

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From: 1/12/2021 **To:** 1/14/2021

AUDITOR INFORMATION

Name of auditor: Thomas Eisenschmidt **Organization:** Creative Corrections, LLC
Email address: (b) (6), (b) (7)(C) **Telephone number:** 315-730- (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:** 202-381- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

FIELD OFFICE INFORMATION

Name of Field Office: Washington Field Office
Field Office Director: Acting Field Office Director, Lyle Boelens
ERO PREA Field Coordinator: Assistant Field Office Director, (b) (6), (b) (7)(C)
Field Office HQ physical address: 2675 Prosperity Avenue Fairfax, Virginia 20598
Mailing address: (if different from above) 804-330-8266

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility: Farmville Detention Center (FDC)
Physical address: 508 Waterworks Road, Farmville, Virginia 23901-2674
Mailing address: (if different from above) Click or tap here to enter text.
Telephone number: 434-395-8131
Facility type: D-IGSA
PREA Incorporation Date: 5/1/2015

Facility Leadership

Name of Officer in Charge: (b) (6), (b) (7)(C) **Title:** Director of Detention
Email address: (b) (6), (b) (7)(C) **Telephone number:** 434-395- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager: (b) (6), (b) (7)(C) **Title:** PSA Compliance Manager
Email address: (b) (6), (b) (7)(C) **Telephone number:** 434-395- (b) (6), (b) (7)(C)

ICE HQ USE ONLY

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Farmville Detention Center (FDC) was conducted on January 12-14, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Lead Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The FDC is privately owned by the Immigration Centers of America (ICA) and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the FDC are from Mexico, El Salvador, and Honduras. The facility does not house juveniles, females, or family detainees. This was the second PREA audit for the FDC and the facility is located in Farmville, Virginia.

The Section Chief opened the entry briefing at 8:00 a.m. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C), Director, ICA
(b) (6), (b) (7)(C) Deputy Director Programs, ICA
(b) (6), (b) (7)(C) Deputy Director Training, ICA
(b) (6), (b) (7)(C) Deputy Director Security, ICA
(b) (6), (b) (7)(C) Chief of Security, ICA
(b) (6), (b) (7)(C) Prevention of Sexual Abuse (PSA) Compliance Manager, ICA
(b) (6), (b) (7)(C) Health Services Administrator (HSA), Armor Correctional Health Services, Inc.
(b) (6), (b) (7)(C) Section Chief ICE, Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU)

The Auditor introduced himself and then 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. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews. On the day of the audit, there were 90 detainees housed at the FDC.

The FDC is one main building, divided into two sections. The front section of the facility comprises of administrative offices, visitation, video tele-court, processing, food service, laundry, the restricted housing unit (RHU), medical department, and a separate detached building used for asylum hearings. The rear section of the facility comprises of nine dormitory housing units, a protective custody (PC) general population housing unit, barbershop, commissary, law library, chapel, multipurpose center, and indoor recreation. Outdoor recreation is located on the north end of the facility and contains four recreation areas where detainees receive four hours of outdoor recreation daily. Dorm 1 has a bed capacity of 100; Dorm 4 has a bed capacity 98; Dorm 5 has a bed capacity of 102; Dorm 2 has a bed capacity of 46 and Dorm 3 has a bed capacity of 44 respectively; Dorm 6 has a bed capacity of 80; and Dorms 7, 8, and 9 each have a bed capacity of 84. Finally, the protective custody general population housing unit has a capacity of 10 beds, the restricted housing unit having a capacity of 14 beds, and the medical unit having the capacity of 14 beds. Facility operations closely monitors available bed capacity daily to prevent ICE from surpassing the total capacity of 732 general population housing unit beds. Signage was observed by the Auditor in each of the housing areas, RHU, PC, medical area, and the gym room providing detainees with continuous PREA educational information including the facility zero-tolerance policy, methods for reporting sexual misconduct, and contact information for the victim advocate (Southside Center for Violence Prevention). This information was predominantly in Spanish and English with reporting information on ICE posters in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog, and Urdu. The detainee reporting hotline was tested in two random housing areas during the on-site visit and found to be operational.

During the course of the on-site visit, the Auditor conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditor was provided with staff and detainee rosters and randomly selected both for formal interviews. Twelve random staff (including line-staff and first-line supervisors) and specialized staff were interviewed. Those specialized staff included the Director of Detention, Deputy Director of Training, PSA Compliance Manager, human resources staff, intake staff (2), Administrative Investigator, Grievance Coordinator, Classification Supervisor, Retaliation Monitor, incident review team member, medical staff and mental health staff. A total of 20 random detainees were interviewed. Twelve detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. There were six detainees acknowledging prior sexual victimization. There were no detainees identifying as lesbian, gay, bisexual, transgender or intersex (LGBTI). The facility also had no detainees with physical or cognitive disabilities.

There was one PREA allegation reported during the audit period. It was a staff on detainee allegation that was determined to be unsubstantiated after the completion of the investigation.

On January 14, 2021 an exit briefing was held in the staffing conference room. The Section Chief opened the briefing and then turned it over to the Auditor.

In attendance were:

(b) (6), (b) (7)(C), Director, ICA
(b) (6), (b) (7)(C) Deputy Director Programs, ICA
(b) (6), (b) (7)(C) Deputy Director Training, ICA

(b) (6), (b) (7)(C) Deputy Director Security, ICA
(b) (6), (b) (7)(C) Chief of Security, ICA
(b) (6), (b) (7)(C) Human Resource Manager, ICA
(b) (6), (b) (7)(C) PSA Compliance Manager, ICA
(b) (6), (b) (7)(C) Transportation, ICA
(b) (6), (b) (7)(C) Section Chief, ICE, OPR, ERAU

The Auditor spoke briefly about his observations. He noted how impressive the intake/orientation process was when dealing with languages not typically addressed through the facility or ICE National Detainee Handbook. The facility tapes the first use of the language interpreter service for future use for the same language. The Auditor was able to give some preliminary findings but informed them that it was too early to determine the outcome. Detainees interviewed had a good understanding of PREA and knew what mechanisms are in place at FDC to report incidents of sexual misconduct if needed. It was clear that FDC staff take PREA and the FDC SAPPI policy seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2

§115.31 Staff training
§115.33 Detainee education

Number of Standards Met: 34

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.34 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
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and Administrative Investigations
§115.72 Evidentiary standard for administrative investigations
§115.71 Criminal and Administrative Investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 3

§115.15 Limits to cross-gender viewing and searches
§115.61 Staff reporting duties
§115.82 Access to emergency medical and mental health services

Number of Standards Not Applicable: 2

§115.14 Juvenile and family detainees
§115.18 Upgrades to facilities and technologies

PROVISIONS

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

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

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

Notes:

(c) The Auditor determined compliance with this subpart of the standard based on review of the FDC policy ICAF-DO-06 Sexual Abuse and Assault Prevention and Intervention that requires, the "Farmville Detention Center will articulate and adhere to a standard of zero-tolerance for incidents involving all forms of sexual abuse or assault that may occur in the facility. Sexual assault or abuse of detainees by other detainees, staff, volunteers, or contract personnel is prohibited and subject to administrative, disciplinary and criminal sanctions. Detainees and staff will be informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and the zero-tolerance policy along with how to report such incidents." The Auditor was provided documentation demonstrating this policy was reviewed and approved by the Assistant Field Office Director (AFOD).

(d) The Auditor determined compliance with this subpart of the standard based on review of the FDC policy ICAF-DO-06 that states, "The Director of Detention has designated and authorized the PSA Compliance Manager sufficient time and authority to oversee the Farmville Detention Center's efforts to comply with facility sexual abuse prevention and intervention policies and procedures." During his interview the PSA Compliance Manager verified he is the point of contact for the agency's PREA Coordinator and he has sufficient time and authority to oversee efforts for the facility to comply with their zero-tolerance policy.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of this standard based on review of policy ICAF-DO-06 requiring that "the Farmville Detention Center shall ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. The Farmville Detention Center shall develop and document comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. The Director of Detention, Deputy Director of Detention Services, and PSA Compliance Manager will be involved in this annual review of supervision and monitoring guidelines. In determining adequate levels of detainee supervision and determining the need for video monitoring, the Farmville Detention Center shall take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody." The Auditor was provided the most recent (June 24, 2020) detainee supervision review documenting the review was conducted assessing the subpart (c) requirements. There were no recommendations for changes to policy or operations in this review. During the three days the Auditor was on-site he observed, on each of the twelve-hour shifts, the adequate supervision of the detainees.

(d) The Auditor determined compliance with this subpart of this standard based on review of policy ICAF-DO-06 that requires "the Farmville Detention Center's PSA Compliance Manager, Shift Commander and Assistant Shift Commander, and other supervisory staff designated by the Director will conduct frequent unannounced security inspections of the facility with specific emphasis on detainee housing units for the purpose of identifying and deterring sexual abuse of detainees. These inspections will occur during night as well as day shifts. Designated supervisory staff will maintain the confidentiality of these security inspections to prevent alerting others that these checks are occurring. Unannounced security inspections will be recorded in the facility blotter." The blotter is an electronic accounting of the facility's daily activities maintained by the Control Center. The Auditor reviewed logbooks, maintained by line staff in areas of the facility, while on-site and found supervisor signatures on different shifts (day, evenings and night) daily indicating PREA rounds being made. The interview with the shift supervisors confirmed they make rounds of every location staggering times and locations. The interviews with 10 random line staff confirmed they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

FDC does not accept juveniles or family detainees. This was confirmed in the PAQ and with interviews conducted with the Director of Detention, PSA Compliance Manager, and personal observations while on-site.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "ICE standards and Farmville Detention Center policy permit searches of detainees as a necessary means to ensure the safety of officers, civilians and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interests at the facility. Security staff shall receive training in the proper procedure for conducting pat-down searches of detainees including transgender and intersex detainees." Cross-gender pat-down searches are strictly prohibited, and detention officers are only authorized to conduct pat-down searches of detainees that are of the same gender as the staff member. The Auditor interviewed 12 security staff who acknowledged cross-gender pat-down searches are not permitted at FDC. The Auditor received documentation from the Director indicating that cross-gender pat-down searches were not conducted during the audit period.

(c) This subpart is not applicable as FDC is an adult male facility.

(e)(f) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 stating that "Cross-gender strip searches are strictly prohibited, and visual body cavity searches shall not be conducted except when performed by medical practitioners. All strip searches and visual body cavity searches shall be documented." The PSA Compliance Manager and the Director confirmed the facility had no instances of cross-gender strip searches or body cavity searches conducted during the previous 12 months. The facility does allow same gender strip searches and the PSA Compliance Manager provided the Auditor with documentation demonstrating these searches are documented and logged.

(g) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "the Farmville Detention Center has implemented policies and procedures that enable 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 cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Additionally, the Farmville Detention Center policy requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." These procedures are clearly outlined in section three of all security post assignments, under the Detention Officer Post Orders, and are further detailed in Appendix E of this policy. The interviews with the random security staff confirmed opposite gender staff must announce themselves prior to entering areas where detainee may be dressing, using the toilet, or showering. Random interviews with 20 detainees confirmed most of the female staff announce themselves prior to entering these areas. The Auditor did observe female staff announcing themselves prior to entering into the male housing areas during the tour. The PSA Compliance Manager confirmed that monitored bowel movements are completed by the Armor medical staff and not the security staff.

Recommendation: The Auditor recommends the policy language be changed to reflect the facility's practice of "the monitored bowel movements are performed by medical staff" to provide staff procedural direction.

(h) This subsection is non-applicable. FDC is not a Family Residential Facility.

(i)(j) The review of policy ICAF-DO-06 requires "Armor medical staff assigned to the FDC shall not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. If the detainee's gender is unknown, it will be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. 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 FDC policy, including consideration of officer safety." The interviews with the random security staff indicated they were aware they could not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. Policy ICAF-DO-06 further requires "Security staff shall receive training in the proper procedure for conducting pat-down searches of detainees including transgender and intersex detainees." The Auditor reviewed the training curriculum that demonstrated the subpart (j) training requirements. Also, the 12 security staff interviewed confirmed their training on conducting searches on transgender and intersex detainees in a professional manner. During the review of the seven security staff training records, the Auditor confirmed these individuals receiving this training.

Does Not Meet: The interviews with the random security staff indicated they were aware they could not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. However, standard 115.15(i) requires the "facility," shall not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. Policy ICAF-DO-06 only indicates this requirement of Armor staff. Upon reviewing the training curriculum and facility policy, the Auditor did not find a reference to the "facility's" requirement for staff. The facility needs to update its policy and training curriculum, acknowledging the "facility" (i.e. staff) shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics.

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

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "Detainee notification, orientation and instruction will be in a language or manner that the detainee understands. The facility will maintain documentation of detainee participation in the instruction session. This information will be provided in English and Spanish and to other segments of the detainee population with limited English proficiency, through translations or oral interpretation including education to detainees who are deaf, visually impaired, or otherwise disabled, and detainees possessing limited reading skills. The Farmville Detention Center shall ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. These steps and measures include effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic language line communication services, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. Additionally, the Farmville Detention Center shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Farmville Detention Center shall also abide by the conditions and regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Likewise, the Farmville Detention Center shall take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic language line interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse, the Farmville Detention Center shall provide in-person or telephonic language line interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation, and the Director of Detention determines that such interpretation is appropriate and consistent with DHS policy and the 2011 ICE PBNDs." Upon arrival at the FDC, each detainee is provided and signs for the Farmville Center Handbook Supplement available in English and Spanish and the ICE National Detainee Handbook, available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees view two PREA educational videos (Orientation and Know Your Rights) in Spanish and English, while in intake, and are provided the DHS-prescribed Sexual Assault Awareness Information pamphlet in Spanish and English. The two intake staff interviewed confirmed if a detainee speaks a language not available in the ICE National Detainee Handbook, the staff will utilize the ERO Language Line Service for interpretive services. Intake staff interviews confirmed for any detainees that may be hearing impaired or deaf, staff would utilize the text telephone (TTY) and provide written materials to the detainee to read. Detainees arriving at FDC with low vision or who are blind are provided individualized attention by staff, that may include reading the orientation information to the detainee. In

cases where the detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, would be referred initially to a supervisor or the medical/mental health department to provide the necessary orientation information. The Auditor interviewed 12 detainees that were LEP during the on-site visit. All 12 indicated they were provided information on sexual safety in a format they understood. There were no detainees with any other disabilities present at the FDC for the Auditor to interview. Four of the random detainees interviewed indicated they never received sexual safety information upon arrival. The Auditor reviewed their files and found signed documentation indicating each had received the required information upon arrival. The interviews with the PSA Compliance Manager and the Investigator confirmed an interpreter would be used in any investigation of alleged sexual abuse involving a LEP detainee. The random staff interviews confirmed their understanding of who can and cannot provide interpretation services during matters relating to sexual abuse as outlined in subpart (c). Policy ICAF-DO-06 also states "In matters relating to allegations of sexual abuse, the agency, and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." There was only one sexual abuse allegation made at the FDC during the audit period and that detainee left the facility prior to the on-site visit. The review of that investigative case demonstrated the detainee was not LEP and did not require the use of an interpreter during his investigation.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) Executive Order 10450 Security Requirements for Government Employment, Office of Personal Management Section Part 731 and ICE Directives 6.7.0 and 6.8.0 requires "the facility and agency, to the extent permitted by law, to refuse to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor or volunteer who may have contact with detainees, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard." The facility require all new hires, those staff awaiting promotions, and all staff on an annual basis to complete and submit a Self-Declaration of Sexual Abuse/Sexual Harassment form. The individual responds directly to questions about previous misconduct as required per the standard and as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct. The Unit Chief of the ICE OPR Personnel Security Unit (PSU), informed Auditors who attended video training in Arlington, Virginia in September-October 2020, that candidate suitability for all employment 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. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The HR Manager at the FDC confirmed that any employment candidate or staff member that provides false, misleading or incomplete information would be subject to dismissal from his/her employment or withdrawal of any offer for employment. The HR Manager also confirmed the FDC would provide information on substantiated allegations of sexual abuse involving former employees upon the request from an institutional employer for which the employee has sought new employment. He also confirmed that part of the FDC employment process is the requesting of all information from prior institutions where the prospective candidate was previously employed. The Auditor reviewed 10 employee files in total (seven FDC staff and three contracted employees) and observed completed background approvals to hire from ICE, dated before the individuals actual start dates. The Auditor also observed in the 10 employee files, an up-to-date DHS 6 Code of Federal Part 155 questionnaire used for all new hires, staff who received a promotion, and signed by all staff on an annual basis.

(c)(d) The Federal Statute 731.105 and ICE Directives 6, 7.0 and 6.8.0 require "the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility. It further requires a background recheck be conducted every five years on all employees and unescorted contractors." The Auditor was informed by the FDC HR Manager that ICE completes background checks for all staff and contractors prior to hiring and then again, every five years. The Deputy Director for Programming informed the Auditor that background investigations for volunteers are conducted on an annual basis through a private investigative services agency. Review of the documentation provided by ICE OPR PSU Unit Chief confirmed the background checks for nine randomly selected employees (7 FDC and 2 ICE) were performed prior to them reporting to work and those within the 5-year timeframe were conducted.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b) These subparts of the standard are not applicable at ECDF. The Director informed the Auditor the facility has not made any upgrades to the facility or to their technologies since their previous audit.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a)(e) The Auditor determined compliance with this subpart on the following information provided to the Auditor by ICE that PREA allegations at the FDC are investigated through OPR or Office of the Inspector General (OIG). Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or a local law enforcement agency. The OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not accepted or assigned by DHS OIG, OPR, or local law enforcement agency, the case would be referred to ERO for assignment and completion of an administrative investigation. The facility policy ICAF-DO-06 requires "If the allegation is criminal or potentially criminal in nature, the Farmville Detention Center shall promptly refer the incident to the Farmville Police Department." The FDC has an MOU with the Farmville Police Department dated 2020 with no sunset date. The document addresses and complies with subpart (a) through (d) of this standard as noted in standard 115.11, policy ICAF-DO-06 outlining the investigative protocol was approved by the AFOD. The Farmville Detention Center only conducts internal administrative investigations by a qualified security staff member who has received specialized investigative training on sexual abuse. The Auditor

reviewed the only reported sexual abuse allegation for the audit period and determined the facility utilized the uniform evidence protocols in accordance with the standards requirement.

(b) The Auditor determined compliance with this subpart of the standard through review of the Cooperative Agreement with the Southside Center for Violence Protection (SCVP) which stipulates "The Farmville Detention Center has a Cooperative Agreement (See Appendix C) with the Southside Center for Violence Prevention which is affiliated with Madeline's House and in cooperation with the Piedmont Crisis Center which provides expertise and support services for immigrant victims of crime including 24-hour crisis intervention, victim advocacy, group and individual counseling, legal assistance, and many other victim support services. The emotional support services provided by the Southside Center for Violence Prevention are confidential and shall not be used to the detriment of any detainee seeking or requesting such access to this organization." The Auditor reviewed the only reported sexual abuse allegation for the audit period and noted that the alleged victim was provided the brochure for the SCVP in accordance with the standards requirement. The Auditor spoke with an advocate from SCVP who confirmed the center that forensic services and crisis intervention support to victims of sexual violence if requested, including accompanying the victim to the forensic examination and police interview.

(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "Where evidentiary and medically appropriate as deemed necessary by Armor medical staff or upon consultation with the assigned facility physician, the Farmville Detention Center shall arrange for the transportation of the detainee victim for further outside medical consultation and evidence collection at Centra Lynchburg General Hospital. Under the DHS PREA Standards, the detainee victim must consent to undergo a forensic medical examination by a qualified external health care professional such as a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. The detainee victim will be informed of the right and availability of crisis counseling, emotional support assistance, and mental health services. If medically and time appropriate and not at the compromise of the detainee's life safety, the Farmville Detention Center shall, to the fullest extent possible, contact the Southside Center for Violence Prevention and provide comprehensive notification of the incident along with the detainee's request and consent for outside advocate support services provided by this organization." The Armor HSA confirmed these policy protocols and indicated all services are provided without cost to the victim. In one allegation reported during the audit period, the alleged victim did not require a forensic exam.

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

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

Notes:

(a)(b)(d)(e)(f) The Auditor based compliance with these subparts of the standard after review of Agency policy 10062.2 outlining the evidence and investigative protocols. This policy requires that all investigations are to be reported to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. The JIC assesses all sexual abuse allegations reported to them to determine whether the allegation is referred to the DHS OIG or OPR. OIG has the first right of refusal on all employees, volunteers, or contractors on resident sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and in coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are investigated by the OPR field office or referred to the ERO Administrative Investigative Unit (AIU) for investigation. The ERO AIU would assign an administrative investigation to be completed by an ERO Fact Finder or to the AFOD who then would assign it to a manager for management inquiry (case summary) completion. All investigations are closed with a report of investigation. Policy ICAF-DO-06 requires "In accordance with the reporting requirements under DHS PREA Standard 115.22 paragraphs 5 and 6, the Director of Detention or Deputy Director of Detention Services shall promptly notify the ICE Field Office Director or Assistant Field Office Director of a sexual abuse or assault incident involving either a detainee or staff, contractor, or volunteer perpetrator with an alleged detainee victim. During this notification the Director of Detention or Deputy Director of Detention Services will also remind the individual contacted that provisions in the standards require that the incident of sexual abuse or assault needs to be promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General." This policy also requires "The Farmville Detention Center has established a protocol, which requires that each allegation of sexual abuse or assault is investigated by the facility through the initiation of an internal administrative investigation by a qualified security staff member who has received specialized investigative training on sexual abuse and effective cross-agency coordination as stipulated under the conditions of DHS PREA Standard 115.34. All documentation collected and obtained from the criminal investigation by the Farmville Police Department and internal administrative investigation by the FDC shall be maintained for at least five years, which includes all reports and referrals on allegations of sexual abuse." The Director confirmed his notification requirements as outlined in policy. He indicated he contacts the AFOD directly for all incidents of sexual abuse at FDC. The interview with the AFOD confirmed upon notifications made to him by the Director he makes the required notification to ICE officials. The review of the one allegation made during the audit period demonstrated contact to the AFOD by the Director.

(c) The protocols for ICE investigations and ICA investigations were observed by the Auditor on their respective web pages (www.ICE.gov/prea) and (http://ica-farmville.com/?page_id=159).

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires "Training on the Farmville Detention Center Sexual Abuse and Assault Prevention and Intervention Program will be included in basic training for all employees, volunteers, and contract personnel and will also be included in annual refresher training. 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 facility's zero-tolerance policy and informed on how to report such incidents. The Training Manager will maintain written documentation verifying employee, volunteer, and contractor training. Training will include definitions and examples of prohibited and illegal sexual behavior and knowledge and awareness that the Farmville Detention Center has a strict zero-tolerance policy for all forms of sexual abuse. The right of detainees and staff to be free from sexual abuse, and the prohibition from retaliation for reporting sexual abuse; Instruction that sexual abuse and assault is never an acceptable consequence of detention; Recognition of situations where sexual abuse and assault may occur; Recognition of the physical, behavioral and emotional signs of sexual abuse and assault and methods of preventing and responding to such occurrences; How to avoid inappropriate relationships with detainees; 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; Instruction on reporting knowledge or suspicion of sexual abuse and assault and making intervention referrals to the facility's Sexual Abuse and Assault Prevention and Intervention program; Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and assault; and How to communicate effectively and interact professionally with detainees with specific emphasis on detainees identified as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming (LGBTI)." The Auditor reviewed the facility training curriculum and determined that it included each element of the standard. The Auditor reviewed 10 training files (7 employees and 3 contracted employees) and found written documentation verifying completion of this training. The Auditor interviewed 12 random facility staff and 2 random ICE staff. Each staff interviewed detailed the content of the training, which coincided with the standard and policy requirements, and also indicated refresher training is provided annually, which exceeds the standard requirement. The Deputy Director for Training provided documentation demonstrating all employees at the FDC received the required PREA training for 2020.

§115.32 - Other training.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "Training on the Farmville Detention Center Sexual Abuse and Assault Prevention and Intervention Program will be included in basic training for all employees, volunteers, and contract personnel and will also be included in annual refresher training. 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 facility's zero-tolerance policy and informed on how to report such incidents. The Training Manager will maintain written documentation verifying employee, volunteer, and contractor training." There were no contractors at the FDC under the standard subpart (d) definition of a contractor. Due to the COVID-19 pandemic there were no volunteers at the facility either. The Auditor interviewed the Deputy Director for Training who indicated that employee and contractor PREA training is identical covering standard 115.31 subpart (a) requirements. She also provided the training curriculum for all volunteers, regardless of the detainee contact level, and the Auditor determined that the curriculum complied with the standard's requirements. Additionally, she provided the Auditor 10 copies of volunteer training records for review. The Auditor found signed acknowledgements indicating the volunteers had received and understood the training.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c)(e) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires "The Director will ensure that the orientation program, required by the detention standard on Admission and Release and the handbook required by the detention standard on Detainee Handbook, notifies and informs detainees about the Farmville Detention Center's zero-tolerance policy for all forms of sexual abuse and assault and how to report such incidents. Following the intake process, the facility will provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes: The facility's zero-tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault to any staff member or outside entities, including a staff member other than an immediate point of contact Detention Officer such as the PSA Compliance Manager, Mental Health Specialist, Medical staff, Investigators, on-site ICE Officials, Chaplains, the DHS Office of Inspector General, ICE Joint Intake Center, ICE Detention Reporting and Information Line, and the ICE/OPR for investigation purposes and processes; 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; and the Right of a detainee who has been subjected to sexual abuse or assault to receive treatment and counseling. Detainee notification, orientation and instruction will be in a language or manner that the detainee understands. The facility will maintain documentation of detainee participation in the instruction session. This information will be provided in English and Spanish and to other segments of the detainee population with limited English proficiency, through translations or oral interpretation including education to detainees who are deaf, visually impaired, or otherwise disabled, and detainees possessing limited reading skills." The documents provided to each detainee at the FDC upon arrival, include the Farmville Center Handbook Supplement available in English and Spanish and the ICE National Detainee Handbook, available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). As noted in standard 115.16, detainees also view two PREA educational videos (Orientation and Know Your Rights) in Spanish and English while in intake. The detainees are also provided the DHS-prescribed Sexual Assault Awareness Information pamphlet in Spanish and English at this facility; however the pamphlet is currently available in seven different languages from ICE. Interviews conducted with two intake staff confirmed if a detainee speaks a language other than Spanish and English, the staff will utilize the ERO Language Line Service for interpretation services to provide orientation information to the detainee. Intake staff interviews confirmed for any detainees that may be hearing impaired or deaf, staff would utilize the text telephone (TTY) and provide written materials to the detainee to read. Detainees arriving at FDC with low vision or who are blind are provided individualized attention by staff, that may include reading the orientation information to the detainee. In cases where the detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, would be referred initially to a supervisor or the medical/mental health department to provide the necessary orientation information. What is impressive during the detainees' orientation process is that if a detainee does not speak or understand English or Spanish, the detainee can listen to a pre-recorded audio orientation of a detainee speaking their same language. This recording addresses each of the requirements of subpart (a) and is translated into 31 different languages. The Auditor reviewed 10 detention files that included the files of four detainees interviewed, who indicated they had never received this orientation. In each of the four detention files the Auditor found an Orientation Presentation Acknowledgement form signed by the detainee.

(d) The Auditor determined compliance with this subpart of the standard after observing the DHS prescribed sexual assault awareness posters in Spanish and English, throughout FDC in all areas where detainees have access. The name of the PSA Compliance Manager was included in each of these postings. Also prominently displayed and observed by the Auditor in each of these areas is the contact information for the SCVP. This information is also available in the Farmville Center Handbook Supplement.

(f) The Auditor determined compliance with this subpart of the standard after reviewing detainee reporting information provided in the Farmville Center Handbook Supplement, on the back of detainee ID cards, and in the ICE National Detainee Handbook. The 20 random detainee interviews confirmed they were aware of how to report sexual abuse if they needed to for themselves or someone else. The additional reporting information found on the ID cards exceeds the required practice.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of ICE documentation and information, "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 conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements." FDC policy ICAF-DO-06 requires "The Farmville Detention Center has established a protocol, which requires that each allegation of sexual abuse or assault is investigated by the facility through the initiation of an internal administrative investigation by a qualified security staff member who has received specialized investigative training on sexual abuse and effective cross-agency coordination as stipulated under the conditions of DHS PREA Standard 115.34." The interview with the facility's primary investigator confirmed receiving this specialized training and his training was documented in his training record and training certificate. His investigator training was provided through the Moss Group and through the American Jail Association (AJA). The curriculum provided to the Auditor included "coordination among service providers and coordination between and the target agency". The one sexual abuse investigation conducted during the audit period was conducted by a trained investigator.

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

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

Notes:

(a)(b) These subparts of the standard are not applicable to FDC as the medical department is operated through a facility contract with Armor Correctional Health Services.

(c) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "While some victims can be clearly identified, many, or even most, may not come forward directly with information. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, abrupt personality changes such as withdrawal or suicidal behavior, or other changes in behavior. In accordance with DHS PREA standard 115.35, medical and mental health care staff will receive specialized training on the following curriculum and components of the Farmville Detention Center's Sexual Abuse and Assault Prevention and Intervention program: Procedures for examining victims of sexual abuse and procedures for treating victims of sexual abuse." The Deputy Director for Training provided training records demonstrating Armor medical and mental health staff receive this training on an annual basis. The HSA confirmed that all medical and mental staff received this annual training for 2020.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(f) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "Detainees will be screened, classified, and initially housed by staff within 12 hours of arrival at the facility. The purpose of this screening is to identify those likely to be sexual aggressors or sexual victims and detainees will be housed accordingly to prevent sexual abuse or assault. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate. In accordance with the SOP's on Admission and Release and Custody Classification System: each new arrival will be kept separate from the general population until he or she is classified and may be housed accordingly. Completion of an initial Medical/Mental Health Screening and completion of ICA Form 74: PREA Assessment Tool for Risk of Victimization and Abusiveness, which contains all required screening informational questions and data collection criteria found in DHS PREA Standard 115.41 and any prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, will be used in assessing detainees for risk of being sexually abusive. If the detainee provides a "yes" response to any question on the form, the detainee shall be immediately referred to a qualified Mental Health professional for further assessment, treatment and/or counseling." The Auditor reviewed ICA Form 74: PREA Assessment Tool for Risk of Victimization and Abusiveness and found the form addressed each of the requirements of subpart (c) and subpart (d), as known to the facility. According to the PSA Compliance Manager the ICA Form 74 is filled out by both a medical practitioner and a trained intake staff member. The HSA and intake staff confirmed detainees are not disciplined for refusing to answer any questions on the ICA 74 form. The classification officer interviewed, indicated all detainees are assessed and classified usually within two hours of arrival but no longer than 12 hours, and are not placed in general population until they are classified. The Auditor reviewed 12 detainee detention files and found a completed ICA Form 74, performed on the detainee's day of arrival, in each file.

(e) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center shall reassess each detainee's risk of victimization or abusiveness between 60 to 90 days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization the Auditor reviewed 12 detainee files, held at FDC beyond 90 days, and found completed reassessments conducted within the appropriate timeframes as required.

(g) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "Responses to questions and material collected on ICA Form 74 are considered sensitive information and therefore staff have an obligation to keep this data confidential. Staff shall only disseminate information captured on ICA Form 74 on a need-to-know basis to prevent the exploitation of material to a detainee's detriment by staff or other detainees." During the file review, the Auditor found completed forms, in the detention files, secured under double lock and restricted key. The interviews with the intake staff and random staff confirmed information they become aware of is to remain confidential.

§115.42 - Use of assessment information.

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

Notes:

(a)The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention shall use the information from ICA Form 74 for the purpose of determining and making an informed assignment of detainees to housing, recreation and

other activities, and voluntary work. Individualized determinations shall be made on a case by case basis to ensure the safety of each detainee." The PSA Compliance Manager and the intake officers confirmed each detainee's risk assessment is used by them to determine individualized assignment of detainees for housing, recreation and other activities, and voluntary work. The Auditor reviewed 12 detainee files where the initial assessment and reassessment files are kept. The files demonstrated individualized assessments conducted on each detainee.

(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "When making assessment and housing decisions for a transgender or intersex detainee, the Farmville Detention Center shall consider the following criteria protocols: detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. An interview shall be conducted on any transgender or intersex detainee to take into consideration detainee's health and safety needs; consultation with medical and mental health as soon as practicable on this assessment; assemble a multi-disciplinary committee consisting of key facility leadership, medical and mental health staff, and on-site ICE personnel to convene and document FDC's decision on housing and other mitigating factors to best meet the safety and security needs of the detainee. The Farmville 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. The 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. The Farmville Detention Center have procedures in place to allow for transgender and intersex detainees to shower separately from other detainees." There were no transgender detainees assigned at FDC at the time of the on-site visit for the Auditor to interview. The PSA Compliance Manager confirmed that in the past the facility has housed transgender detainees and per policy they have assembled a multi-disciplinary committee consisting of key facility leadership, medical and mental health staff, and onsite ICE personnel to convene and document FDC's decision on housing and other mitigating factors to best meet the safety and security needs of the transgender detainee, including allowing for transgender and intersex detainees to shower separately from other detainees

\$115.43 - Protective custody.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center has policies and procedures in accordance with the 2011 ICE PBNDs that govern the management of the facility's administrative segregation unit. These procedures have been developed in consultation with ICE/ERO Field Office Director and document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Use of administrative segregation by the Farmville Detention Center to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The Farmville Detention Center shall only assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection 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. In the event the Farmville Detention Center places vulnerable detainees in administrative segregation for Protective Custody, the facility shall provide these detainees access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable." The Director stated that the RHU would be his last choice for the placement of any vulnerable detainee. He indicated he would move the detainee to another housing unit, to a medical bed, or contact the AFOD to move the detainee. He indicated RHU has not been used during the previous three years for the placement of a vulnerable detainee. At the time of the on-site visit the RHU unit was closed, due to the fact there were detainees being housed in the RHU.

(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center has written policies and procedures which mandate for the regular review of all vulnerable detainees placed in administrative segregation for their protection, as follows: the Chief of Security shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; the Chief of Security shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter." The Director outlined the detainee placement reviews, as stipulated in the policy, if and when administrative segregation for a vulnerable detainee is used. As noted, the unit was closed and had no detainees present but the PSA Compliance Manager detailed the reviews that must be performed if a detainee was placed in administrative segregation.

e)The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "The Director of Detention, Deputy Director of Operations, or the Chief of Security shall notify the ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The Director indicated if administrative segregation was ever used for the placement of a vulnerable detainee, he would notify him immediately but no later than 72 hours.

\$115.51 - Detainee reporting.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center has policies and procedures that ensure 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. These procedures also provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General, and other designated entities outlined in the 2011 ICE PBNDs and DHS PREA Standards, to confidentially and, if desired, anonymously, report these incidents. Under the Farmville Detention Center's Sexual Abuse and Assault Prevention and Intervention Program detainees who are victims of sexual abuse or assault also possess the option to report an incident or situation to the program coordinator, the mental health counselor, or any staff member, either verbally or in writing. The name and contact information for the Sexual Abuse and Assault Prevention and Intervention Program Coordinator is posted in all housing areas and processing. Furthermore, the detainee handbook, Sexual Abuse and Assault Prevention and Intervention required posted information in all housing units, new arrival orientation video, and the back of all detainee's badges educates and provides detainees multiple channels and pathways to report incidents of sexual harassment, abuse, and assault. Likewise, the Farmville Detention Center also provides and informs detainees of a way to report sexual abuse to a public or private entity that is not part of or affiliated with the facility, and that is able to receive and immediately forward detainee reports of sexual abuse to facility officials, allowing the detainee to remain anonymous upon request. The Southside Center for Violence Prevention which is affiliated with Madeline's House and in cooperation with the Piedmont Crisis Center is the designated private entity the facility has a cooperative agreement with to fulfill the

obligations of this component of the DHS PREA Standards.” The Auditor observed contact information for each consulate in the hold rooms and next to the telephone in each of the housing units. The Auditor also observed the ICE zero-tolerance posters, in Spanish and English, throughout the facility and in each housing units as well with the name and contact information for the facility’s PSA Compliance Manager. The noted signage advises detainees that sexual abuse reports can be made confidentially and anonymously by them. As noted earlier, detainees are required to receive an orientation that includes, at a minimum, instruction on the six requirements outlined in subpart (a) of standard 115.33. The PSA Compliance Manager confirmed detainees may report allegations to a public or private agency not associated with the agency, which includes the JIC and the DHS OIG. This reporting information is also found in the ICE National Detainee Handbook and Farmville Center Handbook Supplement. The Auditor checked the detainee reporting telephone line in multiple housing units and found them operational without requiring the use of the detainee PIN or providing identifiable information prior to use. The detainee interviews confirmed their knowledge about reporting opportunities at the FDC. As noted earlier, the reporting information is also available on the back of each detainee ID card.

(c) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, “The Farmville Detention Center has established procedure which includes provisions for any staff member to accept reports of sexual abuse or assault from detainees or any individual or entity whether verbally, in writing, anonymously, and from third parties and to promptly document such reports.” The Auditor interviewed random staff who confirmed the facility policy requirement that they are to accept and report allegations of sexual abuse regardless of how the report was made and that all verbal reports from detainees or third parties must be documented in writing to their supervisors. The PSA Compliance Manager confirmed the only allegation received during the audit period was received from the ICE Detainee Reporting Information Line (DRIL), a third party.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-23 that requires, “Under the facility’s Grievance Policy, the Farmville Detention Center has developed written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The Detainee Handbook educates detainees and explains these procedures. Detainees will be able to file emergency grievances for incidents that involve an immediate threat to health, safety or welfare and receive written responses, including the basis for the decision, in a timely manner. The Farmville Detention Center permits a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. Likewise, the Farmville Detention Center shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Farmville Detention Center staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. In accordance with the facility’s Grievance Policy, the Farmville Detention Center shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. Additionally, the Farmville Detention Center shall send all grievances related to sexual abuse and the facility’s decisions with respect to such grievances to the ICE Field Office Director at the end of the grievance process.” The Auditor interviewed the Grievance Officer who confirmed all allegations of sexual abuse, made through the grievance office, are immediately reported to the PSA Compliance Manager, and Director and the alleged detainee victim is immediately taken to medical for assessment. She further stated that her office issues a decision on these type grievances within 5 days of receipt and responds to an appeal of the grievance decision within 30 days. FDC then notifies, as required by policy, the ERO PREA Field Coordinator and the allegation is investigated per policy. The facility received no allegations made through the grievance office during the audit period. During the interview with the ICE SDDO, he confirmed he would be notified by either the Director or the PSA Compliance Manager of the grievance decision and make the proper required notifications.

(f) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-23 that requires, “To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members or legal representatives. Staff will take reasonable steps to expedite requests for assistance from these other parties.” The 12 random security staff each confirmed their responsibility to take reasonable steps to expedite assistance from these other parties when necessary in processing a sexual abuse grievance to include allowing the alleged victim assistance from another detainee, the housing officer or other facility staff, family members or legal representatives. The Grievance Officer confirmed that FDC had no allegations of sexual abuse made by a detainee during the audit period.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that states, “The Farmville Detention Center has a Cooperative Agreement (See Appendix C) with the Southside Center for Violence Prevention which is affiliated with Madeline’s House and in cooperation with the Piedmont Crisis Center which provides expertise and support services for immigrant victims of crime including 24-hour crisis intervention, victim advocacy, group and individual counseling, legal assistance, and many other victim support services. The emotional support services provided by the Southside Center for Violence Prevention are confidential and shall not be used to the determinant of any detainee seeking or requesting such access to this organization. Following an incident of sexual abuse or assault, a detainee victim shall be provided a Southside Center for Violence Prevention brochure or if the detainee is not English or Spanish proficient will be notified using language line concerning information about the services offered by this organization. The Farmville Detention Center has made available to detainee’s information concerning the Southside Center for Violence Prevention in the Farmville Center Handbook Supplement and this information is also posted in all detainee housing units and is on the back of each detainee’s identification card. Information about the Southside Center for Violence Prevention also includes this organization’s mailing address, telephone number, and toll-free speed dial hotline number. The Farmville Detention Center allows for reasonable communication between detainees and the Southside Center for Violence Prevention in a private manner and has safeguarded this process by informing detainees that all calls to the Southside Center for Violence Prevention are anonymous, are not recorded by the facility, and are confidential to the extent to which reports of sexual abuse must be forwarded to authorities under mandatory reporting laws.” The Auditor reviewed the MOU with The Southside Center that stipulates the Center will provide the alleged victim a Sexual Abuse Counselor during the forensic examination and investigation interviews. The Center provides FDC with a 24-hour hotline and mailing address and was observed to be posted on each of the living areas by the Auditor. The PSA Compliance Manager confirmed phone contact and mail with the center is not monitored, as noted in this supplement. The Facility Investigator and PSA Compliance Manager confirmed that they provide each detainee alleging sexual abuse contact information for the Center, within the first hour of being made aware of the allegation. During the review of the one investigative file, the Auditor confirmed the detainee was provided this advocate

information. The Auditor spoke with one of the advocates from the Center who confirmed the MOU and their obligations to include crisis intervention services if needed to any victims.

§115.54 - Third-party reporting.

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

Notes:

The Auditor determined compliance with the standard after review of policy ICAF-DO-06 that states, "The Farmville Detention Center has established procedures which includes provisions for any staff member to accept reports of sexual abuse or assault from detainees or any individual or entity whether verbally, in writing, anonymously, and from third parties and to promptly document such reports. Examples of reporting under the above circumstance with specific emphasis on third party reporting include the following: incoming telephone calls made to the facility, which are recorded; detainee visitors, attorneys, legal representatives, counselor officials, CAIR (Capital Area Immigration Rights) who make a report during their visit; or mail addressed to the facility. The Farmville Detention Center's website provides the public with this contact information and additionally educates the public with information on how to report sexual abuse on behalf of a detainee, including the facility's protocol pertaining to responding to allegations of sexual abuse. Reporting from Southside Center for Violence Prevention." The Auditor observed third-party reporting information, in Spanish and English, throughout the facility, to include the entrance lobby and visitation area. The ICA (http://ica-farmville.com/?page_id=159) and ICE (<https://www.ice.gov>) websites include third-party reporting information as well. Most of the 20 detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The PSA Compliance Manager confirmed the only allegation received during the audit period was received from the ICE Detainee Reporting Information Line (DRIL), a third party.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred at the facility including; retaliation against detainees or staff who reported or participated in an investigation about such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and staff are required to report any of the above specified conditions to their designated supervisor immediately whether the information came verbally, in writing, anonymously, or by third party. 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." During the random staff interviews each confirmed their knowledge of the reporting requirements of the standard and facility policy. Each was also aware of their right to go outside the chain of command to report if necessary. They also confirmed that apart from reporting to designated supervisor or officials, they are required not to reveal any information related to a sexual abuse report to anyone. As noted in policy 115.11 the Farmville policy was approved by the AFOD.

Does Not Meet (d): This subpart requires the facility "if the alleged victim is considered a vulnerable adult under 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." Policy ICAF-DO-06 nor the supplied exhibits address a vulnerable adult victim of sexual abuse or how and under what conditions the allegation is reported to the designated State or local services agency under applicable mandatory reporting. The facility will need to update their policy to address 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.

§115.62 - Protection duties.

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

Notes:

The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "If a Farmville Detention Center 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." The Director, PSA Compliance Manager, and the 12 random security staff were all questioned about what they would do in any situation involving substantial risk of imminent sexual abuse of a detainee. All informed the Auditor they would find the detainee and immediately place him in an area for protection. The PAQ and Facility Administrator confirmed FDC had no detainees at substantial risk of imminent sexual abuse within the audit reporting period.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Director shall notify the ICE Field Office and the administrator of the facility where the alleged abuse occurred. This notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and the Director of Detention shall document that it, he has provided such notification. If the Farmville Detention Center receives notification from another confinement facility that a detainee claims sexual abuse while detained at FDC, an investigation shall be conducted in accordance with the provisions and stipulations of the DHS PREA Standards and the incident shall be reported to the ICE Field Office Director." The Director, PSA Compliance Manager, and the PAQ each indicated the facility received a report of sexual abuse from a detainee on arrival at FDC that occurred at another facility. The report was made April 30, 2020 and the documentation demonstrated the other facility was notified within one hour of FDC becoming aware of it. There were no allegations made at other facilities reported to have occurred at FDC during the audit period.

§115.64 - Responder duties.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her Shift Commander or designated Supervisor, is required to: separate the alleged victim and abuser; preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical

evidence, request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” During the interviews of random security staff, they each detailed their responsibilities when responding to any allegation of sexual abuse as outlined in the policy and required by the standard. The only allegation of sexual abuse made during the audit period was made through a third party to the Director, via the DRIL line, who referred it directly to the PSA Compliance Manager.

(b) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, “If the first staff responder is not a security staff member such as a contractor or volunteer, 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.” The Auditor interviewed three non-security; and each confirmed if an incident was reported to them of sexual abuse, they would secure the alleged victim and immediately call for a security staff member.

§115.65 - Coordinated response.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that outlines, “Farmville Detention Center’s coordinated multi-disciplinary protocol and institutional plan for responding to detainee sexual abuse or assault is clearly detailed in this policy describing the procedures that will be taken by staff first responders, Shift Commanders or Assistant Shift Commanders, Armor medical staff and mental health practitioners, facility investigators, and facility leadership.” The Director and PSA Compliance Manager confirmed FDC utilized the entire policy (ICAF-DO-06) as their coordinated response to allegations of sexual abuse. The Auditor reviewed the one investigative file and found the administrative investigation file documented the multidisciplinary and coordinated responses taken by staff members in response to the allegation of sexual abuse.

(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, “If a detainee victim of sexual abuse is transferred between DHS immigration detention facilities, the Farmville Detention Center facility shall, as permitted by law and in consultation with the ICE Field Office, inform the receiving facility of the incident and the detainee victim’s potential need for medical or social services. If a detainee victim is transferred from the Farmville Detention Center to a non-DHS facility, the facility, as permitted by law and in consultation with the ICE Field Office, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.” The Director and the PSA Compliance Manager confirmed that the facility has had no detainee victim of sexual abuse transferred between a DHS or non-DHS detention facility within the audit 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:

The Auditor determined compliance with this standard after review of policy ICAF-DO-06 that requires, “Staff, contractors, and volunteers suspected of perpetrating sexual abuse or assault shall be removed from all duties requiring detainee contact pending the outcome of the investigation.” The facility had one allegation of sexual abuse made against an employee. The PSA Compliance Manager provided documentation to the Auditor demonstrating the staff member was not allowed detainee contact until the conclusion of the investigation. The investigation outcome was determined unsubstantiated.

§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) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, “Staff, contractors, volunteers, and detainees are prohibited from retaliating against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or participates in sexual activity as a result of force, coercion, threat, or fear of force. The Farmville Detention Center has multiple 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.” The PSA Compliance Manager confirmed he is the facility retaliation monitor and confirmed monitoring for retaliation begins the day an allegation is made and continues for a period of 90 days or longer if necessary. He confirmed he documents each monthly contact and stated the monitoring includes a review of detainee disciplinary reports and/or housing or program changes or requests. When monitoring staff retaliation, he indicated he would look for negative performance reviews, time off refusals, or reassignment requests. The Auditor also confirmed the facility had no reported instances of alleged retaliation occurring during the previous 12 months. During the review of the one investigative file for the only sexual abuse allegation, the Auditor confirmed retaliation monitoring began the day of the reported allegation and continued until the detainee left the facility.

§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) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, “The Farmville Detention Center shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody). 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. The Farmville Detention Center shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.” The Director confirmed the use of administrative segregation for any detainee victim of sexual abuse or based on their vulnerability to sexual abuse or assault would be highly unlikely and only used as a last resort. He also indicated if segregation was ever used to protect a victim of sexual abuse, he would notify the FOD within 72 hours and request the detainee be moved to another detention facility. He further stated that any detainee victim placed in administrative segregation, under those type situations would not be returned to the general population until the completion of a vulnerability re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. During the tour of the RHU, the Auditor did not observe any detainee housed for vulnerability or allegation of sexual assault as during the site visit the RHU was closed housing no detainees.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "All internal administrative investigations into alleged sexual abuse shall be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Furthermore, internal administrative investigations procedures shall consider the following stipulations if present or applicable: 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; an 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; a concerted 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 the Farmville Detention Center shall stipulate the retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. The Farmville Detention Center shall suspend the internal administrative investigation until the conclusion of the Farmville Police Department's criminal investigation as to not compromise or interfere with their investigation. The facility investigator shall cooperate and provide a detailed comprehensive timeline and briefing on all available information relating to the incident of sexual abuse or assault at all stages of investigation when requested or when information becomes available and does not compromise or interfere with the Farmville Police Department's criminal investigation." The facility investigator stated that he notifies the Farmville Police Department upon an allegation and waits to conduct his administrative investigation after consultation with the appropriate investigative offices within DHS. He also stated that he cooperates with the outside agency conducting the criminal investigation. He also indicated his protocols and determinations for administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews notes from alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. The Auditor was also informed that he assesses the credibility of any alleged victim, suspect, or witness, based on evidence without regard to their status as a detainee, employee or contractor and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. There was one allegation reported during the audit period that was handled administratively and not determined criminal. It was a staff-on-detainee allegation that was determined to be unsubstantiated after the investigation. The review of the administrative investigative file confirmed the investigation was conducted by the facility trained investigator. The review by the Auditor also confirmed the element requirements of the policy and standard were followed.

§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:

The Auditor determined compliance with this standard after review of policy ICAF-DO-06 that requires, "When conducting an administrative investigation into an incident of sexual harassment, abuse, or assault, the Farmville Detention Center shall impose no standard higher than a preponderance of evidence criteria when determining whether allegations of sexual abuse are substantiated." The facility investigator confirmed during his interview the evidence standard he uses when determining a sexual abuse investigation is the preponderance of evidence. During the review of the one completed investigative file for the audit period, it appeared to the Auditor that a preponderance of the evidence was the standard used in determining the outcome of the investigation.

§115.73 - Reporting to detainees.

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

Notes:

The Auditor determined compliance with this standard after review of policy ICAF-DO-06 that requires, "Detainees who have reported allegations of sexual abuse and are still detained at the Farmville Detention Center shall be notified about the results of the investigation and any responsive action taken by the facility following the investigation." During review of the only investigative file for the audit period, the Auditor observed a written notification document with the detainee signature informing him of the investigative outcome. The Investigator confirmed the detainee from the sexual abuse allegation was provided the investigative determination outcome.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 and policy ICAF-SO-03 Standards of Conduct that require, "Staff shall be subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or for violating Farmville Detention Center's Sexual Abuse and Assault Prevention and Intervention policy or Standards of Conduct policy. The Director of Detention, Chief of Security, and Human Resource Manager shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position, when there is a substantiated allegation of sexual abuse, or when there has been a violation of facility's sexual abuse rules, policies, or standards. Removal from their position is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer under 115.6 of the DHS PREA Standards." The Director and the HR Manager confirmed removal from their position at FDC and from the Federal service is the presumptive disciplinary sanction for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or failed to follow the zero-tolerance policy. As noted in standard 115.11 the Farmville policy regarding dismissal from service for violations with the zero-tolerance policy was approved by the AFOD

(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center shall report all removals or resignations in lieu of removal for violations of the facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. The Farmville Detention Center shall make reasonable efforts to report removals or resignations in lieu of removal for violations of the facility sexual abuse policies to any relevant licensing bodies, to the extent known." The Director confirmed he is required to make these notifications when and if it becomes necessary. He also confirmed all allegations of sexual abuse are immediately reported to the Farmville Police Department and the FDC had no reported cases during the audit period requiring the termination of staff. The Auditor found notification made to the Farmville Police Department in the one investigative file for the audit period.

§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) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The Farmville Detention Center shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies unless the activity was clearly not criminal. Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The Farmville Detention Center shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions of facility policies or DHS PREA standards." The Director confirmed contractors and volunteers would face removal from the facility for any violation of this zero-tolerance policy. The Director informed the Auditor that there were no reported incidents requiring the removal of a contractor or volunteer within 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) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 and policy ICAF-DO-07 Discipline Hearing System that require, "The Farmville Detention Center shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process outlined in the 2011 ICE PBNDS following an administrative or criminal finding that the detainee engaged in sexual abuse. At all steps in the disciplinary process any sanctions imposed upon a detainee perpetrator shall be commensurate with the severity of the committed prohibited act and with the intent to encourage the detainee to conform with rules and regulations in the future. Under the provisions of the 2011 ICE PBNDS, the Farmville Detention Center has enacted a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedures. The Farmville Detention Center 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. The Farmville Detention Center shall not discipline a detainee for sexual contact with staff unless there is 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." The Director and PSA Compliance Manager confirmed the disciplinary process allows for progressive levels of reviews, appeals, procedures, and documentation procedures. They also confirmed no detainee was disciplined for violating the sexual abuse policy during the audit period.

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

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "Security staff will immediately forward ICA Form 74 to Medical for any detainee in category of Known Victim Designation or Known Sexual Aggressor category to follow DHS PREA Standard 115.81. Immediate referral allows for qualified medical and mental health practitioners to conduct as appropriate medical and/or mental health services. When a medical referral is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. Likewise, 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." The two intake officers confirmed that when intake staff learns the detainee was a victim of sexual abuse or is an abuser, as appropriate he/she ensures that the detainee is immediately referred to a qualified medical or mental health practitioner for follow-up as appropriate. The HSA confirmed when a medical follow-up is initiated, the detainee receives a health evaluation typically the same or next day no later than two working days from the date of the assessment. When a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. The interviews with six detainees, acknowledging prior victimization on the day of their arrival, indicated they were offered a referral to medical/mental health services. The Auditor reviewed two medical files of detainees acknowledging prior victimization and found notation that they were seen by mental health with 72 hours of being notified of the referral.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) Policy ICAF-DO-06 requires, "Detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted prophylaxis, in accordance with professionally accepted standards of care. Treatment services, including any emergency medical treatment services, shall be provided to detainee victims without financial cost and regardless of whether the detainee victim names the abuser or cooperates with any investigation arising out of the incident. Armor medical staff shall provide and render immediate emergency treatment and mental health services and fully document the results of any examination, treatment, or assessment for inclusion in the detainee's medical records. When determining the extent of injuries on a detainee victim, Armor medical staff will ascertain the degree of sexual contact or trauma, for example oral, anal, or vaginal if applicable and preserve to the greatest extent possible any physical evidence present. Any injuries shall be photographically recorded, and the results of the evaluation shall be placed in the detainee's medical record, with copies to be distributed to the Director of Detention, Farmville Police Department, ICE Officials, and Centra Lynchburg General Hospital in the event transportation to the hospital is required." The only reported sexual abuse incident during the audit period occurred on November 17, 2020. The investigative case file and medical record of the alleged detainee victim were reviewed and confirmed the detainee was never seen by medical staff after the allegation of sexual abuse was made. The facility staff when questioned about why the detainee was not seen as required by policy they indicated since the allegation was made against the Doctor, being seen by medical did not seem appropriate.

Does Not Meet: After the allegation of sexual abuse, the facility did not take the detainee to medical for timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility should provide refresher training to facility staff and medical contract staff of the requirement to provide medical and crisis intervention services to every detainee after a sexual abuse allegation is made. The training and staff participation should be documented for compliance verification.

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

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

Notes:

(a)(b)(c)(f) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center in cooperation with Armor Medical shall offer medical and mental health evaluation services and, as appropriate, treatment to all

detainees who have been victimized by sexual abuse while in immigration detention. If a detainee victim chooses to continue to pursue treatment, the Director will contact the Field Office Director for direction regarding appropriate treatment or referral to an appropriate treatment option, including individual therapy, group therapy, further psychological assessment, assignment to a mental health counselor or facility, referral to a psychiatrist, or other treatment options. Pending referral, mental health services shall continue unabated. If a detainee victim chooses to decline further treatment services, he or she shall be asked to sign a statement to that effect. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, crisis intervention, treatment plans, and, when necessary, referrals for continued care following a detainee victim transfer to, or placement in, other facilities, or release from custody. The medical and mental health services provided to detainee victims of sexual abuse and assault shall be consistent with the services and care offered at the community level. Treatment services, including any emergency medical treatment services, shall be provided to detainee victims without financial cost and regardless of whether the detainee victim names the abuser or cooperates with any investigation arising out of the incident." The HSA confirmed all detainees, who experience sexual abuse while in detention, receive medical and mental health services consistent with the community-level of care, and evaluation and treatment without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

(d) This subsection is non-applicable; the facility does not house female detainees. The facility's policy ICAF-DO-06 although addresses the standard requirement by requiring, "In the event the Farmville Detention Center houses female detainees, victims of sexually abusive vaginal penetration by a male abuser shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the detainee victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." The policy language is in compliance with the standard requirement.

(e) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 requires "Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections and HIV testing as medically appropriate. Medical staff shall arrange for appropriate medications and provide routine examination follow-up when necessary." During the interview with the HSA, she confirmed her medical and mental health departments provide on-site crisis intervention services to include emergency contraception, pregnancy testing, sexually transmitted infections and other infectious diseases testing, and prophylactic treatment to victims, if necessary.

(g) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "The Farmville Detention Center in cooperation with Armor Medical 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. It should be noted the facility did not receive any reports of detainee-on-detainee sexual abuse during the audit period. .

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy ICAF-DO-06 that requires the facility, "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. Staff assigned to the sexual abuse incident review committee shall implement 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. Additionally, the review committee 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. Whether any staff neglect, or violation of responsibilities and policy may have contributed to an incident or retaliation." The Auditor reviewed the one investigative file for the audit period and found a completed incident review that addressed all the requirements of subpart (b) and was completed within the 30-day requirement with no recommendations made.

(c) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires the PSA Compliance Manager, "Review the results of every investigation of sexual abuse or assault along with incident reviews and conduct an annual review of all investigations of sexual abuse or assault at the facility in compliance with the Privacy Act to assess and improve intervention, prevention, and response efforts. The annual review will be documented in a report and submitted to the Director for presentation to the Field Office Director and ICE/ERO Headquarters. If the Farmville Detention Center does not have any reports of sexual abuse during the annual reporting period, then a negative report shall still be submitted." The Auditor was provided the 2020 annual review as required by subpart (c) with a copy sent to the FOD. The annual review included among other the things, a review of the one sexual abuse allegation made during the audit period. The document did not make any recommendations or changes to improve sexual abuse intervention, prevention, and response.

§115.87 - Data collection.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after review of policy ICAF-DO-06 that requires, "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, if necessary, and/or counseling will be maintained in appropriate files in accordance with applicable Farmville Detention Center policies, and retained in accordance with established schedules. All documentation collected and obtained from the criminal investigation by the Farmville Police Department and internal administrative investigation by the Farmville Detention Center shall be maintained for at least five years, which includes all reports and referrals on allegations of sexual abuse. The Farmville Detention Center shall retain all reports and documentation on the alleged abuser while he or she is detained at FDC or employed by FDC, plus five years." The Auditor observed the case record storage, these documents are kept, under double lock and restricted key.

§115.201 - Scope of audits.

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

Notes:

- (d) The Auditor was allowed access to the entire facility and able to interview staff and detainees about sexual safety during the site visit.
- (e) The Auditor was able to revisit areas of the facility and to view all relevant documentation as requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English and Spanish. The Auditors received no staff or detainee correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

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

Number of standards exceeded:	2
Number of standards met:	34
Number of standards not met:	3
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Thomas Eisenschmidt

4/19/2021

Auditor's Signature & Date

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

4/20/2021

Assistant PREA Program Manager's Signature & Date

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

4/20/2021

PREA Program Manager's Signature & Date

PREA Audit: Subpart A **DHS Immigration Detention Facilities** **Corrective Action Plan Final Determination**



Homeland Security

AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-730-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

FIELD OFFICE INFORMATION

Name of Field Office:	Washington Field Office
Field Office Director:	Acting Field Office Director, Lyle Boelens
ERO PREA Field Coordinator:	Assistant Field Office Director, (b) (6), (b) (7)(C)
Field Office HQ physical address:	2675 Prosperity Avenue Fairfax, Virginia 20598
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Farmville Detention Center (FDC)
Physical address:	508 Waterworks Road, Farmville, Virginia 23901-2674
Mailing address: (if different from above)	
Telephone number:	434-395-8131
Facility type:	DIGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Director of Detention
Email address:	(b) (6), (b) (7)(C)	Telephone number:	434-395-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	434-395-(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.

The Prison Rape Elimination Act (PREA) audit of the Farmville Detention Center (FDC) was conducted on January 12-14, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the Immigration and Customs Enforcement (ICE) PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analysis Unit (ERAU) section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The FDC is privately owned by the Immigration Centers of America (ICA) and operates under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the FDC are from Mexico, El Salvador, and Honduras. The facility does not house juveniles, females, or family detainees. This was the second PREA audit for the FDC and the facility is located in Farmville, Virginia.

During the audit, the Auditor found FDC met 34 standards, had two standards (115.31 and 115.33) that exceeded, had two standards (115.14, 115.18) that were non-applicable, and three non-compliant standards (115.15, 115.61 and 115.82).

On May 25, 2021, the Auditor, received the ICE PREA Corrective Action Plan (CAP) from the ERAU Team Lead, (b) (6), (b) (7)(C). The ERO developed the CAP with the facility, and the plan addressed the three standards that did not meet compliance during the PREA audit site visit and documentation review. The Auditor reviewed the CAP and concurred with most of the recommendations for achieving compliance with the deficient standards and provided recommendations for compliance for the remaining non-compliant standards (supplying staff training documentation for standards 115.15 and 115.82). The Auditor reviewed the additional documentation provided on June 8, 2021 and found all three standards to be compliant in all material ways.

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. 15 - Limits to cross-gender viewing and searches

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

Notes:

(i)(j) The review of policy ICAF-DO-06 requires "Armor medical staff assigned to the FDC shall not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. If the detainee's gender is unknown, it will be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. 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 FDC policy, including consideration of officer safety." The interviews with the random security staff indicated they were aware they could not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. Policy ICAF-DO-06 further requires "Security staff shall receive training in the proper procedure for conducting pat-down searches of detainees including transgender and intersex detainees." The Auditor reviewed the training curriculum that demonstrated the subpart (j) training requirements. Also, the 12 security staff interviewed confirmed their training on conducting searches on transgender and intersex detainees in a professional manner. During the review of the seven security staff training records, the Auditor confirmed these individuals receiving this training.

Did Not Meet (i): The interviews with the random security staff indicated they were aware they could not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. However, standard 115.15(i) requires the "facility," shall not search or physically examine a detainee for the sole purposes of determining the detainee's genital characteristics. Policy ICAF-DO-06 only indicates this requirement of Armor staff. Upon reviewing the training curriculum and facility policy, the Auditor did not find a reference to the "facility's" requirement for staff. The facility needs to update its policy and training curriculum, acknowledging the "facility" (i.e. staff) shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics.

Corrective Action Completed: FDC provided an updated policy ICAF-DO-06 and evidence of facility staff training on subpart (i) of standard 115.15 pertaining to all staff instead of just Armor staff. The documentation demonstrated the facility is fully compliant, with subpart (i) in all material ways.

§115. 61 - Staff reporting duties

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

Notes

(d): This subpart requires the facility "if the alleged victim is considered a vulnerable adult under 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." Policy ICAF-DO-06 nor the supplied exhibits address a vulnerable adult victim of sexual abuse or how and under what conditions the allegation is reported to the designated State or local services agency under applicable mandatory reporting.

Does Not Meet: The facility will need to update their policy to address a vulnerable adult under a State or local vulnerable person's statute and the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Corrective Action Completed: FDC Policy ICAF-DO-06 has been updated to address a vulnerable adult under a State or local vulnerable person's statute. Policy ICAF-DO-06 also stipulates that FDC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This information can be found on page 4: Section II, CC. and on page: 8, C., item 3. Policy ICAF-DO-06 was submitted to ICE Head Quarter Sexual Abuse and Assault Prevention and Intervention (SAAPI) Team and then to the Auditor for demonstration of compliance with required corrective action. The Auditor accepted the corrective action steps (Updated policy - ICAF-DO-06) taken by the facility to demonstrate compliance with standard.

§115. 82 - Access to emergency medical services

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

Notes:

(a)(b) Policy ICAF-DO-06 requires, "Detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted prophylaxis, in accordance with professionally accepted standards of care. Treatment services, including any emergency medical treatment services, shall be provided to detainee victims without financial cost and regardless of whether the detainee victim names the abuser or cooperates with any investigation arising out of the incident. Armor medical staff shall provide and render immediate emergency treatment and mental health services and fully document the results of any examination, treatment, or assessment for inclusion in the detainee's medical records. When determining the extent of

injuries on a detainee victim, Armor medical staff will ascertain the degree of sexual contact or trauma, for example oral, anal, or vaginal if applicable and preserve to the greatest extent possible any physical evidence present. Any injuries shall be photographically recorded, and the results of the evaluation shall be placed in the detainee's medical record, with copies to be distributed to the Director of Detention, Farmville Police Department, ICE Officials, and Centra Lynchburg General Hospital in the event transportation to the hospital is required." The only reported sexual abuse incident during the audit period occurred on November 17, 2020. The investigative case file and medical record of the alleged detainee victim were reviewed and confirmed the detainee was never seen by medical staff after the allegation of sexual abuse was made. The facility staff when questioned about why the detainee was not seen as required by policy they indicated since the allegation was made against the Doctor, being seen by medical did not seem appropriate.

Does Not Meet (a): After the allegation of sexual abuse, the facility did not take the detainee to medical for timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility should provide refresher training to facility staff and medical contract staff of the requirement to provide medical and crisis intervention services to every detainee after a sexual abuse allegation is made. The training and staff participation should be documented for compliance verification.

Corrective Action Completed: In May 2021, FDC provided refresher training to security staff and medical contract staff on the requirement to provide medical and crisis intervention services to every detainee after a sexual abuse allegation is made. The completed training and staff participation training was submitted as documentation compliance verification. On June 8, 2021, the Auditor received the requested Medical Assessment of Victim by Health Services Staff and staff Training Sign-In rosters acknowledging training was received. Standard 115.82 Access to emergency medical and mental health services is fully compliant.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Thomas Eisenschmidt

June 23, 2021

Auditor's Signature & Date

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

June 23, 2021

ICE PREA Assistant Program Manager's Signature & Date

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

June 23, 2021

ICE PREA Program Manager's Signature & Date