

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Mark Stegemoller	Organization:	Creative Corrections LLC
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	409-866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Los Angeles Field Office
Field Office Director:	David Marin
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	300 North Los Angeles St. Los Angeles, CA 90012
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	James Musick Facility		
Physical address:	13502 Musick Rd Irvine, CA 92618		
Mailing address: (if different from above)			
Telephone number:	949-855-2600		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Captain
Email address:	(b) (6), (b) (7)(C)	Telephone number:	949-855-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Administrative Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	714-935-(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) audit of the James Musick Facility (JMF) was conducted on September 10-12, 2018, by Mark Stegemoller, U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The purpose of the audit was to determine compliance with the DHS PREA Standards. The JMF is operated by the Orange County Sheriff's Department (OCSJ) and contracted by U.S. Immigration and Customs Enforcement (ICE) for the housing of both adult male and female detainees. On the first day of the audit, the facility detained a total of 240 ICE detainees; 199 males and 41 females. This was the first PREA audit of the JMF. The JMF is a minimum-security facility and located in an unincorporated area in Orange County, California, near the cities of Irvine and Lake Forest. The facility was opened in 1963.

The onsite inspection of the JMF was conducted September 10-12, 2018. The Team Lead 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) Management and Program Analyst (MPA), Office of Professional Responsibility (OPR)/ERAU, ICE
- (b) (6), (b) (7)(C) Assistant Field Officer Director (AFOD) ICE
- (b) (6), (b) (7)(C) AFOD ICE
- (b) (6), (b) (7)(C) AFOD ICE
- (b) (6), (b) (7)(C) Administrative Manager/PSA Compliance Manager
- (b) (6), (b) (7)(C) Lieutenant – OCSJ PREA Coordinator
- (b) (6), (b) (7)(C) Sergeant
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Captain
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Health Care Administrator – Correctional Health Services (CHS)

The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, additional onsite documentation review, and conducting both staff and detainee interviews.

Prior to the audit, External Review and Analysis Unit (ERAU) Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents. The PAQ and supporting documentation was very well organized and emphasized, allowing for ease of auditing. Facility staff provided additional documents during the onsite portion of the audit, and the Auditor also received additional audit materials post audit inspection. It should be noted the JMF reported no allegations of sexual abuse during the past 12 months, but did provide the Auditor with a completed sexual abuse investigation occurring within the past 36 months for review. The investigation was determined to be unfounded.

The audit began with a tour of the Intake and Reception Center (IRC). Both adult male and female detainees are initially received at the IRC for classification determinations prior to being transferred to an appropriate facility. Female detainees are classified while at the IRC and subsequently transferred to the JMF. Male detainees are sent to the Theo Lacy Facility (TLF) where they are classified and if deemed low enough security are transferred to the JMF. The Auditor was provided with a thorough tour of the areas where detainees are placed during the intake process. Both male and female detainees are separated from each other as well as from the general population inmates. Holding cells are located on separate wings and are supervised by same gender staff at all times. Sight lines were closely examined as was the potential for blind-spots throughout the areas detainees are held. Although holding cells are constructed of clearly see through plexiglass, cross-gender viewing was not a concern for the Auditor as the facility mandates same gender security staff to work these areas at all times. A half wall was situated in such a way that allowed detainees to use the lavatories without cross-gender viewing. The Auditor reviewed video camera footage and determined opposite gender staff could not see into the holding cells where detainees could possibly be using the lavatories. The Auditor observed opposite gender staff announcing their presence when entering these areas and also observed PREA educational and reporting information posted in all detainee holding cells.

The tour picked back up later the same morning at the JMF. All areas of the facility where detainees are afforded the opportunity to go was observed by the Auditor: medical / mental health building; education building/law library; visitation; food services; recreation areas; all housing units for both male and female detainees. Sight lines and video camera placements were closely examined as was the potential for blind-spots throughout all areas visited. During the course of the tour the Auditor conducted several informal interviews both with staff and detainees, questioning them on their knowledge of PREA. As with the IRC, the JMF housing units for both male and female detainees are mandated to be supervised by same gender security staff. The Auditor observed staff announcing their presence either verbally or via intercom when opposite gender staff were entering areas where detainees may be in a state of undress, toileting, and or showering. PREA audit notices were observed in multiple locations throughout the tour to include all housing units. All housing units had posted either on walls or bulletin boards numerous PREA educational information, zero tolerance policy, methods for reporting sexual misconduct, victim advocacy contact information, all in multiple languages. The Auditor successfully placed a test call to one of the reporting numbers available to detainees.

JMF has a designed capacity for 1,322 offenders. Detainee housing units are comprised of four open bay/dorms. Females are housed on the South Watch in A & B dorms. It should be noted all 41 females were currently housed in B-dorm as the facility is making modifications to the other dorm. Each dorm is capable of holding up to 60 detainees. Male detainees are housed on the East Watch in E & D dorms, which have the capacity to hold up to 128 detainees. All dorms are constructed in the same lay out. Each unit has a shower area, toilets, and common area with televisions and multiple telephones. The average daily detainee population for the preceding year was 321 detainees. According to the PAQ, the top three nationalities are Mexico, El Salvador, and India. There are 242 males and 79 females, with an average daily population (ADP) break down of 321 adults. JMF does not house juveniles or transgender/intersex detainees.

Total number of staff (ICE employees, other government employees, contractors, etc.) at the JMF who may have recurring contact with detainees totals 60. Facility security staff total 36 and is composed of Orange County Sheriff Deputies. There are 18 male and 18 female security staff. Security staff work 12-hour shifts.

At the conclusion of the tour the Auditor was provided with a facility staff and detainee roster. The Auditor randomly selected both staff and detainees for formal interviews. Staff formal interviews consisted of 14 designee interviews, 2 volunteers, 1 non-security staff, 6 security line staff from both shifts. A total of 20 formal detainee interviews were conducted; 13 males and 7 females. Nineteen were random and one was targeted (hearing-impaired). All 20 detainee interviews were noted as targeted, Limited English Proficient (LEP). The Auditor utilized Language Services Associates (LSA) for all detainees interviewed.

The countries of origin for the detainees interviewed were:

Mexico
India
China
Portugal

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.

On September 12, 2018 an exit briefing was held in the JMF staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditor.

In attendance were:

- (b) (6), (b) (7)(C) MPA OPR/ERAU, ICE
- (b) (6), (b) (7)(C) AFOD ICE
- (b) (6), (b) (7)(C) Detention Standards Compliance officer (DSCO) ICE
- (b) (6), (b) (7)(C) Deportation Officer (DO) ICE
- (b) (6), (b) (7)(C) Contracting Officer’s Representative (COR) ICE
- (b) (6), (b) (7)(C) Administrative Manager/PSA Compliance Manager
- (b) (6), (b) (7)(C) Lieutenant – OCS D PREA Coordinator
- (b) (6), (b) (7)(C) Sergeant
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Captain
- (b) (6), (b) (7)(C) Deputy
- (b) (6), (b) (7)(C) Health Care Administrator (HCA)
- (b) (6), (b) (7)(C) HCA/CHS

The Auditor discussed observations made during the onsite portion of the audit and was able to give some preliminary findings. The Auditor informed those in attendance he was appreciative of the hospitality received, and for the professionalism provided by all staff during the visit. Tension was nonexistent between staff and detainees and the Auditor observed constant interactions in a positive manner all through the tour. Those interviewed clearly understood PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was quite clear to the Auditor, staff of JMF take PREA very seriously and have implemented a culture to better prevent, detect, and respond to sexual misconduct.

Best Practice Recommendation: 115.13 Detainee Supervision and Monitoring

The Auditor recommends any staff who are required to conduct unannounced inspections to identify and deter sexual abuse of detainees, document the unannounced round (UAR) on the OCS D Safety Check Log or unit log book as an unannounced round. Make sure that the rounds are conducted at unpredictable times without any noticeable patterns (e.g., different days, times, etc.) Facility leadership should analyze the conduct of rounds each quarter to see if negative or predictable patterns exist. Use creative methods to ensure staff are not warning other staff of the rounds. (e.g., listen to radio transmissions for explicit warnings or subtle warnings or code words, review video footage of times when rounds are being conducted to see if it appears that staff are warning other units, etc.)

Corrective Action Recommendation: 115.33 Detainee Education

It is recommended JMF develop procedures to effectively communicate PREA education material to non-English and non-Spanish speaking detainees. 115.33 (b). Each facility shall provide the detainee notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills.

Best Practice Recommendation: 115.52 Grievances

Although the facility has not received a detainee grievance in the past 12 months, the Auditor recommends that the facility consider revising their current grievance procedures to ensure all elements of standard 115.52 are documented. Ensuring each element of the standard is documented will assist staff in making sure proper procedures are followed, if and when a grievance is filed relating to sexual misconduct.

Corrective Action Recommendation: 115.81 – Medical and mental health assessment; history of sexual abuse.

The standard does not require a policy. However, the facility provided one, and it currently only addresses inmates and not detainees. The medical and mental health referral timeframes noted in policy appear to be more in line with DOJ’s standard 115.81. The Auditor recommends a policy addendum or a newly created protocol that includes detainees and the required timeframes for them to be seen by medical and mental health in accordance with DHS standard 115.81. Also, ensuring all medical and mental health staff are made aware of any policy revisions or newly created protocols.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	1
Number of standards met:	37
Number of standards not met:	2
Number of standards N/A:	1

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 JMF has a written zero tolerance policy toward all forms of sexual abuse. Policy 2900 PREA/LGBTI Inmates and Detainees, mandates a zero tolerance toward all forms of sexual abuse and outlines the OCSD's methods to preventing, detecting, and responding to such conduct. Documentation review confirms the policy has been approved by ICE.
- (d) The facility employs a designated PSA Compliance Manager at the supervisory level who oversees the facility's compliance efforts with PREA. The Auditor determined compliance through the review of facility policies and procedures; facility organizational chart indicating the agency PSA Coordinator and PSA Compliance Manager's position. Interview with the PSA Compliance Manager confirmed he has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

§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) A review of the JMF PAQ staffing levels indicate there are a total of 60 staff. The facility's security staff is comprised of both ICE and OCSD deputies. Security staff work 12-hour shifts. The Auditor was able to confirm the facility maintains sufficient supervision of detainees through: 1) Onsite observations of staff, to include security, programming, medical and volunteers supervising and interacting with detainees. 2) The review of PAQ submitted documentation of the staffing Watch List and Staffing Patterns for security, programming, medical, and volunteer staff. The Auditor reviewed daily security shift rosters/assignments for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. The housing sergeant is responsible for providing supervision of Sheriff's personnel who are assigned to detainee housing locations. Part of the housing sergeant duties is to ensure adequate staffing is available to maintain the safety and security of and detainees, requests additional staffing and authorize overtime if necessary. 3) Video cameras were installed in 2017. Video cameras operate 24 hours a day, 7 days a week. The facility has a total of 18 operational cameras and 9 non-operational. It should be noted the non-operational cameras are recent installs and were not online during the site visit. All cameras are stationary and do not have the capability to pan, tilt or zoom. Cameras are not continuously monitored; however, recorded video footage is available for review up to one year on the East compound. Camera monitoring is conducted at the East Front Watch.
- (b) A review of JMF post orders necessitating detainee supervision, outlines the comprehensive detainee supervision guidelines to meet detainee supervision needs. OCSD post orders outlines the responsibilities of detainee supervision. Each post order designates a responsible security supervisor who is to ensure proper detainee supervision guidelines are met on a daily basis. The supervision guidelines (post orders) are distributed on an annual basis, to supervisory staff with the most knowledge of the post order for review and to make any necessary changes. Final drafts and approvals are reviewed by the Captain. The Captain signs and dates the final page of each section indicating their approval of the final drafts. All post orders reviewed by the Auditor have been signed off on within the previous year.
- (c) Through the review of provided policy and procedures, OCSD post orders, interviews with the Captain and PSA Compliance Manager, indicate all elements in section (c) of the standard are considered when developing and or updating the supervision guidelines. The facility reported no reports of sexual abuse for the previous year.
- (d) The Auditor was able to verify security staff are conducting security inspections/rounds both on day and night shifts through the review of log sheets and staff interviews. However, the inspections do not indicate whether they are unannounced inspections/rounds.

Best Practice recommendation: The Auditor recommends any staff who are required to conduct unannounced inspections to identify and deter sexual abuse of detainees, document the unannounced round (UAR) on the OCSD Safety Check Log or unit log book as an unannounced round. Make sure that the rounds are conducted at unpredictable times without any noticeable patterns (e.g., different days, times, etc.) Facility leadership should analyze the conduct of rounds each quarter to see if negative or predictable patterns exist. Use creative methods to ensure staff are not warning other staff of the rounds. (e.g., listen to radio transmissions for explicit warnings or subtle warnings or code words, review video footage of times when rounds are being conducted to see if it appears that staff are warning other units, etc.)

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Review of the PAQ and interviews with the Warden and PSA Compliance Manager confirm OCSD does not house juveniles nor family detainee units.

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

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

Notes:

- (b)(c)(d) Policy 1710.4 – Body Searches of Inmates and Detainees outlines staff conducting a body search (pat-search) will be the same gender of the inmate/detainee. During the previous year there have been no reports of opposite gender staff performing cross-gender pat-searches of male or female detainees. Interviews with security staff corroborated same gender staff are required to pat-search same gender inmates and detainees and, if an exigent circumstance was to occur it would be properly documented. At the direction of the Captain, staff conducting a cross-gender body search must document the search in an information jail incident, or crime report as appropriate. The report will include the circumstances which necessitated the cross-gender body search and the name of the authorizing supervisor.
- (e)(f)(i) Policy 1710.4(e) – Body Searches of Inmates and Detainees outlines cross-gender strip searches or cross-gender body cavity searches shall not be conducted except in exigent circumstances. Detainees will not be searched for the sole purpose of determining the detainee's genital

status. During the previous year there have been no reports of opposite gender staff performing cross-gender strip or body cavity searches. Body cavity searches will only be conducted by medical staff. Deputies must have written authorization from a Sergeant or above prior to conducting a strip search. Interviews with medical staff and security staff confirmed staff are aware of facility protocols for conducting strip or body cavity searches, and if performed shall be documented. Policy indicates strip search procedures require the deputy to document the facts and circumstances which establish reasonable suspicion on a "custody operations strip search authorization" form and present the completed form to their sergeant for review. All strip searches require authorization of the on-duty watch commander or their designee.

- (g) Policy 2900.3 – PREA/LGBTI Inmates and Detainees require 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 clothes. While onsite the Auditor observed opposite gender staff either verbally announcing their presence or otherwise being announced by the officer assigned to the post, via the intercom system when entering areas where the potential for cross-gender viewing may be a concern. JMF mandates the same gender staff to work housing units of the same gender as detainees. Interviews with detainees corroborated same gender security staff work same gender housing units at all times and further stated they are never in full view of opposite gender staff while in a state of undress, showering, or using the lavatories.
- (h) Is not applicable. JMF is not a Family Residential Facility.
- (j) Detention Management and Compliance (DMaC) determines all housing assignments for detainees arrested within the Los Angeles Area of Responsibility (AOR). DMaC in accordance with OCS D have determined housing transgender and intersex detainees at any OCS D facility is not suitable. JMF does not house transgender or intersex inmates. Interviews with the training supervisor and security line staff indicated staff have received proper training on how to perform pat-searches in a professional and respectful manner, and in the least intrusive manner. While onsite the Auditor reviewed samplings of staff training records acknowledging such training has been received.

§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) Policy 2900.8 indicates staff are to take the appropriate steps to ensure detainees with disabilities and who are LEP have an equal opportunity to participate or benefit from the facility's efforts to prevent, detect, and respond to incidents of sexual abuse. Upon intake, detainees are provided with the facility's local supplement to the ICE detainee handbook. Orientation handbooks are available in English and Spanish and provide detainees with information on the agency's zero tolerance policy for sexual abuse and how to report incidents of sexual abuse. The ICE National Detainee Handbook includes a section (language identification guide) in the very front of the handbook which outlines multiple languages to assist detainees who do not speak English or Spanish. DHS/ICE PREA posters in English and foreign languages, containing the name of the facility PSA Compliance Manager are posted throughout the facility, to include all housing units. Also, posted is the ICE ERO Language Line posters and contact information for the local rape crisis center, Waymakers. The PREA comprehensive educational video is played every morning in all housing units, both in English and Spanish. Interviews with the Captain and security staff indicate there are multiple staff who speak several languages who are also able to assist detainees with interpretive services if needed. While touring the facility the Auditor was assisted on several occasions by staff who were able to interpret the conversation with detainees who were LEP. It was evident staff are very familiar with the facility's protocols for utilizing interpretive services, as they are used on a daily basis at JMF. Detainees who have disabilities, including intellectual, limited reading skills, who may be deaf, blind or hearing impaired are afforded the same level of interpretive services if needed. Any detainee identified with a disability will receive accommodating services through the facility Americans with Disabilities Act ADA coordinator. Detainees who are LEP are provided with interpretive services, either through available staff or an interpretive service. Detainees who are hearing impaired or deaf will receive services through the facility text telephone (TTY) machine, detainees who have a low intellectual or limited reading skills will receive services from mental health staff. This was corroborated through interviews with the Warden, PSA Compliance Manager, intake and security staff. A targeted detainee interview was completed, using the LSA interpretive services with a female who was hearing impaired, wearing a hearing aid and stated to the Auditor she has no problems communicating with staff and knew how to report an allegation of sexual misconduct if she needed to.

§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)(d)(e) OCS D Policy-1018 Rules of Conduct and Pre-Investigative Questionnaire outlines the OCS D prohibits the hiring or promotion of anyone who may have contact with inmates or detainees, who have engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution. The OCS D is an equal opportunity employer. Employment applicants are cautioned to answer every question truthfully and without evasion, making false statement of material fact, or for practicing and fraud or deception in obtaining or attempting to obtain employment. Applicants are required to complete and sign the Pre-Investigation Questionnaire which outlines disqualifying criteria and conduct, to include engaging in sexual misconduct. Disqualifying conduct includes; sex offenses and acts of violence. All applicants who make false statements regarding any material matter during the selection process or have omitted any requested material information on the Pre-Investigative Questionnaire, or who have cheated during any portion of the selection process will be disqualified. Staff are advised they have an affirmative duty to report any sexual misconduct. The Auditor randomly selected 20 OCS D employees and requested to review their personnel records and background check information. While reviewing personnel file documentation, the Auditor interviewed the OCS D Human Resource Director along with staff in charge of conducting pre-employment and promotional background checks. Interviews revealed during the pre-employment process potential candidates are required to complete and sign a request for Live Scan Service. This service is provided through the Department of Justice DOJ and provides the OCS D with any police contact and/or arrest of all employees and contractors in real time, meeting the requirements for background checks to be completed every five years. The Auditor also requested background investigation checks for five ICE employees through the ICE and also reviewed ICE Directives 6-8.0 - ICE suitability screening requirements for Contactor Personnel and 6-7.0 - ICE Personnel Security and Suitability Program and determined their background checks were completed in accordance with the standard.
- (f) If an institutional employer were to request a copy of reference check about a former employee's work history to include sexual abuse, according to California state law the OCS D could not disclose without a signed waiver.

§115.18 – Upgrades to facilities and technologies.

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

Notes:

(a)(b) Policy 2900.3(8) indicates the facility will take into effect any design planning, modifications or expansions to protect detainees from sexual abuse. OCS D memo dated 7/31/2018 indicates PREA standard 115.18 was taken into consideration during the planning stages of the reconstruction of the female detainee housing unit on the South compound. (b) (7)(E) [REDACTED], views eliminating blind spots were developed to deter criminal activity and PREA concerns. While interviewing the Warden the Auditor was advised the facility took into consideration the effect of the design, modifications to the dorm, staffing levels, and the potential placement of video monitoring systems in order to protect detainees from sexual abuse.

§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)(b)(c)(d) Policy 2900.9 outlines the facility's procedures for following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and is developed in coordination with DHS. It should be noted JMF does not detain juveniles. The Auditor was able to corroborate the aforementioned through the review of OCS D policy and procedures, interview with the PSA Compliance Manager, who further indicated the evidence protocol was developed in coordination with DHS, and staff are well aware of the facility's evidence protocols and know what necessary steps to take during a report of sexual abuse. The facility has a signed Memorandum of Understanding (MOU) with Waymakers, an outside rape crisis center. Review of the MOU and interview with staff from Waymakers indicates the organization will provide emotional support, crisis intervention, information and referrals if needed and would accompany the victim through any forensics exams and investigative process. The PAQ indicated there were no detainees who reported sexual abuse during the previous twelve months, therefore there were no forensic exams performed. Interviews with facility medical staff acknowledge that victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee. Forensic exams are performed by SAFE/SANE examiners at the Hoag Hospital Irvin.

(e) Is not-applicable as the OCS D is a fully functioning law enforcement agency, and is required to conduct all criminal and administrative investigations regarding incidents of sexual abuse.

§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) Policy 2900.9(b) states staff shall report all incidents or allegations to their sergeant or supervisor. Upon discovery of an incident, the facility watch commander will notify the PSA Compliance Manager and the Facility Manager/liaison of the incident via electronic mail or telephone. If non-sworn, the supervisor shall report the incident to a sworn staff member. Apart from reporting to designated department members, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified, to perform treatment, investigation, and other security and management decisions. Because OCS D is a fully functioning law enforcement agency, all sexual assault allegations are investigated internally. Policy 2900.15 indicates all sexual abuse data is maintained at least ten years after the date of the initial collection unless federal, state or local law requires otherwise. Interviews with the PSA Compliance Manager, Warden and OCS D Investigators corroborated the aforementioned.

(c) A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. A review of OCS D website (www.ocsd.org/divisions/custody/prea) confirms the protocols are available to the public. Agency protocols are posted to ensure investigations into allegations of sexual misconduct are explained to the public.

(d)(e)(f) OCS D is a fully functioning law enforcement agency, all sexual assault allegations are investigated both criminally and administratively internally. While onsite, the Auditor reviewed the only sexual abuse investigation completed within the past 36 months and the investigation was determined to be unfounded. In review of investigative documentation, the Auditor determined the investigation was completed timely and the proper notification were made in accordance with the standard. Interviews with the Warden, PSA Compliance Manager and Investigator indicated all allegations are promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General (OIG), as well as the appropriate ICE FOD.

§115.31 – Staff training.

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

Notes:

(a)(b)(c) Policy 2900.5 outlines how the agency shall train, or require the training of, all employees who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities and includes each element of the standard. The OCS D provides a 4-hour PREA training curriculum on the dynamics of PREA. Submitted with facility PAQ were completed staff training sign-in sheets identifying staff who have completed the required PREA training. While onsite the Auditor reviewed the PREA training curriculum and determined it to be compliant with the standard in all material ways. Additionally, the Auditor randomly selected 20 employees and reviewed their training documentation for proof of completion. Interviews with the training supervisor and random security staff reveal staff have received the required PREA training and also receive refresher training during annual in-service training. It was evident to the Auditor, staff understand their responsibilities to help prevent, detect, and respond to sexual abuse.

§115.32 – Other training.

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

Notes:

(a)(b)(c)(f) Policy 2900.5 outlines how the agency shall train, or require the training of, all volunteers and contractors who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities and includes each element of the standard. Submitted with the facility PAQ was the comprehensive ICE PREA training curriculum utilized for training JMF volunteers and contractors who are required to receive training prior to rendering services to the facility. In review of the training curriculum, the Auditor determined all the required elements of standard are covered, curriculum meets the level and type of training required for volunteers and contractors who may have contact with detainees. Also, submitted were copies of signed PREA training acknowledgment forms for Spectrum Security staff. While onsite the Auditor interviewed the OCS D training supervisor and facility staff responsible for conducting volunteer and contractor training. Facility staff provided the Auditor with signed documentation of volunteers and contractors, acknowledging and understanding the training received. An interview with a religious volunteer confirms she has received and understood the training as required by policy.

§115.33 – Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a)(e)(f) Policy 2900.6 - Indicates during the intake process; the facility ensures detainees are informed about the facility's zero-tolerance policies for all forms of sexual abuse. The Auditor was provided a step by step tour of the detainee intake orientation process and observed that all six elements of the standard are not only covered in policy, but detainees are also provided with the information at intake. During the intake process, detainees who are determined to be LEP or who may have a disability, i.e. hearing impaired, deaf, blind, etc. will receive interpretive services, medical and or mental health assistance throughout the process. At the conclusion of the intake tour, the Auditor formally interviewed an intake deputy who corroborated the aforementioned. Policy further indicates PREA information will also be provided to inmates/detainees via the inmate/detainee orientation video, posted signage, to include the sexual assault awareness pamphlets and handbooks. The Auditor randomly selected 23 detainees and reviewed signed documentation indicating the distribution of the handbook to detainees.
- (b)(c) Policy 2900.6 indicates educational information will be provided in English, Spanish and Vietnamese. The Auditor interviewed 20 detainees who were LEP. Five detainees from India, could not recall receiving any PREA educational information during intake or thereafter. During the tour of the facility the Auditor observed the PREA educational video playing in housing units, which according to facility protocols is required to be played every morning. The video is formatted in English and Spanish only and closed captioned for the hearing impaired. Visually impaired detainees will work through the facility ADA Deputy for accommodations as needed.
- (d) The Auditor observed posted throughout the facility to include in all housing units; the DHS-prescribed sexual assault awareness notice; the name of the PSA Compliance Manager; and contact information for the local rape crisis center, Waymakers, that can assist detainees who have been victims of sexual abuse.

Corrective Action Recommendation:

It is recommended JMF develop procedures to effectively communicate PREA education material to non-English and non-Spanish speaking detainees, and/or those who have a disability or limited reading skills upon intake.

§115.34 – Specialized training: Investigations.

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

Notes:

- (a)(b) Policy 2900.5(d) outlines Special Victims investigators shall receive specialized training in techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with the OCSJ supervisor of the sex crimes unit and training supervisor, indicated required staff have received the specialized training in accordance with the standard. Review of training certificates and staff interviews verify the completion of training and that investigators are knowledgeable in the requirements needed to conduct sexual abuse investigations within a confinement setting. The JMF reported no incidents of sexual abuse during the previous 12 months. However, the Auditor was provided with 1 sexual abuse investigation that occurred within the past 36 months and upon review determined it was completed by an investigator who has received specialized training.

§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) N/A – There are no ICE Health Service Corps. (IHSC) staff at the JMF.
- (c) The PAQ indicates the JMF has 15 medical and mental health staff. Interviews with medical and mental health staff indicate they are trained in procedures for examining and treating victims of sexual abuse; and how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. While onsite the Auditor reviewed (10) samplings of medical staff PREA training records indicating the completion of the Orange County Health Care Agency (OCHA) PREA training. JMF medical staff do not conduct forensic examinations. If a forensic examination would be required, the detainee is sent to the Hoag Hospital Irvine.

§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) Policy 8005 Classification 1.2.3 indicates all detainees will be classified as part of the admission process. Upon completion of the classification process, detainees will be housed according to their classification level. The classification level is based on the detainee's background information and current charges as designated by the classification. The classification sergeant or designated classification deputy will review each file and classification decision. Detainees are processed for housing within 12- hours of arrival at the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately. Detainees are to be kept separate at all times until a proper classification can be completed. During the interview with the classification supervisor, we reviewed completed electronic "hard cards," identified as card 1 and card 2, containing detainee classification documentation to include risk of victimization and abusiveness information.
- (c)(d) Staff will use information from the detainee's criminal history checks or work folder. Deputies will consider current offense(s), past offense(s), escape(s), disciplinary history, documented violence, medical information and a history of victimization while in detention. Interviews conducted with OCSJ intake staff and the classification supervisor corroborated the Auditor's documentation review of completed detainee screenings upon intake. The Auditor was able to determine the facility considers, to the extent that the information is available, all elements required in the standards criteria to assess detainees for risk of sexual victimization and abusiveness.
- (e) Classification staff complete the first scheduled review of each detainee within 60-90 days of the detainee's initial classification and subsequent scheduled reviews at 120-day intervals after the first scheduled review. Each Sunday, the ICE Compliance Sergeant forwards a list of detainees with scheduled reviews due during the upcoming week to Classification staff. The Auditor was able to confirm each detainees risk of victimization or abusiveness is reassessed during this process through the review of detainee reclassification documentation. The process was also corroborated through interviews with the PSA Compliance Manager, intake staff, classification supervisor, and random sample of detainees.
- (f) Interviews with the PSA Compliance Manager, Intake staff, and classification supervisor indicate detainees are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the standard.
- (g) OCSJ detainee records include a copy of each detainee's ICE classification package in the detainee's detention file. The facility maintains appropriate controls on the dissemination of all classification documentation within the facility of responses to questions asked pursuant to

standard 115.41. Detainee records are maintained in a secured location, either under lock and key or maintained electronically. Staff with a need to know only have access to such documentation. This process was corroborated during interviews with the PSA Compliance Manager, intake staff, and classification supervisor.

§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) Policy 2900.7a indicates the facility's method for utilizing information gathered through the screening process to inform housing, bed, work, education and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Detainee classification screenings, to include information related to risk of victimization and or abusiveness is forwarded to facility staff who make individualized determinations to ensure the safety of each detainee. In review of two completed risk assessments, the Auditor determined the facility is utilizing collected data, such as the detainee's physical characteristics (build and appearance), age, whether the detainee has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the detainee is perceived to be LGBTI or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Interviews with the PSA Compliance Manager, intake staff, and the classification supervisor indicated to the Auditor they are performing all the requirements of the standard.
- (b)(c) JMF does not house transgender or intersex detainees. Submitted memo from the DMaC determines all housing assignments for detainees arrested within the Los Angeles AOR. DMaC in accordance with OCS D have determined housing transgender and intersex detainees at any OCS D facility is not suitable.

§115.43 – Protective custody.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a)(b)(c) Policy 8015 Special Management Unit (SMU) identifies procedures developed governing the management of the OCS D's use of administrative segregation. Policy outlines detainees who will be placed in administrative segregation for protective custody will have access to programs, visitation, counsel, and other services available to the general population to the extent practicable. Policy also indicates the use of segregation to protect detainees who are deemed vulnerable to sexual abuse or assault are restricted to instances where all efforts have been made to provide appropriate housing, and or if there are no other viable options or as a last resort. All assignments to administrative segregation will be reviewed and approved by the classification sergeant. Placement will also be reviewed by the division commander. Detainees placed in administrative segregation shall not ordinarily exceed 30 days. The order for placement into administrative segregation shall remain with the SMU until the detainee is returned to the general population. Once released, the classification deputy will indicate date and time of release on the administrative segregation order. It should be noted, JMF does not house administrative segregation detainees. If an instance were to occur wherein a detainee needed to be placed in administrative segregation, if it were a male detainee, he would be transferred to the TLF. If it were a female detainee, she would be transferred to the IRC and later returned to ICE. According to documentation submitted with the PAQ and interview with the Warden, the JMF has never had an instance where a detainee was placed into administrative segregation. Therefore, the facility has never had to conduct a review or notify the FOD. Interview with the Warden indicated the JMF procedures for placing a detainee into administrative segregation was developed in consultation with ICE ERO. The Warden was very knowledgeable of the facility's policy and procedures and knew what actions to take if a vulnerable detainee needed to be placed into administrative segregation for protection. The Warden further acknowledge the receiving facility would be informed of the circumstances of the detainee transfer.
- (d)(e) Policy 8015.1c Supervisory Review identifies the classification sergeant, or his designee, shall conduct a review within 72 hours of the detainee's placement into administrative segregation to determine whether segregation is still warranted. The review includes an interview with the detainee. A written record is made of the decision and the justification. If the detainee has been segregated for his or her own protection and not at their request, a watch commander or classification sergeant signature is required on the form to authorize the continued administrative segregation detention. The classification sergeant, or his designee, shall conduct the same type of review after the detainee has spent 7 days in administrative segregation, and every week thereafter for the first 60 days and every 30 days thereafter. Each review will include an interview and a completed written review. It should be noted the facility exceeds the standards requirement of a review, which states reviews shall be conducted every week thereafter for the first 30 days, and every 10 days thereafter.
- (e) Policy 8015.1b Classification Documentation states a written administrative segregation order shall be completed by classification and approved by the classification sergeant before a detainee is placed into administrative segregation, except when exigent circumstances make this impractical. The facility is required to notify the appropriate ICE FOD within 24 hours after the initial placement into segregation. When a detainee has been held in administrative segregation for more than 30 days, the facility administrator shall notify the FOD in writing.

§115.51 – Detainee reporting.

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

Notes:

- (a)(b) Policy 2900 outlines the facility's approach to ensure detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to any incidents. Submitted with the JMF PAQ were directives on how detainees can contact their consular official, the DHS OIG or, as appropriate, another designated office, to confidentially and, if desired, anonymously report incidents of sexual misconduct. Interviews with random detainees indicated to the Auditor most were aware of the processes in place to report incidents of sexual misconduct. During the tour of the facility the Auditor saw numerous postings for detainees to report incidents of sexual misconduct, to include in all housing areas, either posted on the wall, bulletin boards, and or next to detainee phones. During intake/orientation, detainees receive a copy of the ICE detainee handbook and facility local supplement that includes all the mechanisms that are in place for detainees to report allegations of sexual misconduct. The Auditor placed a successful test call to the DHS OIG hotline, in which detainees can remain anonymous if they choose to. It should be noted the facility also has set up an internal hotline number for detainees to call and report incidents of sexual misconduct. This line is monitored and checked twice a day by supervisory staff.
- (c) Policy 2900 also outlines staff shall accept reports made verbally, in writing, anonymously and/or from third parties, and promptly document any reports on a facility incident report. Staff shall report all incidents or allegations to their sergeant or supervisor. If non-sworn, the supervisor shall report the incident to a sworn staff member. Interviews with the PSA Compliance Manager, security staff, including line staff and supervisors, indicate staff are well aware of the protocols for promptly reporting incidents of sexual misconduct and what actions to take if they were to receive a report from a detainee. During the past 36 months the JMF had one report of sexual abuse. The report was made

verbally from the alleged victim to supervisory staff. In review of the investigation file the Auditor determined the proper protocols were taken when the report was made.

§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) Policy 1600 Orientation & Jail Rules .5.1.7 and 8 outlines the facility grievance procedures for the JMF. Detainees are permitted to file a formal grievance related to any staff misconduct to include allegations of sexual abuse with no time limits imposed. The grievance process is outlined in detail within the detainee handbook and further states incidents of any type considered to be an emergency shall be handled expeditiously by staff. Medical emergencies will be brought to attention of facility medical personnel for all incidents requiring medical attention to include incidents of sexual abuse. Detainees can file an emergency grievance at any time in lieu of filing an informal written grievance by immediately reporting the emergency to staff. When staff receive a grievance that is considered an emergency, staff will, if necessary move the detainee and any other detainees potentially affected by the issue, to a safe location pending the grievance review and resolution.
- (e) Policy 1600 requires a copy of all ICE detainee grievances alleging staff misconduct must be forwarded to the ICE/ERO. However, policy does not indicate a decision shall be issued within five days of the receipt and respond to an appeal of the grievance decision within 30 days.
- (f) Policy indicates information is disseminated in the detainee handbook, and detainees may obtain assistance from another detainee, or other facility staff, family members, or legal representatives. At least one time per shift each sergeant will collect all new grievances from the locations of his or her area of responsibility. The sergeant will review the submitted grievance and determine the appropriate level at which to handle them. Review of the detainee handbook corroborates this.

Interview with the PSA Compliance Manager, who is also the facility grievance coordinator indicated JMF has not received any grievances during the past 12 months, to include allegations of sexual abuse. PSA Compliance Manager acknowledged, regardless of whether an informal or emergency grievance is received, the facility will act immediately to remedy all incidents of reported sexual misconduct.

Best Practice Recommendation: Although the facility has not received a detainee grievance in the past 12 months, the Auditor recommends that the facility consider revising their current grievance procedures to ensure all elements of standard 115.52 are documented. Ensuring each element of the standard is documented will assist staff in making sure proper procedures are followed, if and when a grievance is filed relating to sexual misconduct.

§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) Policy 2900.9 outlines the facility's procedures to provide outside confidential support services that will provide services to support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators and to address victim's needs. The OCSD/JMF has a signed MOU with a local community service provider, Waymakers. The MOU acknowledges support in the areas of crisis intervention, counseling, investigation and assistance in the prosecution of sexual abuse perpetrators. Interview with a representative from Waymakers indicates they will provide all services as outlined within the MOU if needed. The PSA Compliance Manager confirmed, JMF and Waymakers have entered into a MOU for services to be rendered in the case of a reported incident of sexual abuse. JMF has not needed to utilize the services of Waymakers during the past year as there have been no reported incidents of sexual abuse. The facility did receive a report of sexual abuse within the past 36 months, and upon review of the investigation, the Auditor determined the detainee was offered outside confidential support services. According to the investigation, the detainee refused to utilize the services.
- (c) Upon intake detainees receive educational information on the agency's zero tolerance policy to include information on how to contact local organization that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers. The information is outlined in the OCSD local supplement to the detainee handbook. During the tour of the facility the Auditor observed numerous signage posted in several different languages throughout the facility to include in all housing units, on walls, bulletin boards, and next to detainee phones. Random detainee interviews confirmed most recall receiving the information at intake and were familiar with the information posted in the housing units.
- (d) Information outlined in the detainee handbook reveals the facility informs detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Detainees are advised general telephone calls may be recorded and monitored. Policy 2900.9 indicates privileged conversations between a detainee and legal counsel, physician or religious advisor will not be knowingly monitored or recorded without the consent of all parties to the conversation. Interview with PSA Compliance Manager indicated to the Auditor, detainees have been advised to the extent in which such communications may be monitored. Interviews with random sample of detainees also revealed most are familiar that calls are or can be monitored and allegations of sexual abuse will be forwarded and investigated in accordance with mandatory reporting laws.

§115.54 – Third-party reporting

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

Notes:

A review of both ICE's website (www.ice.gov) and JMF website (<https://www.ocsd.org>) confirm the public is notified how to report incidents of sexual abuse/harassment on behalf of detainees. Both agency websites list contact numbers for the general public to report allegations of sexual misconduct. Interviews with staff confirm they are aware of the requirement to accept sexual abuse notifications from third parties.

§115.61 – Staff reporting duties.

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

Notes:

- (a)(b)(c) Policy 2900.9 addresses the responsibilities of staff who are required to report, immediately and according to OCSD policy, any knowledge, suspicion, or information regarding incidents of sexual abuse, retaliation against detainees or staff who have reported incidents of sexual abuse, or staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Staff are required to report all incidents or allegations to their sergeants and/or supervisors. If non-sworn staff, to include supervisory staff, receive an allegation of sexual abuse, they are required to report directly to a sworn staff member. Apart from reporting to designated department members, staff shall not reveal any information related to a report of sexual abuse to anyone to the extent necessary, as specified, to make treatment,

investigation, and any other security management decisions. Policy 1018 – Employees Duty to Report indicate staff can report allegations of any type of misconduct to include sexual misconduct, outside of reporting directly to their supervisors. Staff may report directly to the Internal Affairs Bureau. This requirement applies to all employees, including supervisory personnel, and managers who learn of possible misconduct through the review of an employee's work. Interviews with the PSA Compliance Manager, Warden, and random security staff, clearly articulated to the Auditor the procedures the facility employs as it relates to staff reporting duties, to include how staff can report allegations of sexual misconduct outside of their normal supervisory chain of command if needed.

(d) N/A JMF does not house juvenile detainees. The Auditor received no information that JMF housed potentially vulnerable detainees.

§115.62 – Protection duties.

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

Notes:

Policy 2900.3 outlines the facility's approach when staff learns that an inmate or detainee is subject to a substantial risk of imminent sexual abuse. Immediate action is taken to protect the detainee. Interviews with the Warden, PSA Compliance Manager, and random staff revealed if a detainee was determined to be in imminent risk of sexual abuse the detainee would be immediately removed from the threat. JMF has reported one incident of sexual abuse in the past 36 months. Upon review of the investigation the Auditor was able to confirm the alleged victim and abuser were immediately separated.

§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) Policy 2900.9 states, upon receiving an allegation that an inmate or detainee was sexually abused while confined in a facility or program not under the jurisdiction of the OCS D, staff who received the allegation shall notify the Department Commander. The Department Commander will notify in writing to the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification will be provided as soon as possible but no later than 72 hours after receiving the allegation. Interviews with the PSA Compliance Manager and Warden, revealed both are aware of the proper steps for making such notifications, and for maintaining documentation if a notification is made. The Warden and PSA Compliance Manager indicated documentation of such notifications would be maintained through electronic means, i.e. email correspondence and/or facility incident reports. Interviews further indicated, if the facility was to receive notification from another agency or facility of an allegation of sexual abuse that occurred at the JMF, an investigation would immediately be initiated. Staff will ensure that the allegation is referred for investigation in accordance with the standard and reported to the appropriate ICE Field Office Director.

JMF has not received any information that required notice to an outside confinement facility about sexual abuse.

§115.64 – Responder duties.

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

Notes:

(a)(b) Policy 2900.9 outlines the facility protocols and covers all elements of the standard for security and non-security staff responder duties to an allegation of sexual abuse. JMF reported one incident of sexual abuse within the past 36 months. Upon review of the investigation file, the Auditor was able to determine facility staff responder duties were completed with all applicable elements of the standard. Interviews with the security staff, line supervisors, and non-security staff indicated to the Auditor, staff are knowledgeable of and have received training in the proper procedures to take if a detainee was to report an allegation of sexual abuse. The Auditor has made a best practice suggestion to facility leadership by considering the use of laminated cards, indicating first responder duties and pass out to all staff.

§115.65 – Coordinated response.

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

Notes:

(a)(b) Policy 2900.9 outlines the procedures for a coordinated response and covers all elements of the standard if an allegation of sexual abuse was reported. The institutional plan to coordinate actions are taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the Warden, PSA Compliance Manager, and staff who would have any responsibility in a coordinated response for an incident of sexual abuse indicated to the Auditor they are prepared for such an incident.

(c)(d) JMF has investigated one incident of sexual abuse within the past 36 months. Upon review of the investigation file the Auditor determined proper notification was made in accordance with the standard to the receiving institution. Interviews with the Captain and PSA Compliance Manager confirm they are knowledgeable of the facilities coordinated response procedures for allegations of sexual abuse. Although not needed in the past year, the Warden and PSA Compliance Manager articulated to the Auditor, proper notifications are made to the receiving facility if a detainee was to be transferred.

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

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

Notes:

Policy 2900 indicates staff, contractors, and volunteers who are suspected of sexual abuse will be removed from all duties requiring inmate or detainee contact pending the outcome of an investigation. Interviews with the Warden, Investigator, and the PSA Compliance Manager corroborated that staff, contractors, or volunteers who are being investigated for sexual abuse allegations or any other serious misconduct involving inmates or detainees are prohibited from having contact. JMF has had no reports of sexual abuse involving staff, contractors or volunteers within the past 36 months.

§115.67 – Agency protection against retaliation.

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

Notes:

(a)(b) Policy 2900.9 prohibits staff, volunteers, and contract staff from retaliating against anyone who reports sexual abuse. Interviews with JMF staff confirm they are aware of the prohibition against retaliation. Interviews with the Warden and PSA Compliance Manager confirm, detainees who experience any form of retaliation that housing changes would be consider, alleged staff or detainee abusers would be removed from

contact with the victim, and emotional support services would be utilized if needed. Interviews further revealed, monitoring for retaliation would occur for 90 days or as long as needed.

- (c) Interview with PSA Compliance Manager indicated if an incident of sexual abuse was to occur, he would be responsible for coordinating the monitoring of retaliation with the assistance of facility staff. Monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for possible indicators of retaliation.

JMF investigated one incident of sexual abuse within the past 36 months, upon review of the investigation, the Auditor determined there was no need for retaliation monitoring as both the alleged victim and abuser were transferred back to ICE shortly after the investigation was initiated.

§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) Policy 2900.4 indicates an administrative and/or criminal investigation will be conducted for all allegations of sexual abuse and sexual harassment. The OCSD will employ multiple protection measures, such as housing changes in the least restrictive environment, or facility transfers for inmates or detainee victims. Interview with the PSA Compliance Manager revealed there has not been a detainee requiring to be placed in protective custody/administrative segregation regarding incidents of sexual abuse. JMF does not have an administrative segregation unit. Detainees requiring protective custody or administrative segregation placement are required to be transferred to an appropriate facility. Male detainees would be transferred to the Theo Lacy Facility and female detainees would be sent to the IRC and then returned to ICE. The PSA Compliance Manager affirmed at the very least the victim would be separated from the threat immediately and proper housing considerations would be taken into consideration keeping in mind to utilize the least restrictive housing environment available. All assignments to administrative segregation will be reviewed and approved by the classification sergeant. Placement will also be reviewed by the division commander. Detainees placed in administrative segregation shall not ordinarily exceed 30 days. The order for placement into administrative segregation shall remain with the SMU until the detainee is returned to the general population. Once released, the classification deputy will indicate date and time of release on the administrative segregation order. Policy 8005- Classification; states classification staff will conduct a review within 24 hours before a detainee leaves segregation.
- (d) Interviews with the Warden and PSA Compliance Manager indicated the facility will notify the appropriate ICE FOD whenever a detainee victim has been placed in administrative segregation and normally within 24 hours, but would not exceed 72 hours in accordance with the standard. Interviews further indicated detainees being released from segregation will receive an additional classification review, taking into consideration any increased vulnerability of the detainee as a result of the reason for being placed in segregation, to include sexual misconduct incidents.

§115.71 – Criminal and administrative investigations.

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

Notes:

- (a)(b) Policy 2900.11-Investigations outlines the OCSD's responsibility for investigating allegations of sexual abuse. Policy indicates all investigations regarding alleged sexual abuse will be conducted promptly, thoroughly, objectively, and conducted by specially trained, qualified investigators. JMF has had one incident of sexual abuse reported in the past 36 months. Interview with the OCSD supervisor of the sex crimes unit indicated her office handles all criminal investigations regarding sexual misconduct. Administrative investigations regarding allegations of sexual abuse would be handled in accordance with the standards provisions by the internal affairs unit. Interviews with the Warden and PSA Compliance Manager confirmed, if a criminal investigation was determined to be unsubstantiated, the facility would review the completed investigation and determine if there is a need to conduct an administrative investigation. If an administrative investigation is considered necessary, the facility would consult with the appropriate investigative office within DHS before doing so. The OCSD is a full functioning law enforcement department and conduct all criminal and administrative investigations, to include sexual misconduct/abuse investigations. Interview with the OCSD training supervisor revealed all investigators responsible for conducting sexual abuse allegations have received specialized training to conduct such investigations. While onsite the Auditor reviewed facility investigative training documentation, to include the ICE criminal investigation intelligence gathering training and determined staff responsible for investigating allegations of sexual abuse have received specialized training.
- (c)(e) Policy 2900.11 Investigations outlines all elements required to properly conduct administrative investigations. JMF has had one allegation of sexual abuse reported in the past 36 months. Upon review of the investigative file, the Auditor determined the investigation was completed in accordance to policy. Interviews with the Warden, PSA Compliance Manager, and investigative staff revealed an investigation would not terminate with the departure of the alleged abuser or victim from the employment or control of the facility or agency.
- (f) OCSD is a full functioning law enforcement department and conduct all criminal and administrative investigations. Interviews with OCSD staff indicate they are very knowledgeable of the investigative process and are properly equipped to investigate allegations of sexual abuse, both criminally and administratively.

§115.72 – Evidentiary standard for administrative investigations.

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

Notes:

Policy 2900.11-Investigations if an administrative investigation is conducted, the OCSD will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. JMF has received one incident of sexual abuse reported in the past 36 months. Upon review of the investigative file the Auditor determined the investigation was completed in accordance with the standard. Interview with the OCSD supervisor of the sex crimes unit, and PSA Compliance Manager corroborated, OCSD will not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

§115.73 – Reporting to detainees.

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

Notes:

Policy 2900.12- Notifications to inmates and detainees; victims are to be notified of the results of the investigation and any action taken. The notification is to be documented. JMF has received one report of sexual abuse in the past 36 months. Interviews with the Warden and PSA Compliance Manager reveal at the conclusion of an investigation, and if the detainee is still in immigration detention will be notified of the investigation results. While onsite the Auditor reviewed a sexual abuse case completed in the past 36 months and confirmed the detainee victim was notified of the investigation results and the notification was documented. The alleged victim was transferred from the facility at the onset of the investigation, and upon conclusion of the investigation the Auditor reviewed email correspondence from facility staff (PSA Compliance Manager)

to ICE staff (AFOD) advising of the investigation outcome. Additional investigative documentation reviewed through the Enforce Alien Removal Module (EARM) case comments indicated the investigative outcome notification was mailed to the detainee's address.

§115.76 – Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) Policy 2900.13b-Discipline; staff are subject to discipline to include termination for violation of the department's sexual abuse and sexual harassment policies. Termination, is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. During the past 36 months the JMF has not had an allegation involving staff sexual misconduct. Therefore, files demonstrating termination, resignation, or other disciplinary actions do not exist. Interview with the Warden, confirmed staff are subject to discipline for violations of the department's sexual abuse policies and termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. Interview with the Warden indicated removals or resignations for violations of agency or facility sexual abuse policies would be appropriately handled. The OCSA is a fully functioning law enforcement agency. Reports of removals or resignations for violations of agency or facility sexual abuse policies would be forwarded to any relevant licensing bodies by the OCSA to the extent known.

§115.77 – Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) Policy 2900.13b-Discipline indicates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and reported, unless the activity was clearly not criminal. During the past 36 months the JMF has not had an allegation where a contractor or volunteer was involved in sexual misconduct. Therefore, files demonstrating termination, or removal from contact with detainees do not exist. Interview with the Warden, confirmed volunteers and contractors are subject to termination and/or prohibited contact from inmates or detainees for violations of the department's sexual abuse policies. The facility will take appropriate measures when considering whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within the standard.

§115.78 – Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d) Policy 8019 - Disciplinary System outlines the facility's formal disciplinary process following an administrative or criminal finding to include detainees who have engaged in sexual abuse. The facility utilizes a graduated severity scale for prohibited acts and disciplinary consequences. Sanctions imposed are to be commensurate with the severity of the committed act. At each step of the disciplinary and appeal process, the detainee will be advised of his or her rights in a language he or she understands, and translation or interpretive services will be provided as needed. Detainees will be afforded a staff representative, upon request, or automatically if the detainee is illiterate, is limited English proficient, or otherwise needs special assistance. The disciplinary process will 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. Interview with the Warden corroborated the aforementioned and further indicated any sanctions imposed would be commensurate with the severity of the committed act and intended to encourage the detainee to conform with rules and regulations in the future.

(e)(f) JMF has had one incident of sexual abuse in the past 36 months. The incident was determined to be unfounded, therefore there were no disciplinary records to review. Interviews with the Warden and PSA Compliance Manager indicate a detainee would not be disciplined for sexual contact with staff unless there is a finding the staff member did not consent, and if a report of sexual abuse was made in good faith and was not corroborated, the detainee would not be disciplined for falsely reporting or lying.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a) Policy 5015 Correctional Health Services (CHS) – indicates detainees who have experienced prior sexual victimization or perpetrated sexual abuse, will immediately be referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as needed. Upon intake, CHS clinical staff screen for detainees who have been victimized or who have a history of being sexually abusive. Policy further states OCSA classification deputies also provide screening of detainees during intake and upon transfer to find detainees who are at risk of being sexually abused or being sexually abusive. Any detainee that discloses prior sexual victimization or abusiveness, in an institutional setting or in the community, will be referred to a CHS mental health clinician within 14 days for further evaluation and treatment. JMF reported there were no detainees during the past year who were determined during their intake assessment to have experienced prior sexual victimization or who have perpetrated sexual abuse.

(b)(c) Policy 5015 does not indicate detainees who are referred for a medical follow-up shall receive a health evaluation no later than two working days from the date of assessment, nor did the Auditor receive any documentation indicating such. Policy also does not indicate detainees who are referred for a mental health follow-up shall receive a mental health evaluation no later than 72 hours after the referral, nor did the Auditor receive any documentation that indicated detainees would be seen in accordance with the standard. Interviews with medical and mental health staff indicated both a medical and mental health referral would be initiated, however, neither interviewee stated the detainee is required to be seen by medical within two days of the medical referral and both stated a detainee would be seen within 14 days of a mental health referral. It should be noted policy 5105 B-3 indicates any detainee who discloses prior victimization or abusiveness, in an institutional setting or community, will be referred to CHS mental health clinician within 14 days for further evaluation treatment.

Corrective Action Recommendation:

The facility will need to ensure protocols are in place for detainees who are referred for medical and mental health services that are in accordance with standard 115.81(b)(c).

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

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

Notes:

(a)(b) Policy 2900.10 indicates detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services and shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any

investigation. JMF did not have an incident of sexual abuse reported during the past year. While onsite the Auditor was provided with a completed sexual abuse investigation that occurred in the past 36 months and determined the incident did not require emergency medical or mental health services. According to the investigative report the detainee victim was seen by mental health and was offered additional medical, mental health, and victim advocacy follow-up services. Interviews with medical and mental staff indicate detainees do receive timely emergency access to medical and mental treatment without financial cost to the detainee.

§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)(d) Policy 5015 indicates medical and mental health evaluations, as appropriate, are to be offered to all sexual abuse victims. The services are to include follow-up services, treatment plans, and referrals for continued care. The services are provided as the same of the community level of care and include tests for sexually transmitted infections. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests and access to all applicable pregnancy related services. Interviews with medical and mental health staff corroborated the aforementioned would take place for victims of sexual abuse. JMF has not had an incident of sexual abuse reported within the past year. While onsite the Auditor was provided with a completed sexual abuse investigation that occurred in the past 36 months and determined the incident did not require ongoing medical and mental health services. According to the investigative report the detainee victim was seen by mental health and was offered additional medical, mental health, and victim advocacy follow-up services.
- (e)(f) Policy 5015 indicates detainees will be provided tests for sexually transmitted infections as medically appropriate, and medical services are to be provided without cost, and regardless if the victim names the alleged abuser or cooperates with the investigation. Interviews with medical and mental health staff corroborated the aforementioned would take place for victims of sexual abuse.
- (g) Policy 5015 indicates mental health clinicians will attempt to conduct a mental health evaluation of all detainee on detainee known abusers within 60 days of learning of such abuse. Interviews with mental health staff corroborated the aforementioned and that all known abusers would be offered treatment when deemed appropriate by mental health practitioners.

§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)(c) Policy 2900.14-Incident Review indicates a sexual abuse incident review will be completed by the facility PREA Review Team at the conclusion of every investigation of sexual abuse or as directed by the OCSA PREA Coordinator. The PREA Review Team, consisting of upper-level-management officials, with input from line supervisors and investigators considers all elements described in the standard. When an allegation was not determined to be unfounded, the facility prepares a written report recommending whether the allegation or investigation indicates that a change in policy and procedures is needed to better prevent, detect and respond to sexual abuse. JMF has not received an allegation of sexual abuse in the past year. While onsite the Auditor was provided with a completed sexual abuse investigation that occurred in the past 36 months. The investigation outcome was determined to be unfounded, and the investigation packet contained a completed an after incident review. The Auditor determined the review was completed in all material ways with the standard and within 30 days of the investigation's outcome. Although the facility has not received a report of sexual abuse within the past year, interview with the PSA Compliance Manager, who directs the after-incident reviews clearly articulated the protocols that are in place and what steps to take during and after the investigation has concluded, to include notifying the agency PSA Coordinator with the incident review results. The Auditor was also provided with documentation containing the results and findings of the annual review which indicated the review was provided to the facility administrator, FOD, and the agency PSA Coordinator.

§115.87 – Data collection.

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

Notes:

- (a) Policy 2900.15-Data Collection indicates data will be collected by the OCSA PREA Coordinator for every allegation of sexual abuse under the direct control of the OCSA and shall be aggregated at least annually. Incident based data collected includes at a minimum, data necessary to answer all questions from the most recent version of the survey of sexual violence conducted by the DOJ. The OCSA PREA Coordinator ensures all data collected is securely maintained, under lock and key, with access to only staff requiring a need to review. Data is retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise. Interview with the PSA Compliance Manager confirms he is responsible for the data collection and he utilizes collected data as required to assist in policy reviews in order to better prevent, detect and respond to allegations of sexual misconduct. During the interview, the Auditor was provided with the OCSA PREA tracking log for all of its jails, containing sexual abuse data for reported incidents of sexual abuse, including location of where the incident took place, incident type, victim information, suspect information, 45 day follow up review dates, 90-day follow-up review days, incident status, and a comments sections for each incident. Documentation review confirms the yearly data report was forwarded to the Warden and is made available to the public on the agency website.

§115.201 – Scope of audits.

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

Notes:

During the PREA audit of JMF, the Auditor was able review all policies, memos, and other documents required to make assessments on PREA compliance. All areas of the facility were observed, to include several areas that were revisited by the Auditor. Interviews with staff and detainees were accommodated in private areas, and the Auditor was able to interview staff from all shifts. The Auditor observed notices of audit posted throughout the facility to include in all housing areas. The Auditor received no detainee correspondence prior to nor during the on-site audit.

AUDITOR CERTIFICATION:

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

Mark Stegemoller November 6, 2018

Auditor's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Mark Stegemoller	Organization:	Creative Corrections
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	409-866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Los Angeles Field Office
Field Office Director:	David Marin
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	300 North Los Angeles St. Los Angeles, CA 90012
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	James Musick Facility
Physical address:	13502 Musick Rd Irvine, CA 92618
Mailing address: (if different from above)	N/A
Telephone number:	949-855-2600
Facility type:	IGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Lisa Von Nordheim
Email address:	(b) (6), (b) (7)(C)	Telephone number:	949-855-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Administrative Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	714-935-(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 James Musick Facility (JMF) was conducted on September 10-12, 2018, by Mark Stegemoller, U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The purpose of the audit was to determine compliance with the DHS PREA Standards. The JMF is operated by the Orange County Sheriff's Office and contracted by U.S. Immigration and Customs Enforcement (ICE) for the housing of both adult male and female detainees.

There were 41 standards reviewed for compliance, the Auditor found JMF exceeded in 1 standard (115.43), met 37 standards, had 2 standards that do not achieve compliance (115.33 and 115.81), and 1 standard was non-applicable (115.14).

On December 18, 2018, the Auditor received ICE Corrective Action Plan (PREA Audits) developed by the Enforcement and Removal Operations (ERO) for the JMF. This Corrective Action Plan addressed the two standards that did not meet compliance during the PREA Audit conducted September 10-12, 2018. The Auditor reviewed the plan and documentation submitted and found the ICE Corrective Action Plan addressed the areas of non-compliance for both standards (115.33-115.81). The supporting documentation brought JMF into compliance with one standard 115.33 immediately. The plan outlined JMF's proposal to bring standard 115.81 into compliance by January 1, 2019.

On February 4, 2019, the Auditor received supporting documentation to find standard 115.81 fully complaint. Of the 41 standards reviewed on February 14, 2019, the Auditor found that JMF exceeded 1 standard (115.43), met 39 standards and had 1 standard (115.14) was non-applicable.

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. 33 - Detainee education

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

Notes:

During detainee interviews, the Auditor found five detainees from India indicated they did not receive any PREA educational information during intake or thereafter. The Auditor recommended the facility develop procedures to effectively communicate PREA educational material to non-English and non-Spanish speaking detainees, and/or those who have a disability or limited reading skills upon intake. Additionally, Orange County Sheriff's Department and Orange County Health Care Agency has access to three language translation lines as well as staff fluent in many languages including Hindi. Access to the language line services will ensure detainees who speak a language not covered in the Detainee Handbook will receive the required detainee education.

The Auditor was provided with documentation of the National Detainee Handbook in nine different languages including Hindi. These handbooks are now available in the intake area for distribution to all incoming ICE detainees. All detainees currently housed at James Musick facility that speak Hindi were identified and given an additional handbook in their language. The manual has over six pages of education on Sexual Assault, Intervention, and Prevention.

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

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

Notes:

The Auditor recommended the facility establish protocols for detainees who are referred for medical and mental health services that are in accordance with provision 115.81(b-c). The Auditor received a revised copy of the Health Care Agency Policy: 5015 - Correctional Health Services and found it to be fully compliant. Policy 5015 now states "Any detainee that discloses prior sexual victimization or abusiveness, in an institutional setting or in the community, will be immediately referred to a medical and mental health care clinician. When a medical referral is initiated, the inmate shall receive care no later than two working days from the date of assessment for further evaluation and treatment." "When a referral for mental health follow-up is initiated upon intake for victims of sexual assault or perpetuated sexual abuse, a "Mental Health Clinical Sick Call" shall be completed within 72 hours of the referral."

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Mark Stegemoller March 2, 2019

Auditor's Signature & Date