant, the facility must provide documentation that confirms detainee victims of sexual abuse are provided with immediate medical care, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, and that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, the facility must provide documentation that the Gulf Coast Center for Nonviolence would provide crisis intervention services. If applicable, the facility must provide the Auditor with any sexual abuse allegation investigative files that occurred during the CAP period.

Corrective Action (a)(b): The facility submitted several emails between the Medical Division Director and Ochsner Medical Center to confirm Ochsner has an emergency department to provide detainee victims of sexual abuse with immediate medical care following an incident of sexual abuse; however, the facility has not received an affirmative

response. The facility submitted several emails between the Medical Division Director and Pine Belt Mental Healthcare Resources to provide mental health services to detainees in crisis and following an incident of sexual abuse; however, the facility has not received a response. The facility did not provide documentation to confirm detainee victims of sexual abuse are provided with immediate medical care, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, and that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, the facility did not provide documentation to confirm the Gulf Coast Center for Nonviolence, or another organization, would provide crisis intervention services. The facility did not submit any sexual abuse allegation investigative files which occurred during the CAP period. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 83 - Ongoing medical and mental health care for sexual abuse victims and abusers

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): HPSC policy 19.09 mandates, "Hancock County Adult Detention Center 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. Hancock County Adult Detention Center evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Provision is made for testing for sexually transmitted diseases. Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate. Emergency medical treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Hancock County Adult Detention Center 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." In an interview with the MD it was indicated although medical needs would be adequately taken care of at no cost to the detainee, the facility did not provide documentation to confirm female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests, timely and comprehensive information about lawful pregnancy related medical services and timely access to lawful pregnancy related medical services, or that all detainees of sexual abuse are offered tests for sexually transmitted infections as appropriate. In addition, in an interview with the MD it could not be confirmed that medical treatment would be provided at no cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In an interview with the MD, it was further confirmed there were no mental health staff employed at HPSC during the onsite audit; and therefore, the detainee victim of sexual abuse and any known detainee-on-detainee perpetrators of sexual abuse would not get their mental health needs addressed in accordance with the standard. In addition, the MD indicated the Gulf Coast Center for Nonviolence could be utilized for mental health services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services.

Does Not Meet (a)(b)(c)(d)(e)(f)(g): The facility is not compliant with subsections (a), (b), (c), (d), (e), (f) and (g) of the standard. In an interview with the MD, it was confirmed there is no mental health staff employed by the facility; and therefore, the detainee victim of sexual abuse and any known detainee-on-detainee perpetrators of sexual abuse would not get their mental health needs addressed in accordance with the standard. The MD further indicated the Gulf Coast Center for Nonviolence could be utilized for mental health services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. In an interview with the MD it was indicated although medical needs would be adequately taken care of at no cost to the detainee, the facility did not provide documentation to confirm female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests, timely and comprehensive information about lawful pregnancy related medical services and timely access to lawful pregnancy related medical services, or that all detainees of sexual abuse are offered tests for sexually transmitted infections as appropriate. In addition, in an interview with the MD it could not be confirmed medical treatment would be provided at no cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. To become compliant the facility must provide documentation that confirms detainee victims of sexual abuse are provided with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care and that medical treatment services would be provided to the victim regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, the facility must provide documentation that confirms mental health staff are available to provide the detainee victim of sexual abuse with all required elements of subsections (a), (b), (c), (d), (e), (f), and (g) of the standard. If applicable, the facility must provide

the Auditor with any sexual abuse allegation investigative files that occurred during the CAP period. If applicable, the facility must provide the detainee files, including medical and mental health, of any known detainee-on-detainee abusers housed at HCDC during the CAP period.

Corrective Action (a)(b)(c)(d)(e)(f)(g): The facility submitted several emails between the Medical Division Director and Ochsner Medical Center to confirm Ochsner would provide female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests, timely and comprehensive information about lawful pregnancy related medical services and timely access to lawful pregnancy related medical services, all detainees of sexual abuse are offered tests for sexually transmitted infections as appropriate, and medical treatment would be provided at no cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse; however, the facility did not get an affirmative response; and therefore, the Auditor could not confirm services would be provided in accordance with the standard. The facility submitted several emails between the Medical Division Director and Pine Belt Mental Healthcare Resources to provide detainee victims of sexual abuse with all required elements of subsections (a), (b), (c), (d) (e), (f), and (g) of the standard in crisis and following an incident of sexual abuse; however, the facility has not received an affirmative response; and therefore the Auditor could not confirm services would be provided in accordance with the standard. The facility did not submit any sexual abuse allegation investigative files which occurred during the CAP period. Upon review of all submitted documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), (c), (d), (e), (f), and (g) of the standard.

§115. 86 - Sexual abuse incident reviews

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. Hancock County Adult Detention Center shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director, for transmission to the ICE PSA Coordinator. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. HCA DC 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 and Field Office Director or his or her designee, who shall transmit it to the ICE PSA Coordinator." In interviews with the PSA Compliance Manager it could not be confirmed the facility would conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded and prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. In addition, in an interview with the PSA Compliance Manager, it could not be confirmed that the facility would implement the recommendations for improvement or shall document its reasons for not doing so in a written response and that the report and response would be forwarded to the FOD for transmission to the Agency PSA Coordinator or that the review team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. There were no allegations of sexual abuse reported at HPSC during the audit period; however, the facility did not provide documentation to confirm a negative report for the year 2022 was submitted to the facility administrator, FOD or designee, and the Agency PSA Coordinator.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of this standard. In interviews with the PSA Compliance Manager it could not be confirmed the facility would conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded and prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. In addition, in an interview with the PSA Compliance Manager, it could not be confirmed that the facility would implement the recommendations for improvement or shall document its reasons for not doing so in a written response and that the report and response would be forwarded to the FOD for transmission to the Agency PSA Coordinator or that the review team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or

otherwise caused by other group dynamics at the facility. There were no allegations of sexual abuse reported at HPSC during the audit period; however, the facility did not provide documentation to confirm a negative report for the year 2022 was submitted to the facility administrator, FOD or designee, and the Agency PSA Coordinator. To become compliant the facility must train all applicable staff on the requirements of subsections (a) and (b) of the standard. In addition, the facility must document that the annual report for 2022 has been submitted to the facility administrator, the FOD, and the Agency PSA Coordinator.

Corrective Action (a)(b)(c): The facility submitted a 2022 PREA Incident Tracking Log and 2022 Survey of Sexual Violence; however, the facility did not provide documentation to confirm the annual report for 2022 included detainees or had been submitted to the facility administrator, the FOD, or the Agency PSA Coordinator. The facility did not submit documentation to confirm all applicable staff have received training on the requirements of subsections (a) and (b) of the standard. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

§115. 201 - Scope of audits

Outcome: Does not Meet Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available policies, memos, and other documentation required to make an assessment on PREA compliance. Interviews with detainees were conducted on-site, in private, and have remained confidential. No detainee, outside entity, or staff correspondence was received prior to the on-site audit or during the post-audit; however, the Auditor did not observe the notification of audit posted in the facility in the available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese thus the detainee population was not properly informed of the upcoming audit.

Does Not Meet (j): The facility is not in compliance with subsection (j) of the standard. No detainee, outside entity, or staff correspondence was received prior to the on-site audit or during the post-audit; however, the Auditor did not observe the notification of audit posted in the facility in any of the available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese thus no detainee, outside entity, or staff was properly informed of the upcoming audit and their ability to send confidential information or correspondence to the Auditor. To become compliant the facility must post the notification of audit in the facility in all available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese to allow any detainee, outside entity or staff the ability to send confidential information or correspondence to the Auditor during the CAP period.

Corrective Action (j): The facility did not submit any documentation to confirm compliance; and therefore, the Auditor continues to find the facility does not meet subsection (j) of the standard.

AUDITOR CERTIFICATION:

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

Jodi Upshaw

January 3, 2024

Auditor's Signature & Date

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

January 8, 2024

Assistant Program Manager's Signature & Date

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

January 9, 2024

Program Manager's Signature & Date

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES				
From:	3/28/2023		To:	3/30/2023
AUDITOR INFORMATION				
Name of auditor:	Jodi Upshaw		Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)		Telephone number:	409-866-(b) (6), (b) (7)(C)
PROGRAM MANAGER INFORMATION				
Name of PM:	(b) (6), (b) (7)(C)		Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)		Telephone number:	409-866-(b) (6), (b) (7)(C)
AGENCY INFORMATION				
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)			
FIELD OFFICE INFORMATION				
Name of Field Office:	New Orleans			
Field Office Director:	Melissa Harper			
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)			
Field Office HQ physical address:	1250 Poydras St., Suite 300, New Orleans, LA 70113			
Mailing address: (if different from above)	Click or tap here to enter text.			
INFORMATION ABOUT THE FACILITY BEING AUDITED				
Basic Information About the Facility				
Name of facility:	Hancock Public Safety Complex			
Physical address:	8450 Highway 90, Bay St. Louis, Mississippi 39520			
Mailing address: (if different from above)	Click or tap here to enter text.			
Telephone number:	228-466-6922			
Facility type:	IGSA			
PREA Incorporation Date:	5/1/2020			
Facility Leadership				
Name of Officer in Charge:	(b) (6), (b) (7)(C)		Title:	Warden
Email address:	(b) (6), (b) (7)(C)		Telephone number:	228-466-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)		Title:	Sergeant
Email address:	(b) (6), (b) (7)(C)		Telephone number:	228-466-(b) (6), (b) (7)(C)
ICE HQ USE ONLY				
Form Key:	29			
Revision Date:	01/06/2023			
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 Hancock Public Safety Complex (HPSC) was conducted on March 28 – 30, 2023 by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the U.S. Immigration and Customs Enforcement (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR) External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. HPSC is a county government facility governed by the Hancock County Sheriff's Office (HCSO) and operates under contract with the DHS ICE Office of Enforcement and Removal Operations (ERO). The audit period is from May 1, 2020, through March 30, 2023. This is the first DHS PREA audit for HPSC.

The facility houses adult male and female detainees with low, medium, and high custody levels who are awaiting transportation to an ICE facility. The design capacity for the facility is 303 and the average daily ICE population for the prior 12 months was 2. The facility reported there were 640 ICE detainees booked into the facility in the last 12 months. The current population on the first day of the audit was four. The average length of time in custody is two days. The facility is comprised of one building which includes one female multiple occupancy cell housing unit, two male multiple occupancy cell housing units, and one disciplinary/segregation single and multiple occupancy cell housing unit. The facility reported these are the only units where a detainee would be housed. Detainees are comingled with county, State, and other federal inmates depending on classification level. The booking area has five cells that can occupy 15 detainees each, 1 single occupancy cell, and 2 cells that can house 4 to 6 detainees. There is a dress out area and a small area with a television set where detainees await their initial housing assignment.

Approximately two weeks prior to the audit, the ERAU Team Lead (TL), (b) (6), (b) (7)(C), provided the Auditor with facility policies and other pertinent documents through the ICE SharePoint. The policies and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing with the exception of the Pre-Audit Questionnaire which was emailed to the Auditor. The main policy that governs HCPS is 19.09 Prison Rape Elimination Act (PREA). All documentation, policies and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Auditor for interviews with staff and detainees. The Auditor also reviewed the facility's website, www.hancockcountysoc.com and the Agency website www.ice.gov.

The entry briefing was held in the conference room on March 28, 2023. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

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

(b) (6), (b) (7)(C) Warden, HPSC

Sergeant (Sgt.) (b) (6), (b) (7)(C), Prevention of Sexual Assault Compliance Manager (PSA) Compliance Manager, HPSC

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

(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO)/ERO PREA Field Coordinator, ICE/ERO

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance 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 review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting staff and detainee interviews. No correspondence was received from any detainee, outside individual, or staff member.

The audit commenced on March 28, 2023, and included the intake area, recreation area, female and male housing units, contact visitation room and medical. Detainees are housed in multi-occupancy cells or single occupancy cells within a housing unit. Male multi-occupancy housing units can hold eight detainees in each cell for a maximum capacity of 32 detainees within the housing unit. The male disciplinary/segregation housing unit has eight double occupancy cells and eight single occupancy cells for a maximum capacity of 24. The female multi-occupancy housing unit has 22 cells that include single, double, and cells which can hold 4 detainees for a maximum capacity of 44. Within each housing unit there is a common seating area, telephones, kiosks, and shower area. Toilets were located within each of the cells. Above the telephones on the wall are posters which included: the PREA audit notice, the DHS-prescribed sexual assault awareness notice, reporting numbers for the ICE Detention and Reporting and Information Line (DRIL), the contact information for the DHS Office of Inspector General (OIG), I Speak poster, and a poster that advised the detainee the contact information for the foreign consulate's office. During the onsite review, the Auditor noted sight lines, potential blind spots, and

camera locations throughout the (b) (7)(E). There were no detainees processed into HPSC during the onsite audit; however, the Auditor did observe a video of four detainees being processed into the facility. A review of the video confirmed detainees were brought in through (b) (7)(E) until they could be escorted out to the booking desk one at a time for processing and classification. Facility meals are fed via a satellite system. Due to the short length of stay at HPSC, detainees do not program; however, may become involved in other activities such as religious services.

HPSC has (b) (7)(E) located throughout all areas of the facility. The cameras run 24/7 and video footage is stored on a server for up to 90 days before being written over by new video. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. The Auditor viewed the camera site lines for direct viewing of (b) (7)(E) and confirmed camera angles provided privacy while a detainee was using the bathroom, showering or changing clothes. Cameras have the ability to tilt, pan and zoom (TPZ); however, do not record sound.

According to facility staff HPSC employs 44 employees who may have recurring contact with detainees consisting of 35 security staff (18 males and 17 females) and 7 medical staff. The remaining facility staff consists of administration and maintenance. In addition, ICE staff come to the facility on Tuesday and Thursday to drop off or pick up detainees.

The Auditor was provided with staff and detainee rosters for random selection of staff and detainees for formal interviews. The Auditor interviewed 15 staff members which consisted of the Warden, PSA Compliance Manager, Medical Director (MD), Human Resources (HR) representative, Investigative staff (1), Training Officer (TO) (1), Grievance Officer (GO), a First-line Supervisor, Classification staff (1), Intake staff (1), First Responder (1), and security line staff (4). In addition, the Auditor interviewed two ICE staff consisting of the AFOD and SDDO. The Auditor further interviewed four detainees who were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, LLC.

The facility PAQ reported there are eight facility investigators that have received specialized training on sexual abuse. There were no allegations of sexual abuse reported during the audit period.

On February March 30, 2023, an exit briefing was held in the conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) Sheriff, HCSO
(b) (6), (b) (7)(C), Warden, HPSC
(b) (6), (b) (7)(C) Captain, HPSC
(b) (6), (b) (7)(C) PSA Compliance Manager, HPSC
(b) (6), (b) (7)(C) Deputy Field Officer Director (DFOD), ICE/ERO
(b) (6), (b) (7)(C) AFOD, ICE/ERO
(b) (6), (b) (7)(C) SDDO/ERO PREA Field Coordinator, ICE/ERO, via telephone
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor spoke briefly about non-compliance in the areas of cross gender viewing, detainee orientation, and training. The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor recognized the facility for their hard work in preparing for the audit and thanked those in attendance for cooperation during the audit.

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: 0

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 10

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.66 Protection of detainees from contact with alleged abusers

§115.67 Agency protection against retaliation

§115.68 Post-allegation protective custody

§115.72 Evidentiary standard for administrative investigations

§115.73 Reporting to detainees

§115.77 Corrective action for contractors and volunteers

§115.78 Disciplinary sanctions for detainees

§115.87 Data collection

Number of Standards Not Met: 30

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

§115.13 Detainee supervision and monitoring

§115.15 Limits to cross-gender viewing and searches

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

§115.17 Hiring and promotion decisions

§115.18 Upgrades to facilities and technologies

§115.21 Evidence protocols and forensic medical examinations

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

§115.31 Staff training

§115.32 Other training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and mental health care

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.43 Protective custody

§115.51 Detainee reporting

§115.52 Grievances

§115.53 Detainee access to outside confidential support services

§115.54 Third-party reporting

§115.61 Staff and agency reporting duties

§115.64 Responder duties

§115.65 Coordinated response

§115.71 Criminal and administrative investigations

§115.76 Disciplinary sanctions for staff

§115.81 Medical and mental health screenings; 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

§115.201 Scope of audits

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: Does not Meet Standard (requires corrective action)

Notes:

(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center maintains a zero-tolerance policy for all forms of sexual abuse or sexual harassment in compliance with applicable standards including National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination act." HCSO policy 19.09 further mandates, "The facility administrator will designate a Prevention of Sexual Assault Compliance Manager POC for ICE and PSA (PSA Coordinator) who will serve as the facility point of contact for the ICE PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures." A review of HCSO policy 19.09, and interviews with the Warden and PSA Compliance Manager, could not confirm HCSO policy was submitted to the Agency for review and approval. In addition, the Auditor reviewed the facility's website www.hancockcountysoc.com and could not locate the facility's zero-tolerance policy. During the on-site tour the Auditor observed the DHS-prescribed sexual assault awareness notice in the booking area and in all the housing units in English and Spanish. The Auditor reviewed the facility's organizational chart and confirmed the PSA Compliance Manager reports to the Assistant Warden. In an interview with the PSA Compliance Manager and four security line staff, it was indicated she is the point of contact for the Agency PSA Coordinator and has sufficient time and authority to oversee the facility's efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of HCSO policy 19.09, and interviews with the PSA Compliance Manager, did not confirm the facility submitted HCSO policy 19.09 to the Agency for review and approval. To become compliant the facility must provide documentation that HCSO policy 19.09 has been submitted to the Agency for review and approval.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center will maintain sufficient supervision of detainees through a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (a) Generally accepted detention and correctional practices; (b) Any judicial findings of inadequacy; (c) Any findings of inadequacy from Federal investigative agencies; (d) Any findings of inadequacy from internal or external oversight bodies; (e) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); (f) The composition of the inmate population; (g) The number and placement of supervisory staff; (h) Institution programs occurring on a particular shift; (i) Any applicable State or local laws, regulations or standards; and (j) The prevalence of substantiated and unsubstantiated incidents of sexual abuse." In addition, HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure the Shift Supervisor or designee is conducting daily rounds and documenting PREA unannounced rounds. Both day and evening shift supervisors, while conducting these rounds shall be looking at cross-gender viewing, gender announcement, staff-detainee communication, identify and deter sexual abuse of detainees and ensuring PREA signs are posted in housing areas and holding rooms" and "employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility." A review of HCSO policy 19.09 confirms it does not include the requirement to consider the findings and 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. According to the PAQ HPSC has a total of 35 security staff, consisting of 18 males and 17 females, that may have recurring contact with detainees. The remaining facility staff consists of administration and maintenance. ICE staff come to the facility on Tuesday and Thursday to drop off or pick up detainees. During the on-site audit, the Auditor reviewed the comprehensive supervision guidelines for Booking Control Officer, Master Control Officer, Housing Control Room Officer, and Floor Officer and confirmed the supervision guidelines had a revision date of May 4, 2020. In addition, the Auditor reviewed a memorandum submitted by the facility that acknowledges the annual review of the facility comprehensive detainee supervision guidelines has not been conducted. HPSC has (b) (6), (b) (7)(C) located throughout all areas of the facility. The cameras run 24/7 and are monitored in the control room. Video footage is stored on a server for up to 90 days before being written over by new video. Video footage can only be played back or downloaded by Sergeants and above who would provide Investigators with a copy of video footage should there be a need for the Investigator to review footage for a sexual abuse allegation investigation. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. The Auditor viewed the camera site lines for direct viewing of (b) (6), (b) (7)(C) and confirmed camera angles provided privacy while a detainee was using the bathroom, showering, or changing clothes. Cameras have the ability to pan, tilt and zoom (TPZ); however, do not record sound. The facility reported in the PAQ a complete overhaul of the video system was completed in August of 2022 which included replacement of all cameras, new wiring, and DVR capability. The Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not

consider all elements of subsection (c) of the standard in determining the need for the camera upgrades and replacements. The Auditor reviewed a report generated by the Jail Tracker system utilized by HPSC which listed all PREA checks completed for three weeks in February. The entries were reported in the system as, "unannounced PREA check completed" which clearly distinguishes the checks from a regular mandated security inspection. In an interview with the Warden, it was indicated that by utilizing two shifts adequate supervision and monitoring for detainees is being provided; however, the interview did not confirm that the facility takes into consideration all elements of subsection (c) of the standard when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor observed adequate coverage during the onsite audit. In addition, the Auditor observed PREA rounds being conducted and did not notice staff alerting others to this activity. Interviews with four security line staff did indicate that supervisors do conduct rounds and it is on a random basis.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of this standard. A review of HCSO policy 19.09 confirms it does not include the requirement to consider the findings and 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. The facility reported in the PAQ a complete overhaul of the video system completed in August of 2022 which included replacement of all cameras, new wiring, and DVR capability. The Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not consider the elements of subsection (c) of the standard in determining the need for the camera upgrades and replacements. In an interview with the Warden, it was indicated by utilizing two shifts adequate supervision and monitoring for detainees is being provided; however, the interview did not confirm that the facility takes into consideration all elements of subsection (c) of the standard when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor reviewed a memorandum submitted by the facility that acknowledges that the annual review of the facility comprehensive detainee supervision guidelines has not been conducted as required by subsection (b) of the standard. To become compliant the facility must provide documentation that all elements of subsection (c) of the standard were taken into consideration when determining adequate levels of detainee supervision and the need for video monitoring. In addition, the facility must submit documentation to the Auditor that the facility conducted an annual review of the supervision guidelines for the year 2023.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): A review of the facility PAQ and interviews with the Warden, PSA Compliance Manager, four security line staff, and intake staff confirmed the facility does not house juvenile or family units; and therefore, the standard is not applicable.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(c)(d)(e)(f)(g)(i)(j): HCSO policy 19.09 mandates, "The Hancock Adult Detention Center shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. The Hancock County Adult Detention Center shall not conduct cross-gender pat-down searches of male detainees unless, after reasonable diligence staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Hancock County Adult Detention Center shall not conduct cross-gender pat-down searches of female detainees unless in exigent circumstances." HCSO policy 19.09 further mandates, "The Hancock County Adult Detention Center shall document all cross-gender strip searches, cross-gender body cavity searches, and all cross-gender pat-down searches." In addition, HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall enable detainees to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine dorm checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement" and "Hancock County Adult Detention Center shall require staff of the opposite gender to announce their presence when entering a detainee-housing unit." HCSO policy 19.09 further mandates, "The Hancock County Adult Detention Center shall not search or physically examine a transgender or intersex detainees for the sole purpose of determining the detainee 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 the standard medical examination that all detainees must undergo as part of the intake or other processing procedures conducted in private by a medical practitioner" and "the Hancock County Adult Detention Center shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The Auditor reviewed blank copies of a Body Cavity Search, Cross-Gender Pat-Down Search log and All Strip/Body Cavity Search Report and confirmed the Body Cavity Search and the Cross-Gender Pat Down Search logs included areas for the Inmate Name, A # and Reason. During the onsite audit the Auditor observed toilets that allowed for direct viewing in numerous cells throughout all male and female housing units. The Auditor reviewed the camera angles in the control center and confirmed they did not allow for cross-gender viewing into toilets, the shower areas, or areas where a detainee may change clothing. During the onsite audit the Auditor observed staff of the opposite gender announcing their presence as they entered housing units that included detainees of the opposite gender. The Auditor was provided with training sheets that confirmed staff have received PREA training; however, the Auditor reviewed the "PREA" training curriculum utilized for cross-gender pat-down searches and confirmed it did not include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. Interviews with four security line staff indicated that cross-gender pat-down searches and strip and body cavity searches are not normally allowed; however, should they occur, they would be documented. Interviews with four male

detainees confirmed that pat-down searches have been conducted by male security staff. In an interview with the MD, it was indicated should the detainee's gender be unknown and can't be determined based on an interview with the detainee or other supporting documentation, the detainee would be referred to medical for a follow-up interview. In an Interview with the TO, staff have reviewed policy and procedure and signed that they have received the training; however, staff have only recently received pat-down search training in anticipation of their scheduled DHS PREA audit. The Auditor reviewed an intake video of four detainees being processed into HPSC and confirmed all searches were conducted by staff of the same gender as the detainee. In interviews with the Warden and PSA Compliance Manager it was confirmed the facility does not house juveniles.

Does Not Meet (g)(i): The facility is not in compliance with subsections (g) and (i) of this standard. During the on-site audit, the Auditor observed numerous male and female housing units which allowed for cross-gender viewing of toilet areas. The Auditor was provided with training sheets that confirmed staff have received PREA training; however, the Auditor reviewed the "PREA" training curriculum utilized for cross-gender pat-down searches and confirmed it did not include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. To become compliant the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine jail checks. Once implemented the facility must provide the Auditor with documentation that confirms the cross-gender viewing issues are no longer a concern. In addition, the facility must update the PREA training curriculum to include the training requirement all pat-down searches shall be conducted in a professional and respectful manner, and, in the least intrusive manner possible, consistent with security needs and Agency policy. Once updated the facility must submit documentation that all security line staff and supervisors received the updated training.

Recommendation (f): The Auditor recommends that the facility update HCSO policy 19.09 to include the requirement all strip and visual cavity searches be documented.

(h): HPSC is not designated as a Family Resident Center; therefore, provision (h) is not applicable.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall take appropriate steps to ensure that detainees with disabilities (including detainees who are limited English proficient, are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse by: Providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; and Providing access to written materials related to sexual abuse in fonts or through methods that ensure effective communication." During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice and reporting numbers for the DRIL posted in the housing units in English and Spanish. In addition, the Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. The Auditor reviewed a video of four detainees being processed into the facility and confirmed the detainees did not receive the ICE National Detainee Handbook or the DHS-prescribed ICE Sexual Assault Awareness (SAA) Information pamphlet. A review of all four detainee files confirmed there was no documentation to confirm PREA information was distributed to any of the detainees. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency's and facility's efforts to detect or respond to sexual abuse. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing or deaf. In an interview with intake staff, it was confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. In interviews with four LEP detainees, it was indicated that PREA information had not been received by any of the detainees.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) or (c) of this standard. In an interview with intake staff, it was confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in

a manner they would understanding including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. During the on-site audit the Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. The Auditor reviewed a video of four detainees being processed into the facility and confirmed the detainees did not receive the ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet. A review of four detainee files confirmed that there was no documentation to confirm PREA information was distributed to any of the detainees. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency's and facility's efforts to detect or respond to sexual abuse. To become compliant the facility must implement a practice of providing PREA information to detainees who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills in a manner that all detainees can understand, including but not limited to the PREA information in the facility handbook. In addition, the facility must implement a practice that includes having the DHS-Prescribed SAA Information pamphlet, in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian) and the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) available to the detainee onsite. Once implemented, the facility must submit documentation that all Intake staff have received training on the new procedure. In addition, the facility must present the Auditor with the files of 10 detainees received during the CAP period that includes detainees who speak languages, other than English or Spanish, to confirm that detainees are getting the information in a language they understand. In addition, if applicable, the facility must provide the Auditor with the files of 10 detainees received during the CAP period consisting of detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills to confirm they are getting the PREA information in a format they understand.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." The ICE Personnel Security and Suitability Program policy outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The 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. "HCSO policy 19.09 states, "Hancock County Adult Detention Center is prohibited from hiring anyone who may have contact with detainees, and shall not enlist the services of any contractor/volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. HCSO policy 190.09 further states, "Hancock County Adult Detention Center when considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees" and "HCDC, consistent with law, shall make its best effort to contact all prior institutional employers of any applicant for employment, to obtain information of substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse." In addition, HCSO policy 19.09 states, "Hancock County Adult Detention Center shall conduct criminal background checks and make its best effort to contact prior institutional, employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers at least five years" and "Hancock County Adult Detention Center shall also impose upon Employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination." HCSO policy 19.09 further states, "Unless prohibited by law, the Hancock County Adult Detention Center shall provide information on substantiated allegations or sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." In a memorandum submitted by the facility Warden it was confirmed there is no documentation in the employee personnel files to confirm staff have a continuous affirmative duty to report sexual misconduct. In an interview with the HR representative, it was indicated background checks are completed on all applicants for hire. The HR representative further indicated that should a facility contact HPSC for information regarding a former employee, the information would be given based on Mississippi law. During the onsite audit, the Auditor requested to review both volunteer and contractor files; however, the facility did not have files for review; and therefore the Auditor could not confirm the facility would not

enlist the services of any contractor or volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed seven staff personnel files and confirmed an initial background check was conducted in all files. In addition, a review of seven personnel files could not confirm the facility imposes a continuing affirmative duty to disclose sexual misconduct or that prior institutional employers were contacted prior to employment. In an interview with the AFOD it was indicated that he was promoted within the last year and thought he may have been asked questions about sexual misconduct or charges related to such; however, he could not confirm with certainty that he was. The Auditor submitted two ICE employees to PSO to verify the background check process. ICE PSO confirmed the investigation status of both ICE employees was conducted in accordance with subsection (b) of the standard. HPSC is not an immigration-only detention facility; and therefore, five-year background rechecks are not required.

Meet (a)(b)(c)(d)(e): The Facility is not in compliance with subsections (a), (b), (c), (d), and (e) of the standard. During the onsite audit, the Auditor requested to review both volunteer and contractor files; however, the facility did not have files for review; and therefore, the Auditor could not confirm the facility would not enlist the services of any contractor or volunteer who may have contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. In a memorandum submitted by the facility Warden it was confirmed there is no documentation in the employee personnel files to confirm staff have a continuous affirmative duty to report sexual misconduct. A review of seven personnel files could not confirm the facility imposes a continuing affirmative duty to disclose sexual misconduct or that prior institutional employers were contacted prior to employment. In an interview with the AFOD it was indicated that he was promoted within the last year and thought he may have been asked questions about sexual misconduct or charges related to such; however, he could not confirm with certainty that he was. In addition, conditional offers of employment or applications do not include material omissions regarding sexual misconduct on conditional offers of employment or applications. To become compliant the facility must implement a practice that requires the facility not hire, promote, or use the services of any contractors or volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement practices that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse and the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. In addition, the facility must implement practices that require material omissions regarding sexual misconduct be grounds for termination of employment or withdrawal of an offer of employment and to make its best efforts to contact all prior institutional employers of an applicant for hire to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Once implemented the facility must provide documentation that all applicable staff, including HR, have been trained on the new practices. The facility must provide the Auditor with five contractor and five volunteer files to confirm the contractor or volunteer did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population. In addition, the facility must provide the Auditor with five staff personnel files. If applicable, the facility must provide the Auditor with any staff, who may have contact with detainees, who were promoted during the CAP period to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

§115.18 - Upgrades to facilities and technologies.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): HCSO policy 19.09 mandates, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in an immigration detention facility, the facility or agency, as appropriate, shall consider how such technology may enhance their ability to protect detainees from sexual abuse and sexual harassment." A review of the facility PAQ confirms the facility has not designed or acquired a new facility or planned a substantial expansion since May 6, 2014, or the last PREA audit. In addition, a review of the facility PAQ confirms a complete overhaul of the camera system was completed in 2022. This modification included new cameras, wiring and DVR capability; however, the Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not take into consideration how the modifications to the video system would enhance their ability to protect detainees from sexual abuse.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. A review of the facility PAQ confirms a complete overhaul of the camera system was completed in 2022. This modification included new cameras, wiring and DVR capability; however, the Auditor reviewed the purchase and security agreement for the camera install and confirmed the facility did not take into consideration how the modifications to the video system would enhance their ability to protect detainees from sexual abuse. To become compliant the facility must submit documentation that confirms HPSC took into consideration how the modification to the video system would enhance their ability to protect detainees from sexual abuse.

§115.21 – Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), 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." HCSO policy 19.09 mandates, "Hancock County Adult Detention Center is responsible for investigating allegations of sexual abuse: (a) HCADC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable" and "to the extent that HCADC is not responsible for investigating allegations of sexual abuse, HCADC shall request that the investigating agency follow the uniform evidence protocol requirements." In addition, HCSO policy 19.09 states, "The Hancock County Adult Detention Center shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside the facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available. The examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The results of the physical examination and all collected physical evidence are provided to the investigative entity." In addition, HCSO policy 19.09 states, "Hancock County Adult Detention Center shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victim's needs" and "Hancock County Adult Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Hancock County Adult Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages. HCSO policy 19.09 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. A qualified agency staff member or a qualified community-based staff member means as individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals." In addition, HCSO policy 19.09 states, "The protocol shall be developed in consultation with DHS; however, the facility did not submit documentation that confirms that DHS consulted in the development of the protocol. Further, in an interview with the PSA Compliance Manager it could not be confirmed HCSO policy 19.09, the facility protocol was developed in coordination with DHS. During the onsite audit the Auditor did not observe informational posters for local or national emotional support resources displayed in the intake area or on housing unit bulletin boards. A poster for the National Sexual Assault hotline (RAINN) was provided; however, the Auditor did not observe the posters within the housing units. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. The MD did not provide contact information for the Auditor ; and therefore, the Auditor could not confirm they would provide the required services. In interviews with the Warden, PSA Compliance Manager, and the MD it was indicated Ochsner Medical Center (local hospital) would provide medical services for detainee victims of sexual abuse at no cost if needed. The Auditor reviewed two memorandums from the facility Warden indicating there was a Memorandum of Understanding (MOU) in place with the local hospital to provide "services as needed" and the facility has an agreement with SANE's through the local hospital; however, the MOU or agreement was not provided to the Auditor for review; and therefore, the Auditor could not confirm the local hospital would provide the required services. There were no allegations of sexual abuse reported at HPSC during the audit period. HPSC does not house juveniles.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c) and (d) of this standard. A review of HCSO policy 19.09 and interviews with the PSA Compliance Manager could not confirm HPSC policy 19.09 was developed in coordination with DHS. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. During the on-site audit the Auditor attempted to contact the Gulf Coast Center; however, the MD, did not provide the contact information for the Gulf Coast Center; and therefore, the Auditor could not contact the center to confirm they would provide the required services. In addition, in interviews with the Warden and PSA Compliance Manager it was confirmed that they were unaware of the Gulf Coast Center and what services they would provide. In an interview with the Warden, PSA Compliance Manager, and the MD it was indicated Ochsner Medical Center (local hospital) would provide medical services for detainee victims of sexual abuse at no cost if needed. The Auditor reviewed two memorandums from the Warden which stated there was a MOU in place with the local hospital to provide "services needed" and the facility has an agreement with SANE's through the local hospital; however, the MOU or agreement was not provided to the Auditor for review; and therefore, the Auditor could not confirm the local hospital would provide the required services. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, the Auditor did not observe informational posters for this resource or information about this resource in the facility handbook. In addition, the MD did not provide contact information ; and therefore, the Auditor could not confirm they would provide the required services. To become compliant the facility must identify a local hospital to provide the detainee victim a forensic exam, if

evidentiarily or medically appropriate, by a SAFE/SANE Nurse or other qualified medical practitioner. In addition, the facility must coordinate with a community resource to provide expertise and support in the areas of crisis intervention and counseling and to provide advocacy services, if not available through the hospital agreement, to the detainee victim during a forensic exam and during the investigation process. The facility must provide documented training to all applicable staff regarding protocols developed and their responsibility to provide the detainee victim with all requirements of the standard. The facility must also provide the Auditor with any investigative files where the detainee victim was transported to an outside hospital following an incident of sexual abuse.

(e): In the interview with the facility Investigator, it was confirmed the HCSO, in which he is an employee, is responsible for conducting administrative and criminal sexual abuse investigations at HPSC. The Investigator further indicated the facility would investigate using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and if it is determined that the reported allegation is criminal in nature, it would be referred to the HCSO Criminal Investigation Division (CID). In addition, in an interview with the Investigator it was confirmed that both entities are part of the same agency; and therefore, are required to follow the requirements of subsection (a-d) of the standard. The Investigator further indicated if an allegation of sexual abuse involves a staff member the Mississippi State Police (MSP) would be notified; however, the facility did not provide documentation to confirm that the facility requested the MSP to follow the requirements of subsection (a-d) of the standard.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. In an interview with the Investigator, it was indicated if an allegation of sexual abuse involves a staff member the MSP would be notified; however, the facility did not provide documentation to confirm the facility requested the MSP to follow the requirements of subsection (a-d) of the standard. To become compliant the facility must request the MSP to follow the requirements of subsection (a-d) of the standard

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. B) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center will ensure all allegations of Sexual Abuse and Sexual Harassment are referred for investigation to law enforcement with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. The agency shall retain all written reports and referrals for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. HCPS shall ensure that all allegations of sexual abuse or assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and shall document such referrals. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. A review of HCSO policy 19.09 confirms it does not contain the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD; and therefore, although the facility has established a protocol it does not contain all required elements of the standard. The Auditor reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol. In addition, the Auditor reviewed the facility website www.hancockcountyso.com and confirmed HCSO policy 19.09 is not posted. In an interview with the Warden, it was indicated the HCSO would investigate detainee allegations of sexual abuse. In addition, in an interview with the Investigator it was indicated the HCSO would handle both administrative and criminal investigations unless the allegation involved a staff member and then the investigation would be turned over to the MSP. In an interview with the PSA Compliance Manager, it was indicated that records would be kept in a locked cabinet and maintained by the HCSO. There were no sexual abuse allegations reported at HPSC during the audit period.

Does Not Meet (c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of HCSO policy 19.09 confirms it does not contain the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD; and therefore, although the facility has established a protocol it does not contain all required elements of the standard. The Auditor reviewed the facility website www.hancockcountyso.com and confirmed HCPS policy 19.09 is not posted as required by subsection (c) of the standard. To become compliant the facility must update HPSC policy 19.09 to include the requirements 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 the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD or

when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD. Once updated the facility must submit documentation that all applicable staff are trained on the updated policy. In addition, the facility must post updated HPSC policy 19.09 on the facility website www.hancockcountyso.com.

§115.31 - Staff training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and 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; and examples of prohibited and illegal sexual behavior; Instruction that sexual abuse and/or 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/or assault and ways to prevent and respond to such occurrences; The requirement to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the detainee victim's welfare, and for law enforcement/investigative purposes; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; How to communicate effectively and professionally with detainees, including lesbian gay, bisexual, transgender intersex, or gender nonconforming detainees; Instruction on reporting knowledge 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." The Auditor was provided with the facility PREA training curriculum and confirmed it included all elements of subsection (a) of the standard; however, several slides within the curriculum reference the "Winn Correctional Center" including the Winn Correctional Center zero-tolerance policy; and therefore, the Auditor could not confirm that HPSC staff were being informed of the HPSC zero-tolerance policy. The Auditor reviewed seven staff training files and confirmed PREA training was documented; however, the training records did not include dates to confirm when the PREA training was received. Interviews with four security line staff could not confirm that PREA refresher training is conducted as required by subsection (b) of the standard.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. The Auditor was provided with the facility PREA training curriculum and confirmed it included all elements of subsection (a) of the standard; however, several slides within the curriculum reference the "Winn Correctional Center" including the Winn Correctional Center zero-tolerance policy; and therefore, the Auditor could not confirm that HPSC staff were being informed of the HPSC zero-tolerance policy. In addition, the Auditor reviewed seven staff training files and confirmed PREA training was documented; however, the training records did not include dates to confirm when the PREA training was received. To become compliant the facility must update the HSPC PREA training curriculum to include material specific to HPSC. Once updated, the facility must provide documentation that all HSPC staff have received the updated training.

§115.32 - Other training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. 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 must be notified of the Hancock County Adult Detention Center zero-tolerance policy and informed how to report such incidents. In this paragraph "other contractor" means a person who provides services on a non-recurring basis to the facility pursuant to a contractual agreement with the agency or facility. The Hancock County Adult Detention Center shall maintain written documentation verifying employee, volunteer, and contractor training." During the on-site audit, the Auditor requested to review both volunteer and contractor training files; however, the facility did not provide the Auditor with files for review. The Auditor was provided a volunteer sign in sheet titled "PREA Training" for review with no date. The Auditor was able to compare the sheet to a current volunteer list and confirmed the list is current; however, the Auditor was not provided a PREA training curriculum to confirm that volunteers and other contractors have been notified of the Agency's and facility's zero-tolerance policies or were informed how to report and incident of sexual abuse.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of this standard. During the on-site audit, the Auditor requested to review both volunteer and contractor training files; however, the facility did not provide the Auditor with files for review. The Auditor was provided a volunteer sign in sheet titled "PREA Training" for review with no date. The Auditor was able to compare the sheet to a current volunteer list and confirmed the list is current; however, the Auditor was not provided a PREA training curriculum to confirm that volunteers and other contractors have been notified of the Agency's and facility's zero-tolerance policies or were informed how to report and incident of sexual abuse. To become compliant, the facility must provide documentation that all current volunteers and other contractors as defined in paragraph (d) of the standard have received training on the Agency's and facility's zero-tolerance policy regarding sexual abuse and how to report an incident of sexual abuse.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): HCSO policy 19.09 PREA mandates, "Detainees shall be informed about Hancock County Adult Detention Center's sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. HCADC prohibits all forms of sexual abuse or assault of staff on detainee, detainee on detainees. Prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse 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, (e.g., the compliance manager or a mental health specialist) the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Each detainee shall receive a copy of the "Sexual Assault Awareness Information" pamphlet; a Hancock County Adult Detention Center Detainee Handbook; and an U.S. Immigration and Customs Enforcement National Detention Handbook in which both include information on how to report sexual abuse. A signed acknowledgment shall be kept in the detainee detention file. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Hancock County Adult Detention Center shall maintain documentation of detainee participation in the instruction session. The Hancock County Adult Detention Center shall have a TTY machine available in the Intake Processing Area. The Hancock County Adult Detention Center shall ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The Hancock County Adult Detention Center sexual abuse or assault prevention and intervention program shall provide detainees who are victims of sexual abuse or assault the option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (e.g., the program coordinator or a mental health specialist). The Hancock County Adult Detention Center shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her. Detainees will also be informed that they can report any incident or situation regarding sexual abuse, assault, or intimidation to any staff member (as outlined above), the DHS Office of Inspector General, and the Joint Intake Center. The Hancock County Adult Detention Center shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. The Hancock County Adult Detention Center shall inform the detainees of at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of HCADC." During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all housing units; however, the Auditor did not observe the facility PSA Compliance Manager's name or information of a local organization that could assist detainees who have been victims of sexual abuse. The Auditor observed kiosks in all housing units; however, the kiosks did not contain PREA information. The Auditor did not observe the ICE Detainee Handbook in any of the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali or DHS-prescribed SAA Information pamphlet in the 15 most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. A review of the informational sheet confirmed it provided information on what the Prison Rape Elimination Act is, definitions of sexual misconduct, what a detainee's treatment options are, how to protect themselves from becoming a victim and information on what will happen if the detainee is a sexual predator and assaults someone; however, the facility did not provide documentation that the information is available in languages other than English or Spanish or in a manner a detainee who is blind or had limited sight, was deaf or hard of hearing, had a physical, mental, psychological, or speech disability or had limited reading skills would understand. During the onsite audit, the Auditor reviewed the facility handbook and confirmed the handbook has information pertaining to prevention of sexual abuse; however, the handbook was available in English and Spanish only and did not include the Agency's and facility's efforts to detect or respond to sexual abuse. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing, or deaf; however, interviews with Intake staff confirmed they could not articulate how to utilize the TTY machine. In an interview with intake staff, it was further confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. Intake staff further indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. In addition, Intake staff indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. The Auditor reviewed a blank Intake Orientation Video Viewed sheet available in English and Spanish; however, the Auditor was not provided with a script to confirm what PREA information, if any was included on the video. The Auditor reviewed provided documents for a Honduras detainee that was processed into the facility on January 24, 2023. The detainee did sign a HCDC PREA informational sheet in English with no handwritten date; however, the facility did not provide documentation to confirm the detainee received an orientation, facility handbook, the DHS-prescribed SAA Information pamphlet, or an ICE National Detainee Handbook in any language. The Auditor reviewed the files of all four detainees currently housed at the facility and confirmed the files did not include documentation of the detainee participation in the intake process orientation. In addition, the Auditor reviewed a video of the four LEP

detainees interviewed during the onsite audit being processed into HCPS and confirmed the detainees did not receive an orientation, the facility handbook, the DHS-prescribed SAA Information pamphlet or the ICE Detainee handbook. In addition, in interviews with all four detainees it was confirmed they did not receive orientation, a facility handbook, the DHS-prescribed SAA Information pamphlet, or the ICE National Detainee Handbook. In addition, in an interview with Intake staff it was confirmed the facility does not provide orientation, does not document that orientation has been provided, and does not provide the DHS-prescribed SAA Information pamphlet during the intake process in any manner or language. The Auditor reviewed the ICE National Detainee Handbook and confirmed it includes information about reporting sexual abuse; however, in interviews with Intake staff it was confirmed the facility does not provide the ICE National Detainee Handbook to detainees in any manner or language.

Does Not Meet (a)(b)(c)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (d), (e) or (f) of this standard. During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all housing units; however, the Auditor did not observe the facility PSA Compliance Manager's name or information of a local organization that could assist detainees who have been victims of sexual abuse. The Auditor observed a video of four LEP detainees going through the intake process and confirmed the detainees did not receive an orientation or were provided a copy of the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the facility handbook in any language or manner which was further confirmed in interviews with the four detainees. The Auditor reviewed the HCDC PREA informational sheet and confirmed it provided information on what the Prison Rape Elimination Act is, definitions of sexual misconduct, what a detainee's treatment options are, how to protect themselves from becoming a victim and information on what will happen if the detainee is a sexual predator and assaults someone; however, the facility did not provide documentation that the information is available in languages other than English or Spanish or in a manner a detainee who is blind or had limited sight, was deaf or hard of hearing, had a physical, mental, psychological, or speech disability or had limited reading skills would understand. The Auditor reviewed a blank Intake Orientation Video Viewed sheet, provided in English and Spanish; however, the facility did not provide a script of the orientation video; and therefore, the Auditor could not confirm the video contained PREA information. There were no DHS-prescribed SAA Information pamphlets or ICE National Detainee Handbooks on-site in any language. In an interview with the PSA Compliance Manager, it was indicated there is a Talk to Text (TTY) machine in dispatch which would be utilized as needed for detainees who may be speech-impaired, hard-of-hearing, or deaf; however, interviews with Intake staff confirmed they could not articulate how to utilize the TTY machine. In an interview with intake staff, it was further confirmed if a detainee was LEP they would utilize an inmate worker, a language line in booking, or one of the volunteers to interpret the information to the detainee. In addition, Intake staff indicated they have never encountered a blind detainee; and therefore, could not articulate how PREA information would be provided. Intake staff further indicated they would attempt to communicate using words a detainee could understand, speak slower, or read required information to the detainee; however, interviews with Intake staff confirmed they could not adequately articulate how PREA information would be provided to all detainees in a manner they would understand including the detainee who was LEP, blind or had limited sight, was deaf or hard of hearing, had a physical, psychological, mental, speech disability, or had limited reading skills. The Auditor reviewed four LEP detainee files and confirmed they did not contain documentation of detainee participation in orientation. To become compliant the facility must post on all housing unit bulletin boards the name of the PSA Compliance Manager and the name of a local organization that can assist detainees who have been victims of sexual abuse. In addition, the facility must implement an orientation program for incoming detainees which includes all elements of subsection (a) of the standard including a practice that requires the orientation received is documented in the detainee's file. In addition, the facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in the detainee's preferred language as required by subsection (e) of the standard. The facility must submit documentation that the ICE National Detainee Handbook available in the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali is available onsite. The facility must provide documentation that the facility handbook is available to all detainees in a language and manner they understand. The facility must provide the Auditor with a script of the orientation video and documentation that the video is available to all detainees in a manner and language they can understand. Once implemented, the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English and Spanish, to confirm the detainees are receiving orientation in a manner they understand during the intake process. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

§115.34 - Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. HCSO policy 19.09 mandates, "Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings. sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Hancock County Adult Detention Center shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations." In an interview with an Investigator from the HCSO CID it was confirmed he has not completed the specialized investigator training through the National Institute of Corrections (NIC). The Auditor is familiar with this training and can confirm that it does comply with the required investigator specialized training. According to the PAQ HSPC has eight investigators who have completed this required training; however, the Auditor was not provided with the investigators certificates of completion.

Does Not Meet (a)(b): The facility is not compliant with subsections (a) or (b) of this standard. According to the PAQ, HSPC has eight investigators who have completed specialized training on sexual abuse and effective cross-agency coordination; however, the Auditor was not provided with the investigators certificates of completion to confirm the training was received. To become compliant the facility must provide documentation that all facility investigators have received specialized training on sexual abuse and effective cross-agency coordination. In addition, the facility must submit to the Auditor a copy of all sexual abuse allegation investigations that occur during the CAP period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, this subsection of the standard is not applicable.

(b)(c): HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure that all full- and part-time medical and mental health care practitioners are provided with specialized training, to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse. If medical staff employed by the agency conduct forensic examinations. such medical staff shall receive the appropriate training to conduct such examinations; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Hancock County Adult Detention Center training department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency." In an interview with the MD, it was indicated that PREA training was received during the employment onboarding process for HPCS; however, the interview could not confirm medical and mental health staff have received the training required by subsection (b) of the standard. In addition, the facility did not provide a copy of a specialized training curriculum or medical or mental health staff certificates of completion. In a memorandum submitted by the facility it was confirmed the facility has not submitted HSPC policy 19.09 to the Agency for review and approval.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of this standard. The facility did not provide a training curriculum to confirm it includes all required elements of subsection (b) of the standard. In addition, the facility did not provide medical and mental health staff training records to confirm specialized training has been received. In a memorandum submitted by the facility it was confirmed the facility has not submitted HSPC policy 19.09 the PREA policy to the Agency for review and approval. To become compliant the facility must submit a copy of the specialized training curriculum utilized for medical and mental health staff. In addition, the facility must submit documentation that all medical and mental health staff have received the required specialized training. In addition, the facility must submit documentation that HPSC policy 19.09 has been submitted to the Agency for review and approval.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f)(g): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall assess all detainees upon intake to identify those likely to be sexual aggressors or sexual abuse, victims and shall house detainees to prevent sexual abuse. taking necessary steps to mitigate any such danger. Hancock County Adult Detention Center shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. All detainees will be screened within 12 hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behaviors. The following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. The Hancock County Adult Detention Center shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of 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. Detainees shall not be disciplined for refusing to answer or not disclosing complete information in response questions. Sensitive information shall be limited to need-to-know

Employees only for the purpose of treatment, programming, housing and security and management decisions.” The Auditor was not provided an assessment for review to determine if the facility assess detainees in compliance with subsections (a), (b), (c), (d) or (e). Interviews with Intake and Classification staff confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. Intake staff further confirmed all staff have access to a detainee’s responses to any sensitive information via the facility computer system. In interviews with four LEP detainees it was confirmed they were not assessed for risk of victimization or abusiveness upon intake. There were no transgender or intersex detainees housed at the facility during the onsite audit. No reassessments were provided for review due to there were no detainees housed at HPSC at the required 60 to 90 reassessment period.

Does Not Meet (a)(c)(d)(g): The facility is not compliant with subsections (a), (b), (c), (d), (e), (f) or (g) of this standard. The Auditor was not provided an assessment for review to determine if the facility assesses detainees in compliance with subsections (a), (b), (c), (d) and (e) of the standard. In addition, interviews with Intake and Classification staff confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. Intake staff further confirmed all staff have access to a detainee’s sensitive information via the facility computer system. Interviews with four detainees currently housed at the facility confirmed they were not assessed for risk of victimization or abusiveness upon intake. To become compliant the facility must implement a practice that requires an assessment of all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. The implemented practice must include the following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee’s own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. In addition, HPSC must submit documentation to the Auditor that the facility implemented a practice that ensures appropriate controls were placed on the dissemination of the responses to the implemented risk assessment. Once implemented the facility must submit documentation that all applicable staff, including intake and classification staff, have received training on the implemented practice. In addition, the facility must submit the files of 10 detainees received during the CAP period to confirm the facility has implemented the required practice.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, “Hancock County Adult Detention Center shall assess all detainees upon intake to identify those likely to be sexual aggressors or sexual abuse, victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Hancock County Adult Detention Center shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. In making assessment and housing assignments for Transgender and intersex detainees Hancock County Adult Detention Center shall consider the detainee’s gender self-identification and an assessment of the effects of placement on the detainee’s health and safety. Medical and mental health professionals shall be notified as soon as practicable on this assessment. Hancock County Adult Detention Center shall not base placement decisions of transgender or intersex detainees solely on the identity documents or physical 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 as well. Hancock County Adult Detention Centers placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.” In interviews with Intake staff, it was indicated the facility does not conduct a risk assessment to identify those likely to be a sexual aggressors or sexual abuse victims; and therefore, there is no information to confirm subsection (a) of the standard. In an interview with the MD, it was indicated intake or classification staff would not consult with medical or mental health personnel prior to making housing decisions for a transgender or intersex detainee. Interviews with intake staff confirmed that housing decisions would be made based on security and not a detainee’s gender self-identification or an assessment of the effects of placement on the detainee’s health and safety. In interviews the with the Warden, PSA Compliance Manager, and four security line staff it was indicated a transgender or intersex detainee has not been housed at the facility during the audit period and a transgender or intersex detainee would be able to shower separately.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of this standard. In interviews with Intake staff, it was indicated that the facility does not conduct a risk assessment to identify those likely to be a sexual aggressors or sexual abuse victims; and therefore, there is no information to confirm subsection (a) of the standard. In an interview with the MD, it was indicated intake or classification staff would not consult with medical or mental health personnel prior to making housing decisions for a transgender or intersex detainee. Interviews with intake staff confirmed that housing decisions would be made based on security and not a detainee’s gender self-identification or an assessment of the effects of placement on the detainee’s health and safety. To become compliant the facility must assess all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims. The implemented practice must include the following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the

detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated 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; the detainee's own concerns about his or her physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. In addition, the facility must implement a practice that requires in making assessment and housing assignments for Transgender and intersex detainees Hancock County Adult Detention Center the facility considers the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety and based on security classification only. The facility must implement a practice that includes notifying medical and mental health professionals as soon as practicable when a transgender or intersex detainee is received in booking. Once implemented the facility must submit documentation that all intake, classification, medical, and mental health staff, have received training on the new procedure. The facility must submit files of 10 detainees received during the CAP period. If applicable the facility must submit to the Auditor any transgender or intersex detainee who arrives at HPSC during the CAP period.

§115.43 - Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e): HCSO policy 19.09 PREA mandates, "If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: The basis for the facility's concern for the detainee's safety; and the reasons why no alternative means of separation can be arranged. Detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the Hancock County Adult Detention Center facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary segregated housing for less than 24 hours while completing the assessment. The facility shall assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The victim shall be housed in a supportive environment that represents the least restrictive housing option possible, and that will to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Detainees placed in segregated housing for this purpose shall have access to programs privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. Every 30 days, the facility shall afford each such a review to determine whether there is a continuing need for separation from the general population. Hancock County Adult Detention Center shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours." The Auditor reviewed HCSO policy 19.09 and confirmed HCSO policy 19.09 has not been developed in consultation with the ERO FOD having jurisdiction for the facility. In addition, a review of HCSO policy 19.09 confirms that written procedures for the regular review of all vulnerable detainees placed in administrative segregation have not been developed. During the onsite audit the Auditor reviewed the facility Administrative Segregation Detention notice and confirmed the form included a line for the facility to enter the reason for placement and a line for entering the facts of the placement. In an interview with the Warden, it was indicated if a detainee is placed in administrative segregation due to being vulnerable to sexual abuse notification would be made immediately made to the ICE FOD. The Warden further indicated detainees vulnerable to sexual abuse would not be placed in administrative segregation unless there were no other viable options available, and the detainee would have access to programs, visitation, counsel, and other services available to the general population; however, in interviews with Intake staff it was confirmed the facility does not conduct a risk assessment to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, should a detainee be vulnerable to sexual abuse or assault he/she would not be identified. In interviews with classification staff and a first line supervisor it could not be confirmed subsequent reviews would be conducted at the timeframes required by subsection (d) of this standard. During the onsite review there were no detainees housed in protective custody.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), (d) of this standard. A review of HCSO policy 19.09 confirms it was not developed in consultation with the ERO FOD having jurisdiction for the facility. In addition, a review of HCSO confirms written procedures for the regular review of all vulnerable detainees placed in administrative segregation have not been developed. In an interview with the Warden it was indicated detainees vulnerable to sexual abuse would not be placed in administrative segregation unless there were no other viable options available; however, in interviews with Intake staff it was confirmed the facility does not conduct a risk assessment to identify those likely to be a sexual aggressor or sexual abuse victims; and therefore, should a detainee be vulnerable to sexual abuse or assault he/she would not be identified. To become compliant the facility must develop HCSO policy 19.09 in consultation with the ERO FOD having jurisdiction for the facility to include for regular reviews of a detainee placed in administrative segregation in accordance with subsection (d) of the standard. In addition, the facility must implement a practice that requires an assessment of all detainees at intake to identify those likely to be vulnerable to sexual abuse. Once developed and implemented the facility must submit documentation that all applicable staff, including security supervisors and intake staff, have been trained on the newly developed procedures. If applicable, the facility must submit to the Auditor all detainee files that include detainees placed in administrative segregation due to being vulnerable to sexual abuse that occur during the CAP period.

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "The Hancock County Adult Detention Center shall ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The Hancock County Adult Detention Center sexual abuse or assault prevention and intervention program shall provide detainees who are victims of sexual abuse or assault the option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (e.g., the program coordinator or a mental health specialist). The Hancock County Adult Detention Center shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her. Detainees will also be informed that they can report any incident or situation regarding sexual abuse, assault, or intimidation to any staff member (as outlined above), the DHS Office of Inspector General, and the Joint Intake Center. The Hancock County Adult Detention Center shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. The Hancock County Adult Detention Center shall inform the detainees of at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of HCADC. HCADC staff must all accept reports made verbally, in writing, anonymously and from third parties and promptly document any reports and notify through the chain of command the Facility Administrator and the Field Office Director." During the onsite audit the Auditor observed the DHS-Prescribed sexual assault awareness notice, the DHS-prescribed SAA Information pamphlet, and the contact information for the DHS OIG and consulate offices posted in all housing units in English and Spanish only. In addition, the Auditor attempted to utilize the housing unit phone to contact the DHS OIG and the DRIL; however, the Auditor was not able to remain anonymous due to needing a Personal Identification Number (PIN) to complete the call. Interviews with four security line staff indicated they would accept reports made in writing, verbally, anonymously, and from third parties and would document all reports made verbally. In interviews with four LEP detainees it was confirmed they did not know how to report an incident of sexual abuse.

Does Not Meet (b): The facility is not in compliance with subsection (b) of this standard. During the onsite audit the Auditor attempted to utilize the housing unit phone to contact the DHS OIG and the DRIL; however, the Auditor was not able to remain anonymous due to needing a PIN to complete the call. In order to become compliant, the facility must provide the detainees a manner to confidentially and anonymously report an allegation of sexual abuse to a public or private entity that is not part of the Agency and can immediately forward reports of sexual abuse to Agency officials allowing the detainee to remain anonymous.

Recommendation (a)(b): The Auditor recommends that information on how to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents is distributed in a manner all detainees can understand.

§115.52 - Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): HCSO policy 19.09 mandates, "Detainees are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse. No time limits will be set when a detainee may submit a grievance regarding an allegation of Sexual Abuse or Sexual Assault. The Hancock County Adult Detention Center staff shall be responsible on identifying and handling time-sensitive grievances that involve an immediate threat to detainees, health safety, or welfare related to sexual abuse. The Hancock County Adult Detention Center staff shall be responsible to alert proper medical personnel of any sexual abuse-related medical emergencies. A Final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Third parties (e.g., fellow detainees, Employees, family members attorneys and outside advocates) may assist individuals' detainees in filing requests for administrative remedies relating to allegations of Sexual Abuse and Sexual Harassment and may be file such requests on behalf of the alleged victim." A review of HCSO policy 19.09 confirms it does not include the requirements the facility shall respond to an appeal of a grievance within 30 days, a detainee's grievance and facility response should be forwarded to the appropriate ICE Field Officer Director at the end of the process, or written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. A review of the facility handbook does indicate that detainees are being informed in order to reserve their right to formal procedure a grievance must be filed within 30 days of incident with no exceptions for a grievance related to sexual abuse. The detainees are further informed to request assistance from the kiosk system or from a staff member and they must be filed on the correct form. There are progressive levels to the grievance process. If a detainee is not satisfied with the first response from the Chief of Security, they can then proceed to submit it to the Warden. The handbook also details that "unless and extension has been granted, no more than 90 days shall elapse from beginning the process to ending the process. Absent such an extension, expiration of response time limits without receipt of a written response shall entitle the inmate to move onto the next step in the process." The time limit requirements within policy and the facility handbook are not in compliance with the time limit requirements required of the standard. In an interview with the GO it was indicated medical emergencies submitted through the grievance system would be immediately given to medical for proper assessment. Interview with the GO further indicated detainees could submit grievances related to sexual abuse at any time and a detainee could utilize assistance in preparing the grievance; however, the GO could not articulate the facility's time limits when handling grievances related to sexual abuse. In addition, the GO could not confirm that all grievances related to sexual

abuse and the facility's decisions with respect to the grievance will be forwarded to the appropriate ICE FOD at the end of the grievance process. Interviews with four detainees indicated they did not know how to utilize the grievance system. The facility has not had any grievances related to sexual abuse during the audit period.

Does Not Meet (c)(e): The facility is not in compliance with subsections (c) and (e) of the standard. A review of HCSO policy 19.09 confirms it allows facility staff to issue a decision on the grievance within 90 days of the initial filing. In addition, A review of HCSO policy 19.09 confirms it does not include the requirements the facility shall respond to an appeal of a grievance within 30 days, a detainee's grievance and facility response should be forwarded to the appropriate ICE FOD at the end of the process, or written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Auditor reviewed the facility handbook for grievance procedures and confirmed the grievance section notifies detainees of the process in which grievances are to be submitted, the appeal process, and time limits; however, the information provided is not compliant with the standards requirements. In an interview with the GO it was indicated that detainees could submit grievances related to sexual abuse at any time and that a detainee could utilize assistance in preparing the grievance; however, he could not articulate the facility's time limits when handling grievances related to sexual abuse. In addition, an interview with the GO could not confirm that all grievances related to sexual abuse and the facility's decisions with respect to the grievance will be forwarded to the appropriate ICE FOD at the end of the grievance process. To become compliant the facility must update HPSC policy 19.09 to include written procedures for handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. In addition, the facility must implement practices that requires staff issue a decision on a grievance involving an allegation of sexual abuse within five days of receipt, respond to an appeal of the grievance decision within in 30 days, and to submit a detainee's grievance and facility response to the appropriate ICE FOD at the end of the grievance process. Once implemented the facility must train all applicable staff on the new practice. In addition, the facility must update the facility handbook to include all the requirements of standard 115.52. If applicable, the facility is to submit to the Auditor copies of all allegations of sexual abuse submitted due to an allegation of sexual abuse, and the corresponding grievance that occur during the CAP period.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Hancock County Adult Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages." During the onsite audit the Auditor did not observe informational posters for local or national emotional support resources displayed in the intake area or housing units. A poster for the National Sexual Assault hotline (RAINN) was provided; however, the Auditor did not observe the RAINN posters within the housing units. A review of the facility handbook confirms it informs detainees that "all telephone calls are subject to monitoring and/or recording;" however, the Auditor did not observe any documentation to confirm detainees are informed the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. In an interview with the MD it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, there are no informational posters for this resource or information about this resource in the facility handbook nor did the facility submit documentation that HPSC attempted to enter into an MOU with the center. During the on-site audit the Auditor attempted to contact the Gulf Coast Center; however, as no contact information was provided the Auditor could not contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of this standard. In an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for therapy; however, there are no informational posters for this resource or information about this resource in the facility handbook nor did the facility submit documentation that HPSC attempted to enter into an MOU with the center. In addition, during the onsite audit, the Auditor observed no informational posters for this resource or information about this resource in the facility handbook. The Auditor was provided a copy of the RAINN poster; however, during the onsite audit the Auditor did not observe the signage was posted. In a review of the facility handbook, it was confirmed the handbook informs detainees that "all telephone calls are subject to monitoring and/or recording;" however, the Auditor did not observe any documentation to confirm detainees are informed the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. To become compliant the facility must attempt to enter a MOU with the Gulf Coast Center, or other local community entity, that can provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse. In addition, the facility must make available to all detainees the contact information to a local entity that can provide legal advocacy and confidential emotional support services for detainee victims of sexual abuse, or RAINN, to include the organization's addresses and telephone numbers with toll-free hotline numbers, if available, in a manner all detainees can understand. In addition, the facility must notify detainees the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility must document that the requirements have been implemented and provide said documentation to the Auditor for compliance.

§115.54 - Third-party reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

HCSO policy 19.09 mandates, "Hancock County Adult Detention Center Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Hancock County Adult Detention Center shall post publicly, third party reporting procedures on its public website to show its method receiving third-party reports of Sexual Abuse and Sexual Harassment." The Auditor reviewed the facility handbook and confirmed it does not contain information on how to report an allegation of sexual abuse through a third party. A review of the ICE web page (<https://www.ice.gov>) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee; however, a review of the facility's website, www.hancockcountysoc.com, confirms it does not contain information for the public on how to make a third-party report of sexual abuse on behalf of a detainee. The facility did not have any reports of sexual abuse during the audit period.

Does Not Meet: The facility is not in compliance with the standard. The Auditor reviewed the facility website, www.hancockcountysoc.com, and confirmed it does not include information for the public on how to make a third-party report of sexual abuse on behalf of a detainee. To become compliant the facility must provide documentation that confirms the facility advises the public on how to make a third-party report on behalf of a detainee..

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, 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." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall ensure that all staff are trained on appropriate reporting procedures, including a method by which staff can report outside the chain of command. Staff members who become aware of alleged sexual abuse shall immediately follow reporting requirements set forth in HCADC's written policy and procedures. Apart from such reporting, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." A review of HCSO policy 19.09 confirms staff will be trained on a method by which they can report outside of their chain of command; however, HCSO policy 19.09 does not specify the method staff could use. In addition, a review of HCSO policy 19.09 confirms it does not include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. A review of HCSO policy 19.09 further confirms the policy has not been submitted to the Agency for review and approval. During interviews with four security line staff it was confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse; however, they could not articulate the need to report retaliation or staff neglect. In addition, interviews with four security line staff could not confirm they were aware they could make a report of sexual abuse outside the chain of command. The four security line staff further indicated they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary. In an interview with the HCSO CID Investigator it was indicated if a victim is under 18 or considered a vulnerable adult under state law, he would report the allegation to the designated State or local services agency; however, he did not indicate he would report the allegation to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility has not had any sexual abuse reports during the audit period for review. The facility does not house juveniles.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. A review of HCSO policy 19.09 confirms staff will be trained on a method by which they can report outside of their chain of command; however, HPSC policy 19.09 does not specify the method staff would use. In addition, a review of HCSO policy 19.09 confirms it does not include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. A review of HCSO policy 19.09 further confirms the policy has not been submitted to the Agency for review and approval. In an interview with the HCSO CID Investigator it was indicated if a victim is under 18 or considered a vulnerable adult under state law, he would report the allegation to the designated State or local services agency; however, he did not indicate he would report the allegation to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. To become compliant, the facility must update HCSO policy 19.09 to include a method for staff to report an allegation of sexual abuse outside the chain of command. In addition, the facility must update HCSO policy 19.09 to include the requirements staff must report retaliation against a detainee or staff who reported or participated in a sexual abuse allegation investigation or staff must report any staff neglect or violation of staff responsibilities that may have contributed to an incident of sexual abuse or retaliation. Once updated the facility must submit updated HCSO policy 19.09 to the Agency for review and approval and submit documentation that all staff have been trained on the updated HCSO policy 19.09. If applicable, the facility must submit to the Auditor copies all sexual abuse allegation investigation files that include 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:

HCSO policy 19.09 mandates, "All staff and detainees are responsible for being alert to signs of potential situations in which sexual assaults might occur, and if a facility staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." In interviews with the Warden, PSA Compliance Manager, and four security line staff it was indicated any detainee thought to be in imminent risk of sexual abuse would be removed for the area immediately. There were not allegations of sexual abuse reported at HPSC during the audit period.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the agency or facility whose staff received the allegation shall notify the ICE Field Office and the administrator of the facility where the alleged abuse occurred. The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Hancock County Adult Detention Center shall document that it has provided such notification. Hancock County Adult Detention Center shall ensure all allegations are referred for investigation upon receiving such notification of sexual abuse from another confinement facility about a detainee who was previously detained at HCADC and shall immediately notify the ICE Field Office Director." An interview with the Warden confirmed notification would be made within the required time frame and documented by an email. In an interview with the Warden, it was further indicated if HPSC received a report from another facility alleging a detainee had been sexually abused while housed at HPSC the allegation would be immediately referred for investigation and the ICE FOD would be notified. There were no allegations of sexual abuse reported at HPSC during the audit period.

§115.64 - Responder duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): HCSO policy 19.09 mandates, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: Separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant; Immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel. In the event this occurred, the ICE AFOD or designee will be notified; Preserve and protect, to the greatest extent possible any crime scene until an appropriate steps can be taken to collect any evidence; If the abuse or sexual abuse occurred within a time period that still allows for the collection of physical evidence, do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking and eating. If the first responder is not security staff the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." In addition, HCSO policy 19.09 mandates, "The alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed." A review of facility policy directs staff not to allow the victim or abuser to take any actions to destroy evidence. Interviews with four security line staff confirmed they would follow facility policy and not allow the detainee victim of sexual abuse to take any actions to destroy evidence.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. A review of HCSO policy 19.09 confirms it does not require security first responders to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). In addition, HCSO policy 19.09 mandates, the alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed. In interviews with four security line staff, it was confirmed security first responders would not allow the detainee victim to take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking, and eating; however, subsection (a) of the standard requires security first responders to request the detainee victim not to take such actions. To become compliant facility must update HCSO policy 19.09 to include the first security staff member to respond to an incident of sexual abuse is required to request the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing his or her clothes, urinating, defecating, smoking, drinking, or eating thus eliminating the requirement to immediately place a detainee victim of sexual abuse in a medical area where they cannot perform such actions until a forensic exam could be performed. Once updated the facility must submit documentation that all security first responders were trained on the updated policy. If applicable the facility must submit to the Auditor all sexual abuse allegation investigation files that occur during the CAP period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The facility submitted HCSO policy 19.09 as their coordinated response plan. HCSO 19.09 PREA mandates, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: Separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant; Immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel. In the event this occurred, the ICE AFOD or designee will be notified; Preserve and protect, to the greatest extent possible any crime scene until an appropriate step can be taken to collect any evidence; If the abuse or sexual abuse occurred within a time period that still allows for the collection

of physical evidence, do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking, and eating." HCSO policy 19.09 further mandates, "The alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed." In addition, HCSO policy 19.09 mandates, "Ensure that the Facility Administrator, PREA Compliance Manager, facility Investigator, Corporate PREA Coordinator, other designated individuals, and ICE AFOD or designee will be notified within two 2 hours of the occurrence. For allegations of Sexual Abusive Behavior in which an Employee is the alleged abuser, only the Facility Administrator and facility investigator shall be notified of the specifics of the allegation. They shall make notification and referrals to outside law enforcement and contracting officials as appropriate" and "victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house the following guidelines are used: A history is taken by healthcare professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated." HCSO policy 19.09 further mandates, "Following the physical examination there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant" and "when a transfer of a detainee victim from an ICE facility to another ICE facility, where permitted by law, inform them of need for medical or social services, unless victim requests otherwise. If it's an unknown facility, then the FOD is notified so they can determine notification." The Auditor did review a PREA Incident checklist that contained instructions for staff should an incident occur. This checklist included first responders, medical/mental health, investigators, and facility leadership; however, the checklist is not included in HCSO policy 19.09 which was submitted by the facility as their coordinated response plan in the PREA Pre-Audit Policy and Document request. In interviews with the Warden, MD, and Investigator from the CPSO CID it was indicated all were knowledgeable regarding their duties and responsibilities during an incident of sexual abuse; however, these duties are not included in HPSC policy 19.09. In an interview with the Warden, it was indicated should a victim be transferred he would share information pertaining to the incident and victim's potential need for medical or social services. Interviews with four security line staff confirmed they would follow facility policy and not allow the detainee victim of sexual abuse to take any actions to destroy evidence.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of HCSO policy 19.09 confirms it does not include the coordinated actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in responding to an incident of sexual abuse. In addition, a review of HCSO policy 19.09 confirms it does not require security first responders to request the alleged victim not take any action that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating and mandates, the alleged victim and abuser should be placed in medical area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; until the forensic examination can be performed. In interviews with four security line staff, it was confirmed security first responders would not allow the detainee victim to take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking, and eating; however, the requirements of first responders include security first responders will request the detainee victim not to take such actions. A review of HCSO policy confirms it does not include the verbiage, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, 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 and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise." In an interview with the Warden, it was confirmed should a victim be transferred, he would share information pertaining to the incident and victim's potential need for medical or social services. To become compliant the facility must update HCSO policy 19.09 to include coordinated actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition, the requirements of security first responders must be updated to require security first responders request the victim of sexual abuse and ensure the alleged perpetrator of sexual abuse not take any action to destroy physical evidence after an incident of sexual abuse. Once implemented the facility must train all applicable staff on the updated coordinated response plan. If applicable, the facility must provide the Auditor copies of all sexual abuse allegation investigation files that occur during the CAP period.

§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:

HCSO policy 19.09 mandates, "In the case where staff, contractors, and volunteers are suspected of perpetrating sexual abuse, they shall be removed from all duties requiring detainee contact pending the outcome of an investigation." In an interview with the Warden, it was indicated staff would be removed from detainee contact and based on the seriousness of the allegation may be subject to administrative leave or immediate termination and volunteers and contractors would be removed from duties requiring detainee contact until an investigation is completed. There were no sexual abuse allegations reported at HPSC during the audit period.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall protect detainees and staff against retaliation for reporting sexual abuse, or for cooperating with an investigation into an allegation of sexual abuse. Hancock County Adult Detention Center shall protection measures such as housing changes, removal of alleged staff or detainee abusers from contact with

victims and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. For at least 90 days following a report of sexual abuse Hancock County Adult Detention Center 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. Hancock County Adult Detention Center shall monitor any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. DHS shall continue to monitor beyond 90 days for retaliation whenever a continuing need." In interviews with the Warden and PSA Compliance Manager it was indicated the facility would monitor detainees and staff for retaliation for a period of 90 days or more if needed. Monitoring would include disciplinary reports, or housing changes for a detainee being monitored and evaluations or reassignment of posts for staff being monitored. There were no allegations of sexual abuse reported at HPSC during the audit period; and therefore, monitoring was not required.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "The victim shall be housed in a supportive environment that represents the least restrictive housing option possible, and that will to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Hancock County Adult Detention Center shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours." During the onsite audit the Auditor reviewed a blank Administrative Segregation Detention Notice for administrative placements form and confirmed the form includes both a line for the facility to enter the reason for placement and for entering the facts of the placement. In an interview with the Warden, it was indicated should a detainee be placed in administrative segregation due to an incident of sexual abuse notification would immediately be made to the ICE FOD. The Warden further indicated detainee victims of sexual abuse would be placed in the least restrictive housing and detainees would not be placed in administrative segregation unless there were no other viable options available and for no longer than 5 days except in highly unusual circumstances or at the request of the detainee. During the onsite audit there were no detainees housed in protective custody due to an incident of sexual abuse.

§115.71 - Criminal and administrative investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(e)(f): HCSO policy 19.06 mandates, "The Hancock County Adult Detention Center will ensure all allegations of Sexual Abuse and Sexual Harassment are referred for investigation to the Hancock County Sheriff's Office to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. Where sexual abuse is alleged, the Hancock County Adult Detention Center shall use investigators who are specially trained, qualified investigators in sexual abuse investigations and they must be prompt, thorough, objective, and fair. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Administrative investigation shall: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic, monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; 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; and investigative facts and findings; The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; Such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged abuser or victim from the employment or control of the Hancock County Adult Detention Center shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse HCADC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." In an interview with the Investigator from the HCSO CID it was indicated the HCSO CID office would be responsible for administrative and criminal investigations for HPSC; however, the Investigator further indicated that he has not completed the specialized training required under standard 115.34. In an interview with the Investigator from the HCSO CID it was confirmed, although he has not received the required specialized training, he was able to articulate that all evidence would be collected, interviews would be conducted with any involved party, and reviews of prior history would be taken into account. In addition, in an interview with the Investigator from the HCSO CID it was indicated notification would be made to the appropriate ICE office; however, the appropriate office within DHS would not be consulted prior to an administrative investigation being conducted. The Investigator from the HCSO CID further indicated investigations would continue until completion regardless of if the staff member left employment, or the detainee was transferred. In an interview with the Warden, it was confirmed that he would remain informed of the investigation by way of telephone or email. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (a)(b): The facility is not compliant with subsections (a) and (b) of this standard. In an interview with the Investigator from the HCSO CID it was indicated the HCSO CID office would be responsible for administrative and criminal investigations for HPSC; however, the Investigator further indicated that he has not completed the specialized training required under standard 115.34. In addition, in an interview with the Investigator from the HCSO CID it was indicated the appropriate office within DHS would not be consulted prior to an administrative investigation being conducted. To become compliant the facility must submit documentation that all facility investigators have received specialized training in accordance with the standard. In addition, the facility must submit documentation that confirms all facility investigators have been trained on the HPSC policy 19.09 and the standard's requirement to consult with the appropriate office within DHS prior to conducting an administrative investigation. If applicable the facility must provide to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period.

§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:

ICE Policy 11062.2 states, "Administrative investigations imposes no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations." HCSO policy 19.09 mandates, "The HCADC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." In an interview with the Investigator from the CPSO it was indicated he would not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated. There were no allegations of sexual abuse reported at HPSC during the audit period.

§115.73 - Reporting to detainees.

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

Notes:

HCSO policy 19.09 mandates, "Following an investigation into a detainee's allegation that he or she suffered sexual abuse in the facility, the Hancock County Adult Detention Center shall inform the detainees as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the agency shall subsequently inform the detainee (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the detainee's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a detainee's allegation that he or she has been sexually abused by another detainee the agency shall subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented." In an interview with the Warden and PSA Compliance Manager it was confirmed should an incident occur; the facility would notify the detainee of the outcome of the investigation and any responsive action taken using the PREA Allegation Status Notification form. The Auditor reviewed a blank PREA Allegation Status Notification form and confirmed the form met the requirements of the standard.

§115.76 - Disciplinary sanctions for staff.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): HCSO policy 19.09 mandates, "Hancock County Adult Detention Center shall ensure that staff be subject to disciplinary or adverse actions up to and including removal from their position and from the Federal service, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Termination shall be the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse." HCSO policy 19.09 further states, "Hancock County Adult Detention Center shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. Hancock County Adult Detention Center shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known." In an interview with the Warden, it was indicated disciplinary actions for staff would be immediate and actions taken include removal from detainee contact, administrative leave, or termination. There were no allegations of sexual abuse reported at HPSC during the audit period.

Does Not Meet (b): The facility is not in compliance subsection (b) of the standard. A review of HCSO policy 19.09 confirms the policy has not been submitted to the Agency for review and approval. To become compliant the facility must submit documentation to the Auditor that confirms HCSO policy 19.09 has been submitted to the Agency for review and approval.

§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): HCSO policy 19.09 mandates, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Contractors and volunteers suspected of perpetrating sexual abuse shall be immediately removed from all duties requiring detainee contact pending the outcome of an investigation. Hancock County Adult Detention Center shall take appropriate remedial

measures and shall consider whether to prohibit further contact with detainees by contractors and volunteers who have not engaged in sexual abuse but have violated other provisions within these standards." In an interview with the Warden, it was indicated any violation of institutional rules (to include PREA policies) would be grounds for immediate removal of the volunteer or contractor from the facility and the incident it would be reported to law enforcement for prosecution unless it was clearly not criminal. In addition, the Warden indicated, should the volunteer or contractor hold special licensing the licensing authority would be notified. There were no allegations of sexual abuse reported at HPSC during the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f): HCSO policy 19.09 mandates, "When a detainee(s) is alleged to be the perpetrator, the facility administrator shall ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to the Field Office Director. All perpetrators of sexual abuse or assault shall be disciplined and referred for criminal prosecution as appropriate. Detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse. Sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." HCSO policy 19.09 further mandates, "HCADC may discipline a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Hancock County Adult Detention Center prohibit all sexual activity between detainee and may discipline detainees for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Hancock County Adult Detention Center detainee disciplinary system operates with progressive levels of reviews, appeals, procedures, and documentation procedure." The Auditor reviewed the facility handbook and confirmed there are offenses for prohibited acts of sexual acts. The level of offenses indicates there are progressive levels of reviews, appeals, procedures and documentation procedure for the disciplinary process. In an interview with the Warden, it was indicated detainees would be subjected to progressive disciplinary sanctions following a criminal or administrative investigation. The warden further indicated disciplinary sanctions do consider if a detainee's mental state contributed to the action. There were no sexual abuse allegations reported at HPSC during the audit period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 mandates, "If the assessment 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 is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." In interviews with Intake and Classification staff it was confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, detainees who have experienced prior sexual victimization or perpetrated sexual abuse are not identified.

Does Not Meet(a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. In interviews with Intake and Classification staff it was confirmed the facility does not conduct an assessment on all detainees at intake to identify those likely to be sexual aggressors or sexual abuse victims; and therefore, detainees who have experienced prior sexual victimization or perpetrated sexual abuse are not identified. To become compliant the facility must implement a practice that requires an assessment of all detainees at intake to identify detainees likely to be sexual aggressors or sexual abuse victims. Once implemented the facility must refer all detainees who have experienced sexual victimization or perpetrated sexual abuse to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. In addition, once the detainee has been referred, the detainee shall receive a health evaluation no later than two working days from the date of the assessment or a mental health evaluation no later than 72 hours after the referral. The facility must submit documentation that all intake, classification, medical, and mental health staff have been trained on the updated procedure. If applicable, the facility must provide all detainee files, and corresponding medical and mental health files, of any detainee who was identified as being at risk for sexual victimization or a sexual aggressor during the CAP period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): HCSO policy 19.09 mandates, "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgement. Detainee victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, following-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). Emergency medical treatment services shall be provided to the victim without financial cost and regardless of whether

the victim names the abuser or cooperates with any investigation arising out of the incident.” Interviews with the Warden, PSA Compliance Manager and Medical Director did indicate that detainee victims of sexual abuse would receive emergent treatment at Ochsner Medical Center; however, the facility did not provide documentation that Ochsner Medical Center would provide immediate medical care, would provide detainee victims of sexual abuse with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, or that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, in an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for crisis intervention services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. There were no sexual abuse reports during the audit period for the Auditor to review.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with the Warden, PSA Compliance Manager, and Medical Director indicated detainee victims of sexual abuse would receive emergent treatment at Ochsner Medical Center; however, the facility did not provide documentation that Ochsner Medical Center would provide immediate medical care, would provide detainee victims of sexual abuse with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, or that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, in an interview with the MD, it was indicated the Gulf Coast Center for Nonviolence could be utilized for crisis intervention services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. To become compliant, the facility must provide documentation that confirms detainee victims of sexual abuse are provided with immediate medical care, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, and that medical treatment services would be provided to the victim without financial cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, the facility must provide documentation that the Gulf Coast Center for Nonviolence would provide crisis intervention services. If applicable, the facility must provide the Auditor with any sexual abuse allegation investigative files that occurred during the CAP period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f)(g): HPSC policy 19.09 mandates, “Hancock County Adult Detention Center 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. Hancock County Adult Detention Center evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Provision is made for testing for sexually transmitted diseases Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate. Emergency medical treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Hancock County Adult Detention Center 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.” In an interview with the MD it was indicated although medical needs would be adequately taken care of at no cost to the detainee, the facility did not provide documentation to confirm female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests, timely and comprehensive information about lawful pregnancy related medical services and timely access to lawful pregnancy related medical services, or that all detainees of sexual abuse are offered tests for sexually transmitted infections as appropriate. In addition, in an interview with the MD it could not be confirmed that that medical treatment would be provided at no cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In an interview with the MD, it was further confirmed there were no mental health employed at HPSC during the onsite audit; and therefore, the detainee victim of sexual abuse and any known detainee-on-detainee perpetrators of sexual abuse would not get their mental health needs addressed in accordance with the standard. In addition, the MD indicated the Gulf Coast Center for Nonviolence could be utilized for mental health services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services.

Does Not Meet (a)(b)(c)(d)(e)(f)(g): The facility is not complaint with subsections (a), (b), (c) (d), (e), (f) and (g) of the standard. In an interview with the MD, it was confirmed there is no mental health staff employed by the facility; and therefore, the detainee victim of sexual abuse and any known detainee-on-detainee perpetrators of sexual abuse would not get their mental health needs addressed in accordance with the standard. The MD further indicated the Gulf Coast Center for Nonviolence could be utilized for mental health services; however, no contact information was provided to the Auditor to contact the center for an interview; and therefore, the Auditor could not confirm they would provide the required services. In an interview with the MD it was indicated although medical needs would be adequately taken care of at no cost to the detainee, the facility did not provide documentation to confirm female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests, timely and comprehensive information about lawful pregnancy related medical services and timely access to lawful pregnancy related medical services, or that all detainees of sexual abuse are offered tests for sexually transmitted infections as

appropriate. In addition, in an interview with the MD it could not be confirmed medical treatment would be provided at no cost and regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. To become compliant the facility must provide documentation that confirms detainee victims of sexual abuse are provided with emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care and that medical treatment services would be provided to the victim regardless of whether the victim names the accuser or cooperates with any investigation arising out of an incident of sexual abuse. In addition, the facility must provide documentation that confirms mental health staff are available to provide the detainee victim of sexual abuse with all required elements of subsections (a), (b), (c), (e), (f), and (g) of the standard. If applicable, the facility must provide the Auditor with any sexual abuse allegation investigative files that occurred during the CAP period. If applicable, the facility must provide the detainee files, including medical and mental health, of any known detainee-on-detainee abusers housed at HCDC during the CAP period.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): HCSO policy 19.09 PREA mandates, "Hancock County Adult Detention Center shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. Hancock County Adult Detention Center shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director, for transmission to the ICE PSA Coordinator. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. HCA DC 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 and Field Office Director or his or her designee, who shall transmit it to the ICE PSA Coordinator." In interviews with the PSA Compliance Manager it could not be confirmed the facility would conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded and prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. In addition, in an interview with the PSA Compliance Manager, it could not be confirmed that the facility would implement the recommendations for improvement or shall document its reasons for not doing so in a written response and that the report and response would be forwarded to the FOD for transmission to the Agency PSA Coordinator or that the review team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. There were no allegations of sexual abuse reported at HPSC during the audit period; however, the facility did not provide documentation to confirm a negative report for the year 2022 was submitted to the facility administrator, FOD or designee, and the Agency PSA Coordinator.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of this standard. In interviews with the PSA Compliance Manager it could not be confirmed the facility would conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and where the allegation was not determined to be unfounded and prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. In addition, in an interview with the PSA Compliance Manager, it could not be confirmed that the facility would implement the recommendations for improvement or shall document its reasons for not doing so in a written response and that the report and response would be forwarded to the FOD for transmission to the Agency PSA Coordinator or that the review team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. There were no allegations of sexual abuse reported at HPSC during the audit period; however, the facility did not provide documentation to confirm a negative report for the year 2022 was submitted to the facility administrator, FOD or designee, and the Agency PSA Coordinator. To become compliant the facility must train all applicable staff on the requirements of subsections (a) and (b) of the standard. In addition, the facility must document that the annual report for 2022 has been submitted to the facility administrator, the FOD, and the Agency PSA Coordinator.

§115.87 - Data collection.

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

Notes:

(a): HCSO policy 19.09 mandates, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, shall be maintained in the PREA Program Manager's office in a locked file cabinet, (ALDF-4D-22-8) consistent with the confidentiality requirements of the Detention Standards on "Medical Care" and "Detention Files." In an interview with the PSA Compliance Manager, it was indicated that reports would be kept in at the HCSO.

Recommendation (a): It is recommended that the facility update policy to reflect records are maintained at the HCSO.

§115.201 - Scope of audits.**Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available policies, memos, and other documentation required to make an assessment on PREA compliance. Interviews with detainees were conducted on-site, in private, and have remained confidential. No detainee, outside entity, or staff correspondence was received prior to the on-site audit or during the post-audit; however, the Auditor did not observe the notification of audit posted in the facility in the available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese thus the detainee population was not properly informed of the upcoming audit.

Does Not Meet (j): The facility is not in compliance with subsection (j) of the standard. No detainee, outside entity, or staff correspondence was received prior to the on-site audit or during the post-audit; however, the Auditor did not observe the notification of audit posted in the facility in any of the available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese thus no detainee, outside entity, or staff was properly informed of the upcoming audit and their ability to send confidential information or correspondence to the Auditor. To become compliant the facility must post the notification of audit in the facility in all available languages: English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, or Vietnamese to allow any detainee, outside entity or staff the ability to send confidential information or correspondence to the Auditor during the CAP period.

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:	0
Number of standards met:	10
Number of standards not met:	30
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Jodi Upshaw

5/22/2023

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

5/22/2023

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

5/23/2023

Program Manager's Signature & Date