

# PREA Audit: Subpart A

## DHS Immigration Detention Facilities

### Corrective Action Plan Final Determination



# Homeland Security

#### AUDITOR INFORMATION

<b>Name of Auditor:</b>	Ron Kidwell	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	409-866-(b) (6), (b) (7)(C)

#### PROGRAM MANAGER INFORMATION

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

#### AGENCY INFORMATION

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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#### FIELD OFFICE INFORMATION

<b>Name of Field Office:</b>	Salt Lake City, UT
<b>Field Office Director:</b>	Michael Bernacke
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	2975 Decker Lake Drive, Suite 100, West Valley City, Utah 84119
<b>Mailing address: (if different from above)</b>	

#### INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Jefferson County Jail		
Physical address:	200 Courthouse Way, Rigby, Idaho 83442		
Mailing address: <i>(if different from above)</i>			
Telephone number:	208-745-9210		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Captain
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-745-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Lieutenant
Email address:	(b) (6), (b) (7)(C)	Telephone number:	208-745-(b) (6), (b) (7)(C)

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found Jefferson County Jail (JCJ) met 29 standards, had 2 standards (115.14, 115.18) that were non-applicable, and 10 non-compliant standards (115.11, 115.15, 115.21, 115.35, 115.41, 115.43, 115.51, 115.61, 115.76, 115.86). As a result of the facility being out of compliance with 10 standards, the facility entered a 180-day corrective action period which began on March 26, 2023, and ending on September 25, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance. The facility provided documentation sufficient to become fully compliant and completed the CAP on May 25, 2023.

On May 1, 2023, the Auditor received notification of the facility's first CAP via email from the Office of Professional Responsibility's (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission over the course of several days. Additional documentation and response were provided by the facility and reviewed by the Auditor on May 4, 2023, and May 23, 2023. At the conclusion of the CAP period, the Auditor determined that the facility demonstrated compliance with all 10 standards found non-compliant at the time of the site visit.

#### **Number of Standards Met: 10**

§115.11 Zero-tolerance of sexual abuse  
§115.15 Limits to cross-gender viewing and searches  
§115.21 Evidence protocol and forensic medical examinations  
§115.35 Specialized training: Medical and mental health care  
§115.41 Assessment for risk of victimization and abusiveness  
§115.43 Protective Custody  
§115.51 Detainee reporting  
§115.61 Staff reporting duties  
§115.76 Disciplinary sanctions for staff  
§115.86 Sexual abuse incident reviews

## PROVISIONS

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

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

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

**Notes:**

(c) JCJ Policy R-100 states, "the Jefferson County Jail's written policy mandates zero tolerance toward all forms of sexual abuse, sexual misconduct and sexual harassment towards all persons working or in the custody of this facility and outlines the agency's approach to preventing, detecting, and responding to such conduct. Any sexual act, sexual contact or sexual offense between an inmate/detainee and a staff member, visitor, volunteer, contractor, or other inmate is prohibited. No inmate either incarcerated or under the supervision of the facility can give consent to any sexual relationship with a staff member. Sexual contact and displays of affection of any kind between two inmates is prohibited by facility rules regardless of consent between the two participants. The Jefferson County Jail will achieve "zero tolerance" through the implementation of: (1) Standardized definitions for prohibited behaviors and activities; (2) Administrative accountability; (3) Preventive personnel practices; (4) Inmate screening, classification, and housing practices; (5) Inmate education and information; (6) Limits on cross-gender viewing; (7) Mandatory incident reporting; (8) Providing medical/mental health professional services; (9) Investigations of all alleged incidents; (10) Imposing disciplinary action on perpetrators (11) Collection and review of incident data; and (12) Routine facility PREA audits."

**Does Not Meet (c):** The facility has not provided any example or documentation as proof that the agency has reviewed and approved the facility's written PREA/SAAPI policy. JCJ must provide documentation as evidence of compliance which indicates that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy.

**Corrective Action (c):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI policy meets the standard defined in the National Detention Standards and approves its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

### §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:**

(e)(f) JCJ Policy R-100 states, "the Jefferson County Jail will not conduct cross-gender strip searches or cross-gender visual body cavity (search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. The detention staff will document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates following the guidelines required by Idaho Jail Standards. Documentation of these cross-gender searches will be made available to the PREA Auditor upon request." During officer interviews, both male and female staff conveyed they are aware that only male officers may conduct strip searches of male detainees, barring any extenuating circumstances which would have to be documented. They all indicated that they had never experienced a situation where there was a need or exigent circumstance to search a detainee of the opposite gender or to conduct a visual body cavity search. However, they reported if exigent circumstances occurred where an opposite-gender strip search or body cavity search was necessary, then it would be immediately documented. The Medical Staff Member indicated that medical staff would not perform a strip search or body cavity search. If a body cavity search were necessary, that detainee would be sent out to the local hospital for the search to be conducted. The facility does not accept or house female or juvenile ICE detainees. In addition, the facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating there had been no instances during the audit period where JCJ staff had conducted a cross-gender strip-search or cross-gender visual body cavity search.

**Does Not Meet (f):** The facility policy R-100 does not address the requirement that all strip searches and visual body cavity searches must be documented. The facility policy only addresses the need to document cross-gender strip searches and visual body cavity searches. JCJ must provide documentation that either their SAAPI/PREA policy directs staff to document all strip and visual body cavity searches or another facility policy that directs staff to document these instances.

**Corrective Action (f):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On May 17, 2023, the facility provided a revised version of their PREA/SAAPI policy that directed detention staff to document all strip searches, visual body

cavity searches, and cross gender pat-down searches of detainees in their custody. The Auditor accepted this policy change as evidence that the facility policy now reflects and corresponds with the DHS PREA standard. This provision is now compliant.

(i) JCJ Policy R-100 states that, "staff members, except medical staff, will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Officers were asked if they had ever conducted or witnessed a search or physical examination to determine a detainee's gender and all ten officers interviewed indicated that they had not conducted or witnessed such a search. The JA/OIC confirmed during her interview there were no searches conducted on detainees to determine a detainee's gender during the audit period. No transgender or intersex detainees were present during the on-site audit phase and therefore, the Auditor was unable to obtain that perspective.

**Does Not Meet (i):** The facility's PREA/SAAPI Policy R-100 must remove the term "except medical staff" regarding medical staff conducting searches or physical examinations of transgender or intersex detainees. The Auditor found no evidence of this practice and believe this is a misinterpretation of the standard. Additionally, the policy should be amended to prohibit searching of any detainee to determine the detainee's genital status to be in alignment with DHS standard 115.15 subpart (i).

**Corrective Action (i):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a copy of their updated PREA/SAAPI policy. The term "except medical staff" had been removed but the language change was only partially compliant with this provision. The policy still only addressed searching transgender or intersex detainees for the sole purpose of determining the detainee's genital status. This standard does not exclusively identify just transgender or intersex detainees but uses the term (any detainee). On May 23, 2023, the facility once again provided a copy of their updated PREA/SAAPI policy. Clarification had been made to the policy to direct detention staff not to search or physically examine any detainee for the sole purpose of determining that detainee's genital status. The Auditor accepted this policy change as evidence that the facility policy now reflects and corresponds with the DHS PREA standard. This provision is now compliant.

#### **§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) JCJ Policy R-100 states, "to the extent the Jefferson County Jail is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In the event the Sheriff request an investigation be done by outside agency such as Tri-County Law Enforcement Mutual Assistance Compact, the investigation shall be done following the relevant investigatory requirements set out in the PREA standards, the investigating unit shall work with the PREA coordinator to ensure standard are met." The policy further states, "The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." During interviews with both the facility investigator and JCSO investigator they confirmed that the JCSO detective will perform all criminal investigations and if there is no probable cause to determine a crime was committed then it is turned over to the JCJ facility investigator for an administrative investigation. There is no evidence to confirm the JCJ Policy R-100 have been developed in coordination with DHS. The Auditor spoke with a sex crime detective with the JCJ while on-site who confirmed the practices and explained the agency's standard operating procedure uniform evidence protocol that covered evidence collection and chain of custody. The detective also informed the Auditor that if a forensic medical exam was necessary the detainee would be taken to the Family Crisis Center in Rexburg, Idaho. The facility reported there were no instances of sexual abuse during the audit period. Interview with the trained facility investigator confirmed his knowledge of uniform evidence protocols, consistent with the PREA Specialized Investigations Training he had received. The facility investigator explained that if a sexual abuse occurred the JCSO is contacted, and a detective will respond to the JCJ to conduct a criminal investigation for all sexual abuse allegations and would lead the evidence collection related to any physical evidence that needed to be collected. The facility would be responsible for preserving evidence until an JCSO investigator arrived on the scene. The PSA Compliance Manager confirmed during his interview that the evidence protocols utilized at JCJ are those described by the facility investigator and are in accordance with agency Policy 11062.2. The facility provided a blank form "Sexual Assault Response Checklist" that outlines the identifies securing the scene, preserving physical evidence, identifying victims, perpetrators, and potential witnesses etc., and establishes its written protocol.

**Does Not Meet (a):** The facility has not provided evidence that JCJ Policy R-100 has been developed in coordination with DHS. The facility must have ICE review and approve the policy.

**Corrective Action (a):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI

policy meets the standard defined in the National Detention Standards and approves its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

#### **§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:**

(b)(c) JCJ Policy R-100 states, "all full and part-time medical and mental health care practitioners who work regularly in the Jefferson County Jail shall receive specialized training on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and mental health care practitioners in the facility shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. The Contract Medical Provider shall provide a list of their employees meeting these training standards. This list will be maintained at the jail facility by the Jail Administrator."

The JCJ uses contracted medical personnel. When conducting an interview with the medical staff member she indicated that she had not received any additional specialized training. The medical staff member stated that she receives PREA training through her company (Ivy Correctional Medicine) and has received training from the Bannock County Jail. The mental health professional did indicate that he had received additional PREA training and holds a degree in psychology. The Training Supervisor indicated that the medical staff receive the specialized training through their contracting medical agency, and they manage that task. The Auditor has not received any documentation or certificates of completion indicating that both medical and mental health professionals have received the required specialized training. In addition, there is no evidence that the agency has reviewed and approved the facility's policy to ensure facility medical staff is trained in procedures for examining and treating victims of sexual abuse.

**Does Not Meet (b)(c):** The facility has not provided documentation as proof that specialized training has been provided for medical and mental health professionals in the matters as outlined in the facility policy stated above. The facility must provide documentation which shows both medical staff and mental health staff have been training in accordance with the JCJ policy. In addition, the facility has not provided documentation as proof that the facility's written PREA/SAAPI policy has been submitted to the agency for review and approval. JCJ must provide documentation that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

**Corrective Action (b)(c):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a certificate of completion for medical staff assigned at the JCJ. The certificate was titled PREA 201 for Medical and Mental Health Practitioners and awarded on April 20, 2023, by the National Institute of Corrections. The Auditor accepted this certificate of completion as evidence that the medical staff member who stated she had not received the appropriate specialized training in accordance with Standard 115.35 has now completed the training. In addition, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI policy meets the standards defined in the National Detention Standards and approved its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

#### **§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) JCJ Policy R-100 states, "the Jefferson County Jail shall assess inmates to determine their risk of sexual victimization or abusiveness. During the booking and initial classification process, efforts will be made to identify and segregate youthful and/or vulnerable adult inmates, and potential victims and known predators. Within 72 hours of being booked, a sexual violence, victim/perpetrator screening will be conducted to determine an inmate's risk of being sexually abused by other inmates, or, if they are at risk for being sexually abusive toward other inmates. This shall be done before inmate/detainees are housed in general population."

The Intake Officer explained that the intake process and the classification process are two different procedures. However, it is during the intake process where the detainee is risk screened for possible victimization or abusive behavior. The detainees are booked one at a time as the rest are placed in individual intake cells awaiting the process. Prior to the detainee's arrival, the Classification Officer receives all ICE collected information regarding the detainee including a background criminal history check. The PREA risk screening questions, consisting of yes and no questions, are asked by the Intake Officer along with the initial medical screening questions. The security classification criteria are either minimum, medium, or maximum custody levels. All

detainees are housed accordingly with other detainees of the same classification. The Classification Officer stated that if a detainee answers yes to three or more risk screening questions related to possible victimization, the Intake Officer would immediately notify the Sergeant in charge to make the necessary housing assignment changes. Both the Classification Officer and Intake Officer indicated the initial intake risk screening, and the classification housing assignment is completed within the first hour or two of intake and would never exceed twelve hours. During the Auditor's review of 12 detainee files, the Auditor confirmed that the detainees were booked and processed to include housing assignments within the first 12 hours.

**Does Not Meet (b):** The facility protocol and detainee file review revealed that the facility completes the initial classification process and housing assignment within the first twelve hours of intake. However, in accordance with the facility PREA/SAAPI policy R-100, the facility is given 72 hours to conduct the risk screening prior to a housing assignment. Therefore, the policy is not compliant with ICE PREA/SAAPI standard 115.41(b). The facility must change policy to reflect the actual procedure established to become compliant with this provision.

**Corrective Action (b):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a revised copy of their PREA/SAAPI policy that specifically indicated that ICE detainees will be risk screened for victimization and abuse within the first twelve hours of their arrival to the facility. The Auditor accepted this policy change as evidence that the facility policy now reflects and corresponds with the DHS PREA standard. The standard is now compliant.

### **§115.43 - Protective custody**

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

**Notes:**

(a)(b)(c) JCJ Policy R-100 states, "The Jefferson County Jail shall not place inmates who have been classified as high risk for sexual victimization in an involuntary restrictive housing cell unless an assessment of all available alternatives has been made prior to doing so, and it is determined that there is no other available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in involuntary restrictive housing not to exceed a 24-hour period until such an assessment can be completed. Further, the Jefferson County Jail shall assign such inmates to involuntary restrictive housing only until an alternative means of separation from likely abusers can be arranged, and this shall not ordinarily exceed a 30-day period." The policy also states, "the Jefferson County Jail shall adequately, clearly, and completely document the following facts if/when an inmate is assigned to an involuntary restrictive housing cell for the sole purpose of protective custody. The basis for the facility's concern for the inmate's safety; the reason why no alternative means of separation could be arranged; the reason why/if the 30 day involuntary restrictive housing period is required to be extended; any restriction and/or limitations of access to programs, privileges, education, or work opportunities have been imposed; the duration of the restrictions/limitations to programs, privileges, education, or work opportunities; and the reason for any restrictions/limitations to programs, privileges, education, or work opportunities." The policy further states that, "inmates who are placed in involuntary restrictive housing for protective custody under this section shall have access to programs, privileges, education, and work opportunities to the extent possible."

The JA/OIC was interviewed and stated that if a detainee needed to be placed in protective custody/administrative segregation the facility would immediately notify ICE and have the detainee moved to another facility. The JA/OIC stated that a detainee should be held in administrative segregation for the least amount of time as practicable and not to exceed 30 days. If a detainee was placed in protective custody for sexual victimization or vulnerability, she would immediately contact ICE and have the detainee transferred to another facility. The 10 officers interviewed indicated that if a detainee were placed in protective custody that detainee would be afforded the same opportunities and privileges as all other detainees. The JCJ provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating that there have been no ICE detainees placed in protective custody or administrative segregation based on sexual abuse vulnerability at their facility during this audit period.

**Does Not Meet (a):** The facility has not provided documentation as proof that their administrative segregation unit procedures were developed in consultation with ICE ERO Field Office. The facility must provide documentation that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

**Corrective Action (a):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI policy meets the standard defined in the National Detention Standards and approves its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

### §115.51 - Detainee reporting

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

**Notes:**

(b) JCJ Policy R-100 states, "the Jefferson County Jail shall also allow inmates to report sexual abuse or sexual harassment to a public or private outside agency which is the neighboring Sheriff's Office (Bonneville County Jail; 208-529-1315 Lt. Huston), (Established 01/28/2016), Crime Reporting Hotline (Posted on Day Room Walls), and 24-hour advocacy agency (Family Crisis Center 208-356-0065). It shall be the responsibility of the outside agency to immediately refer and/or report any allegations of inmate sexual abuse and/or sexual harassment which it receives to the highest-ranking staff person at the Jefferson County Sheriff's Office on duty at the time the report is forwarded. Civil immigration inmates may follow the established protocols for contacting their relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse. United States Marshal Inmates, may choose to report an PREA issue follow the established listed protocols outlined in the inmate handbook."

The JCJ utilizes the DHS/OIG hotline as their outside reporting entity for ICE detainees being held in their facility. The facility handbook provides the contact information for the DHS/OIG as the detainee outside reporting entity regarding allegations of sexual abuse. The DHS/OIG poster states that the detainee may remain anonymous when making a report if they choose. The five detainees interviewed were asked if they knew a sexual abuse report could be made without providing a name and all indicated they were aware. While conducting the facility tour, the Auditor attempted to contact the DHS/OIG through use of a phone located in the segregated housing unit. The Auditor was unable to connect a call to the DHS/OIG Hotline. With assistance from the PSA Compliance Manager, multiple additional calls were attempted but the call could never go out and connect.

**Does Not Meet (b):** The facility has not demonstrated a call can be successfully made to the DHS/OIG from inside the facility using detainee phone devices. The facility must provide at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The facility must provide evidence that a call is successfully completed from the housing units to the DHS/OIG by documenting the time and date that the successful call was made, who made the call, location the call was placed from, and the name of the DHS/OIG call taker.

**Corrective Action (b):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a copy of a poster with instructions to make a call to the OIG as the outside reporting entity for the facility. The facility also indicated that these posters had been placed in all JCJ housing pods. In addition, the facility documented that a designated detention officer placed a successful call to the OIG on 04-26-2023 from the work release pod that was being utilized as a general population housing pod. The Auditor accepted these documents as evidence that the facility provides at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The standard is now compliant.

### §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)(d) JCJ Policy R-100 states that, "the Jefferson County Jail shall require all employees to accept all reports from inmates/detainees and report all incidents of sexual abuse/harassment, retaliation, or neglect of responsibilities to detect, prevent, or report sexual abuse. All employees, staff, volunteer(s), and/or contract services personnel shall report all allegations and/or incidents of sexual abuse, harassment, misconduct, discrimination and/or retaliation to the Shift Sgt./Supervisor immediately upon receiving such knowledge. Reports shall be made to the Sheriff and Administration regarding any neglect or violation of responsibilities on the part of any facility employee that may have contributed to a sexual abuse incident or retaliation against those who have reported such incidents. The reporting staff member or volunteer shall then write an incident report prior to leaving the facility and forward it to the Sheriff and Administration Staff. The Shift Sgt., Commander and or Jail Administrator will forward the report to the facility's designated investigators. Staff is required to accept all such reports from inmates and/or the public when informed of such incidents through any of the following means, written reports, verbal reports, anonymous reports, telephone call/voicemail message, Sheriff's Office Website, Third Party Reporting, and e-mail." The policy also states, "the reporting staff member or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings. As an alternative, a staff member or volunteer may make a report directly to the facility's PREA Coordinator, either by writing or verbally, who shall, if requested, keep confidential the identity of the staff member or volunteer. Any staff member or volunteer found to have failed to report sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, up to and including termination, and may also be subject to criminal prosecution. Staff may also report outside of their chain of command to Lt.

Huston at the Bonneville County Sheriff's office 1208-529-1315." The policy further states that, "unless otherwise precluded by Federal, State, or local law, all medical and mental health professionals shall be required to report sexual abuse. Incidents of sexual abuse and/or sexual harassment on inmates who are under the age of 18 or inmates classified as a vulnerable adult under Idaho Statute 18-1505 shall be reported to the Department of Social and Health Services – Adult Protective Services under mandatory reporting laws by the PREA Coordinator."

The PSA Compliance Manager indicated that staff are aware that they are to report immediately any knowledge, suspicion, or information regarding sexual abuse, retaliation, or staff neglect. He also stated that staff can report incidents of sexual abuse outside their chain of command by going to the PSA Compliance Manager or contacting the neighboring Bonneville County Sheriff's Office PREA hotline. The PSA Compliance Manager further indicated that the facility does not house juvenile detainees or vulnerable adults. However, if they did run into that situation, he stated that he is aware that Social Services must be called. All 10 officers interviewed stated that they would report immediately to their supervisor and would limit the information to those with a need-to-know. One officer also indicated they he could report sexual abuse to the PSA Compliance Manager. The JA/OIC indicated that the facility would report all sexual abuse allegations to the ICE Field Office and JCSO. If an allegation were to involve a vulnerable adult detainee, the JA/OIC stated that the Jefferson County Human Services Department would have to be notified. The facility reported there were no allegations of sexual abuse during this audit period. The facility did not provide any documentation or proof that the reporting duties under their PREA/SAAPI Policy R-100 has been reviewed and approved by the agency.

**Does Not Meet (a):** The facility has not provided documentation as proof that their facility reporting duties policy and procedures were reviewed and approved by ICE ERO Field Office. The facility must provide documentation which indicates that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

**Corrective Action (a):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI policy meets the standard defined in the National Detention Standards and approves its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

#### **§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) JCJ Policy R-100 states, "staff of the Jefferson County Jail shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. All disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other members with similar histories. Termination shall be the presumptive disciplinary sanction for all Jefferson County Sheriff's Office employees who have engaged in sexual abuse. All employees terminated for sexual abuse, or who resign from employment with the Jefferson County Sheriff's Office, who would have been terminated if not for their resignation, shall be subject to criminal investigation unless the activity was clearly not criminal. In addition, reports will be made to Idaho P.O.S.T (Peace Officer Standards and Training)."

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, that indicated the JCJ had no terminations, resignations, or other sanctions of staff members for violating sexual abuse policies during the audit period. During the interview with the JA/OIC, she explained that staff who violate the sexual abuse policy is subject to disciplinary action up to and including termination. She also stated that if staff is terminated or resigns in lieu of removal for violating the sexual abuse policy, the JCSO and Sheriff are made aware of the situation. The JA/OIC also stated that the staff member who was the perpetrator of the sexual abuse would be terminated by order of the Jefferson County Sheriff, which constitutes notification to the local law enforcement entity. The JA/OIC explained that if security staff resigns or is terminated due to violating the facility's sexual abuse policy, the PSA Compliance Manager notifies the state P.O.S.T to revoke the license because the individual has violated the Idaho Jail Standards. These standards are governed by the state who is the licensing body for law enforcement and corrections officers.

**Does Not Meet (b):** The facility was unable to demonstrate they have submitted JCJ Policy R-100 to the agency for review and approval of facility policies and procedures regarding disciplinary or adverse actions for staff. To become compliant, the facility must provide documentation that they have submitted their JCJ Policy R-100 to the agency for review and approval and provide the Auditor with this correspondence.



**Corrective Action (b):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided a memorandum written and signed by the Salt Lake City Field Office AFOD indicating that the JCJ PREA/SAAPI policy meets the standard defined in the National Detention Standards and approves its implementation. The Auditor accepted this document as evidence that the agency had reviewed and approved the facility's PREA/SAAPI policy. The standard is now compliant.

#### **§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) JCJ Policy R-100 states, "the facility shall conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. A review team may consist of the following: PREA Coordinator, members of Command and Administrative staff, and if relevant, Medical and Mental Health staff and any other persons determined to be relevant to the investigation shall conduct an PREA incident review no later than 30 days following the conclusion of an investigation. The review will be to analyze applicable information contributing to the reported PREA incident. The focus of the review will be to determine if there are corrective actions required to prevent future incidents. The review will consider, at a minimum, classification and housing, imminent risk factors for the victim, whether or not the incident was motivated by race, ethnicity, gang affiliation, or other group dynamics in the facility, "LGBTQTI" gender identity, proper adherence to the PREA and jail operations policy, procedure, and processes by staff, adequacy of staffing levels in the area during different shifts, consideration of detention center/housing modules troublesome physical barrier areas, review video monitoring technology capabilities, upgrade, change, and/or discontinuance of any daily operation activity. The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement, and submit the findings to Chief Deputy, Sheriff, and the PREA Coordinator. The Sheriff or his/her authorized designee shall implement the recommendations for improvement or shall completely and adequately document the reason(s) for not doing so."

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, indicating that the JCJ has had no sexual abuse allegations reported at the facility within the audit period; therefore, there were no incident reviews conducted for the Auditor to review. The interview with the PSA Compliance Manager indicated that the incident review team looks at procedures, facts, and what may have contributed to the incident. He explained that the team consists of the investigator, JA/OIC, Sergeants, medical staff member, and PREA Compliance Manager. The interview with the JA/OIC indicated that an incident review would be conducted at the conclusion of every sexual abuse investigation. Furthermore, the JA/OIC indicated that the facility would conduct an annual review of all sexual abuse investigations and incident reviews to improve sexual abuse intervention, prevention, and response. The PSA Compliance Manager also indicated that the facility would prepare a negative annual report if the facility had not received any reports of sexual abuse. The facility provided an ICE Negative Report as proof of compliance dated November 17, 2022, written by the PSA Compliance Manager, and signed off by the Sheriff. However, there is no documentation to indicate the facility provided the report to the JA/OIC, FOD, or Agency PSA Coordinator.

**Does Not Meet (c):** The facility provided a negative report indicating no instances of sexual abuse occurred during the audit period to the Auditor for compliance review. However, there is no documentation to indicate the facility provided the report to the JA/OIC, FOD, or Agency PSA Coordinator. To become compliant, the facility must send the negative report to the JA/OIC, FOD and the agency PSA Coordinator. This correspondence must be provided to the Auditor for compliance review.

**Corrective Action (c):** On April 23, 2023, the Auditor accepted the CAP as presented by the JCJ. On April 30, 2023, the facility provided an email chain with the Negative Report attached from the facility to the Idaho Falls Sub-Office SDDO. In return the SDDO forwarded the report to the Salt Lake City AFOD and SDDO with instructions to advance the Negative Report to the JA/OIC, FOD and Agency PSA Coordinator. The Auditor accepted this documentation as evidence that the facility provided the report to the appropriate Agency members. The standard is now compliant.

**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.

Ron Kidwell

June 8, 2023

**Auditor's Signature & Date**

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

June 26, 2023

**Assistant Program Manager's Signature & Date**

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

June 26, 2023

**Program Manager's Signature & Date**

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



# Homeland Security

## AUDIT DATES

<b>From:</b>	1/24/2023	<b>To:</b>	1/26/2023
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## AUDITOR INFORMATION

<b>Name of auditor:</b>	Ron Kidwell	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	409-866-(b) (6), (b) (7)(C)

## PROGRAM MANAGER INFORMATION

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

## AGENCY INFORMATION

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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## FIELD OFFICE INFORMATION

<b>Name of Field Office:</b>	Salt Lake City, UT
<b>Field Office Director:</b>	Michael Bernacke
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	2975 Decker Lake Drive, Suite 100, West Valley City, Utah 84119
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	Jefferson County Jail
<b>Physical address:</b>	200 Courthouse Way, Rigby, Idaho 83442
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	208-745-9210
<b>Facility type:</b>	IGSA
<b>PREA Incorporation Date:</b>	2/19/2020

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Captain
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	208-745-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Lieutenant
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	208-745-(b) (6), (b) (7)(C)

## ICE HQ USE ONLY

<b>Form Key:</b>	29
<b>Revision Date:</b>	01/06/2023
<b>Notes:</b>	Click or tap here to enter text.

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Jefferson County Jail (JCJ) operated by the Jefferson County Sheriff's Office (JCSO) was conducted on January 24 - 26, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Ron Kidwell employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C), and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA Standards during the audit period of February 19, 2020, through January 26, 2023. This is the first DHS PREA audit conducted for JCJ.

JCJ is in Rigby, Jefferson County, located in the eastern region of Idaho. This city is approximately 15 miles north of Idaho Falls. The city of Rigby and the county of Jefferson has a total population of 36,150. The Inter-governmental service agreement (IGSA) for the detention of ICE detainees is between the Sheriff of Jefferson County and DHS ICE. The facility's housing capacity is 135. DHS ICE contracts with JCJ to hold adult male detainees. The facility also holds county pre-trial and sentenced inmates. At the time of the on-site audit the facility's ICE detainee population was five. At this facility, ICE detainees are housed in the same units as the county inmates. The JCJ separates detainees by custody level based on prior jail experience and criminal history. The JCJ reported that they do not accept or hold any juvenile, female ICE detainees, or family units. The facility reported that they generally house two ICE detainees at any given time and most detainees have been transported from the Montana Canadian border.

The facility is located and attached to the Jefferson County Courthouse. It consists of a secure sallyport, intake/receiving area, office space, kitchen area, laundry room, control center, medical unit, restrictive housing unit, and six housing units. The housing units consist of two-levels that open to a common area with fixed tables, phone banks, and kiosks. (b) (7)(E)

There are no TV's located in any housing unit.

Team Lead (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ), along with supporting documents and policies for the JCJ on the secure ERAU SharePoint site approximately two weeks prior to the audit. The provided information included policies, memorandums of understanding (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials used to determine compliance with the DHS PREA standards.

The Auditor completed the review of all documentation that was provided by the Team Lead and JCJ in the FY23 Facility Document folder prior to the site visit. The JCJ reported that they have five ICE Enforcement and Removal Operations (ERO) Officers assigned to their facility. On January 12, 2023, the Auditor emailed the ICE OPR Personnel Security Operations (PSO) Unit and Team Lead with a background clearance form that listed all five ICE ERO officers. The Auditor received a response the same day from the PSO providing the requested information.

During the Pre-Audit, the Auditor also identified possible gaps or issues that needed to be followed up on and in some cases requested additional information on an Issue Log. The log is used to outline requests for response to questions that need to be clarified during the audit process. The Auditor submitted his Issue Log on January 16, 2023, to both the assigned Team Lead and the newly selected Team Lead ((b) (7)(C), (b) (6)) that would be filling in for this PREA audit moving forward. The Issue Log contained 36 requests for additional information. The Team Lead was able to facilitate this need and the facility indicated that they would make the additional information available during the on-site portion of the audit.

On January 24, 2023, at approximately 8:00 a.m., the Auditor met with facility staff and proceeded to the facility conference room where the in-briefing was conducted by the Auditor and ERAU Team Lead (b) (6), (b) (7)(C) via conference call. Those in attendance were:

(b) (6), (b) (7)(C) Jail Administrator/Officer In Charge (JA/OIC), JCJ

(b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager/Assistant Jail Administrator (AJA), JCJ

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

(b) (6), (b) (7)(C) Supervisory Detention & Deportation Officer (SDDO), ICE/ERO

(b) (6), (b) (7)(C) Detention & Deportation Officer (DO), ICE/ERO

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

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next three days. Soon after the conclusion of the meeting the Auditor began the facility tour accompanied by the PSA Compliance Manager. The tour took approximately two hours and covered the entire facility where an ICE detainee would have access and be housed. The Auditor observed the male housing units, the booking/intake center, classroom, law library, medical unit, recreation yard, sallyport, control room, and restricted housing unit. During the tour, the Auditor looked at camera placements for possible blind spots and detainee to officer ratio in accordance with the housing dorms capacity occupancy and found them to be adequate. The Auditor looked at how the toilets and shower areas were configured and determined that detainees are able to change clothes, shower, and use the restroom without being viewed by opposite-gender staff. The Auditor observed that DHS ICE Zero Tolerance for Sexual Abuse posters with phone and other contact information and PREA Audit Notices were displayed in plain sight.

The Auditor noted the number of phones in each housing dorm and that the advocacy information along with the outside reporting entity contact information was readily available in the housing areas. The Auditor also conducted a test call to the outside entity which was the DHS Office of the Inspector General (OIG) in an attempt to prove the effectiveness of the facility's practice. However, the Auditor was not able to make contact with the DHS/OIG in accordance with DHS PREA Standard 115.51. Both the Auditor and PSA Compliance Manager attempted multiple calls from multiple male housing units and the call would not go through. The call completed to a pre-recorded message stating the call could not be accepted as dialed. The Auditor did not observe the processing of any ICE detainee since there were none incoming but had an Intake Officer walk through the intake and classification process and observed the computer-generated documentation that is captured during those processes.

Immediately following the facility tour, the Auditor began privately interviewing staff in a conference room located in the Administrator's office space. The 10 officers interviewed were randomly selected by the Auditor using the daily duty roster provided by the PSA Compliance Manager. The Auditor chose staff from both day and night shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. Over the 3-day period, the Auditor conducted a total of 28 interviews, including 15 specialized positions and 10 randomly selected officers. Listed below is the sample of specialized staff positions that were interviewed: 1-JA, 1-PSA Compliance Manager, 1-Human Resources Manager (HRM), 2-Investigative Staff, 1-Medical staff member, 1-Mental Health staff member, 1-Training Supervisor, 1-Grievance Coordinator, 1-Intake Officer, 1-First Line Supervisor, 1-Classification Officer, 1-non-security first responder; 1-Retaliation Monitor; 1-Incident Review Team member. The selection of specialized staff included several individuals who held multiple roles and responsibilities covered by the protocols. For example, the PSA Compliance Manager is also the Training Supervisor and is responsible for monitoring retaliation.

The Auditor requested that the PSA Compliance Manager provide the Auditor with a predetermined list of investigations, detainee files, and employee files selected by the Auditor. Those files consisted of 11 employee files, and 12 detainee files. There were no investigative files reviewed because the facility reported no allegations of sexual abuse by an ICE detainee during the audit period.

The facility provided one governing policy related to and covering procedures for their Sexual Abuse and Assault Prevention and Intervention (SAAPI) program which is part of the JCJ Policy Procedures Manual: JCJ Policy R-100, PREA/SAPPI; This policy will be referenced throughout this report as JCJ Policy R-100.

On Thursday, January 26, 2023, an exit briefing was held at approximately 1:30 p.m. in the Administrator's office space to discuss the audit findings. ERAU Team Lead (b) (6), (b) (7)(C) opened the meeting and then turned it over to the Auditor for an overview of the findings. The following individuals were in attendance:

(b) (6), (b) (7)(C) JA, JCJ

(b) (6), (b) (7)(C) PSA Compliance Manager, JCJ

(b) (6), (b) (7)(C) Sergeant, JCSO

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

(b) (6), (b) (7)(C) SDDO, ICE/ERO

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

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

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The Auditor thanked everyone present and the entire staff at the JCJ for their cooperation, professionalism, and hospitality during the audit. The Auditor advised those in attendance that he would be unable to provide them with the audit findings until performing a triangulation of all information collected (policy, interviews, observations) to determine if each standard is met before making a final decision.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 0**

**Number of Standards Met: 29**

§115.13 Detainee supervision and monitoring

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

§115.17 Hiring and promotion decisions

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

§115.31 Employee, contractor, and volunteer training

§115.32 Other Training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.42 Use of Assessment Information

§115.52 Grievances

§115.53 Detainee access to outside confidential support services

§115.54 Third-party reporting

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.64 Responder duties

§115.65 Coordinated response

§115.66 Protection of detainees from contact with alleged abusers

§115.67 Agency protection against retaliation

§115.68 Post-allegation protective custody

§115.71 Criminal and administrative investigations

§115.72 Evidentiary standard for administrative investigations

§115.73 Reporting to detainees

§115.77 Corrective action for contractors and volunteers

§115.78 Disciplinary sanctions for detainees

§115.81 Medical and mental health screening; history of sexual abuse

§115.82 Access to emergency medical services

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

§115.87 Data collection

§115.201 Scope of audits

**Number of Standards Not Met: 10**

§115.11 Zero-tolerance of sexual abuse

§115.15 Limits to cross-gender viewing and searches

§115.21 Evidence protocol and forensic medical examinations

§115.35 Specialized training: Medical and mental health care

§115.41 Assessment for risk of victimization and abusiveness

§115.43 Protective Custody

§115.51 Detainee reporting

§115.61 Staff reporting duties

§115.76 Disciplinary sanctions for staff

§115.86 Sexual abuse incident reviews

**Number of Standards Not Applicable: 2**

§115.14 Juveniles and family detainees

§115.18 Upgrades to facilities and technologies

## PROVISIONS

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

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

**Outcome:** Does not Meet Standard (requires corrective action)

#### **Notes:**

(c) JCJ Policy R-100 states, "the Jefferson County Jail's written policy mandates zero tolerance toward all forms of sexual abuse, sexual misconduct and sexual harassment towards all persons working or in the custody of this facility and outlines the agency's approach to preventing, detecting, and responding to such conduct. Any sexual act, sexual contact or sexual offense between an inmate/detainee and a staff member, visitor, volunteer, contractor, or other inmate is prohibited. No inmate either incarcerated or under the supervision of the facility can give consent to any sexual relationship with a staff member. Sexual contact and displays of affection of any kind between two inmates is prohibited by facility rules regardless of consent between the two participants. The Jefferson County Jail will achieve "zero tolerance" through the implementation of: (1) Standardized definitions for prohibited behaviors and activities; (2) Administrative accountability; (3) Preventive personnel practices; (4) Inmate screening, classification, and housing practices; (5) Inmate education and information; (6) Limits on cross-gender viewing; (7) Mandatory incident reporting; (8) Providing medical/mental health professional services; (9) Investigations of all alleged incidents; (10) Imposing disciplinary action on perpetrators (11) Collection and review of incident data; and (12) Routine facility PREA audits."

**Does Not Meet (c):** The facility has not provided any example or documentation as proof that the agency has reviewed and approved the facility's written PREA/SAAPI policy. JCJ must provide documentation as evidence of compliance which indicates that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy.

(d) JCJ Policy states, "the Jefferson County Jail shall appoint an agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all our facilities. The Jail will fully support the PREA Coordinator in the performance of his/her job tasks related to PREA. The PREA Coordinator and their assistant will be responsible for the following job tasks: (1) Orientation of New Staff to PREA and Proper Conduct Around Inmates/detainee; (2) Education of Staff, Volunteers, Contractors and Inmates/detainee and revision of training material as needed; (3) Developing, maintaining and updating procedures to identify, monitor, and track sexual contacts, assaults, harassment, and misconduct to comply with the PREA standards; (4) Conduct periodic and annual review audits of jail processes and procedures to ensure compliance of policies as they relate to PREA standards; (5) Collaboration and coordination of social services for PREA victims; (6) Organizing internal investigations and referring them to external investigations, when necessary; (7) Ensure the proper collection, retention, analysis and destruction of records associated with claims of sexual abuse including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling; (8) Compile records, maintain, complete and report statistical data to the Department of Justice when requested; (9) Notify the Jail Administrator of all allegations of sexual contact, assault, harassment, or misconduct. The agency will maintain an organizational chart that shows the position of the PREA Coordinator in the organizational chart." The PSA Compliance Manager confirmed during his interview that he is the facility's point of contact for the ICE PSA Coordinator and stated that he has sufficient time and authority to oversee the facility's efforts to comply with sexual abuse prevention and intervention policies and procedures. The PSA Compliance Manager is also the Assistant Jail Administrator (AJA) who answers directly to the JA/OIC. This was confirmed through the Auditor's review of the organizational chart that was provided by the facility.

### **§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) The facility presented JCJ Policy R-100 as the JCJ staffing plan that states, "the Jefferson County Jail will make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates/detainee against sexual abuse." The facility also provided Policy G-100, (Inmate Supervision and Management) which states in part that "the jail administration will ensure that inmates are supervised by trained jail personnel on a twenty-four hour-a-day basis. The jail administration will ensure that each shift is manned by sufficient staff necessary to supervise inmates. The jail administration will maintain a daily record of the number of personnel on duty per shift and the number of inmates. Jail deputies will ensure that inmates do not control or supervise other inmates. Jail deputies will physically supervise the inmate population, and not rely completely upon surveillance equipment. Jail deputies will physically observe all inmates at least every thirty minutes or less."

There are <sup>(b) (7)(E)</sup> fixed positioned cameras located in the JCJ. The cameras are present in the common areas such as <sup>(b) (7)(E)</sup>, <sup>(b) (7)(E)</sup> <sup>(b) (7)(E)</sup>, <sup>(b) (7)(E)</sup>, <sup>(b) (7)(E)</sup>. The facility retains video footage for six weeks. The cameras are monitored in the <sup>(b) (7)(E)</sup>. The facility provided employee rosters with security positions that indicated there are <sup>(b) (7)(E)</sup>. When interviewing the JA/OIC and PSA Compliance Manager, they indicated that the facility maintains sufficient supervision of detainees to protect against sexual



abuse by conducting post checks, and video monitoring. The JA/OIC also stated that they run their staffing plan based on population and that at no time would the officer to detainee/inmate ratio be more than 32 detainees/inmates to 2 deputies.

(b) JCJ Policy R-100 states, "whenever necessary, but no less frequently than once each year, the Jail Administrator and Sheriff, in keeping with PREA standards, shall assess, determine, and document whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. Jefferson County shall use the findings and recommendations from sexual abuse incident reviews when determining adequate levels of inmate/detainee supervision and other adjustments needed." The facility provided a memorandum dated September 6, 2022, written by the PSA Compliance Manager indicating that a meeting took place on this date between jail administration and the PSA Compliance Manager to discuss and review the facility's staffing plan and the deployment of monitoring technology.

The JCJ provided post orders under Policy G-100 that covers each post and outlines the ICE detainee supervision responsibilities as the documented comprehensive detainee supervision guidelines. The post orders direct security staff to conduct security rounds in the pods (b) (7)(E) for detainees that have been identified to have special circumstances (suicide watch, special watch, etc.). The JCJ also provided meeting minutes dated September 6, 2022, written by the PSA Compliance Manager documenting the review of the staffing plan, deployment of monitoring equipment, incident reports, and the jail policy and procedures. This process includes the review of security staff post orders. The JA/OIC was asked how the facility determines and maintains appropriate staffing levels. The JA/OIC explained that the staffing plan is based on the capacity detainee population plan that has been pre-determined as to the detainee to officer ratio. The JA/OIC also indicated that the post orders are reviewed on an annual basis. The PSA Compliance Manager was asked how the facility maintains sufficient supervision of detainees to protect against sexual abuse and he responded by stating, conducting security checks, video monitoring, and staff to detainee ratios.

(c) JCJ Policy R-100 states that, "in calculating staffing levels and determining the need for video monitoring, the facilities shall consider: Idaho Jail Standards; applicable state or local laws, regulations, national standards or any other relevant factors; generally accepted detention practices; any judicial federal or state investigation, or inspection and internal/external agency findings of inadequacy; the facility's physical plant including blind-spots or areas where staff or inmates/detainees may be isolated; the composition of the inmate/detainee population; the number and placement of supervisory staff; institution programs occurring on a particular shift; and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. In circumstances where the staffing plan is not complied with, the Jail Administrator, or designee will document and justify all deviations from the plan and keep on file." When the JA/OIC was asked how the facility takes into account each of the above listed factors, she indicated that there have been no judicial findings, the physical layout of the facility has not changed, and they review any allegations of sexual abuse to determine if there was any lack of supervision that may have contributed to the incident. The JA/OIC further stated that she would consider all recommendations made by the Incident Review Team and the length of time detainees spend in facility custody. The PSA Compliance Manager indicated that he would consider blind spots, legal issues, and incident reviews. The facility reported no instances of sexual abuse regarding ICE detainees at the facility during the audit period.

(d) JCJ Policy R-100 states, "intermediate level or higher-level supervisors will conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment on all shifts. (Ex: Sergeant on shift, Lieutenant, Captain, preferably once each shift, but no less than three times a week.) The documentation of these rounds will be logged on the Jail Management Systems, activity log and will be made available to the PREA Auditor as requested at the time of the audit. Staff is prohibited from alerting other staff members that these supervisor rounds are occurring unless such announcement is related to the legitimate operational functions of the jail. Any staff member that alerts other staff members of the supervisor's round(s) will be subject to discipline." The facility provided jail activity logs from both day and night shifts that document unannounced rounds at different times by the on-duty supervisor. This is accomplished by documenting the supervisor's name, date, and time on an electronic log for each security posts. Also, during the on-site facility tour, the Auditor physically observed these activity logs with the necessary documentation. Documents provided by the facility also show multiple checks during each shift. When conducting an interview with a first line supervisor, he indicated that unannounced rounds must be conducted on every post each shift and that the rounds must be at different times of the day and night and documented on the activity log. The Auditor interviewed 10 random officers who confirmed that policy prohibits staff from alerting other staff regarding unannounced supervisor rounds.

#### **§115.14 - Juvenile and family detainees.**

**Outcome:** Not Applicable (provide explanation in notes)

#### **Notes:**

The JCJ provided a memorandum dated November 16, 2022, signed by the Sheriff indicating that the JCJ does not house juveniles or family units for ICE. The completed PAQ indicates no juvenile detainees have been held at JCJ within the audit period, and during conversations with staff and the JA/OIC, they confirmed that the facility does not house or accept juvenile ICE detainees. During the on-site portion of this audit, there was no indication or evidence observed by the Auditor that juvenile detainees are housed at this facility.



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

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(b)(d) JCJ Policy R-100 states that, "male staff may pat search male inmates/detainees only; female staff may pat search female inmates/detainees only. In cases of exigent circumstances where a male staff is required to pat search a female inmate or a female staff is required to pat search a male inmate, the staff person shall obtain supervisory permission prior to conducting the pat search and shall document his/her actions in an incident report. Any such search must be videotaped/and or conducted on surveillance camera and there must be two Deputies present." The facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating there had been no instances during the audit period where JCJ staff had conducted a cross-gender pat-down search. The Auditor interviewed 10 officers (7-male and 3-female). During officer interviews, both male and female staff conveyed they are aware that only male officers may conduct pat searches of male detainees, barring any extenuating circumstances which would have to be documented. They all indicated that they had never experienced a situation where there was a need or exigent circumstance to search a detainee of the opposite gender. However, they reported if an incident occurred it would be immediately documented.

(c) The JCJ has reported that they do not house female ICE detainees and the Auditor has found no evidence to suggest otherwise. Therefore, this provision is not applicable to this facility.

(e)(f) JCJ Policy R-100 states, "the Jefferson County Jail will not conduct cross-gender strip searches or cross-gender visual body cavity (search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. The detention staff will document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female inmates following the guidelines required by Idaho Jail Standards. Documentation of these cross-gender searches will be made available to the PREA Auditor upon request." During officer interviews, both male and female staff conveyed they are aware that only male officers may conduct strip searches of male detainees, barring any extenuating circumstances which would have to be documented. They all indicated that they had never experienced a situation where there was a need or exigent circumstance to search a detainee of the opposite gender or to conduct a visual body cavity search. However, they reported if exigent circumstances occurred where an opposite-gender strip search or body cavity search was necessary, then it would be immediately documented. The Medical Staff Member indicated that medical staff would not perform a strip search or body cavity search. If a body cavity search were necessary, that detainee would be sent out to the local hospital for the search to be conducted. The facility does not accept or house female or juvenile ICE detainees. In addition, the facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating there had been no instances during the audit period where JCJ staff had conducted a cross-gender strip-search or cross-gender visual body cavity search.

**Does Not Meet (f):** The facility policy R-100 does not address the requirement that all strip searches and visual body cavity searches must be documented. The facility policy only addresses the need to document cross-gender strip searches and visual body cavity searches. JCJ must provide documentation that either their SAAPI/PREA policy directs staff to document all strip and visual body cavity searches or another facility policy that directs staff to document these instances.

(g) JCJ Policy R-100 states, "in accordance with PREA and the Idaho Jail Standards, the Jefferson County Jail staff will ensure that inmates may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing via the video camera. Staff members of the opposite gender of those inmates housed in the housing unit are required to announce their presence when entering the housing unit." During the on-site facility tour, the Auditor observed the dormitory bathroom layout which included full length shower curtains, half wall partitions, and institutional toilets located inside the cells. Female staff present during the facility tour made verbal opposite gender announcements prior to entering a male housing dorm. It should be noted that all camera surveillance footage is pixelated in the sensitive areas such as the restrooms and shower areas. During the 10 officer interviews they were asked what steps are taken to allow detainees to privately shower, use the restroom, and change clothes. All 10 officers indicated they would announce themselves prior to entering the space where detainees are permitted to be in a state of undress. Several officers also indicated that they would inform the detainee to stay in the shower or close the individual cell door. Furthermore, several officers stated that the cameras are pixelated in those areas where detainees would be showering and using the restroom. Five detainees were interviewed, and all five detainees indicated that they had adequate privacy to shower, use the restroom, and change clothes. The detainees were also asked if officers of the opposite gender announced their presence before entering the housing units; all five detainees indicated that they do.

(h) This facility is not a Family Residential Facility; therefore, this provision is not applicable.

(i) JCJ Policy R-100 states that, "staff members, except medical staff, will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Officers were asked if they had ever conducted or witnessed a search or physical examination to determine a detainee's gender and all ten officers interviewed indicated that they had not conducted or witnessed such a search. The JA/OIC confirmed during her interview there were no searches conducted on detainees to determine a detainee's gender during the audit period. No transgender or intersex detainees were present during the on-site audit phase and therefore, the Auditor was unable to obtain that perspective.

**Does Not Meet (i):** The facility's PREA/SAAPI Policy R-100 must remove the term "except medical staff" regarding medical staff conducting searches or physical examinations of transgender or intersex detainees. The Auditor found no evidence of this practice and believe this is a misinterpretation of the standard. Additionally, the policy should be amended to prohibit searching of any detainee to determine the detainee's genital status to be in alignment with DHS standard 115.15 subpart (i).

(j) JCJ Policy R-100 states, "the FTO, Training Coordinator, Sergeant, Jail Administrator, etc. will ensure that security staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. All searches will be conducted in a professional and respectful manner and in the least intrusive manner possible. The training curriculum and rosters of the security staff that completed the training will be kept on file. All body cavity searches will only be done by medical personnel." The facility provided the training curriculum and PowerPoint presentation for cross-gender and transgender searches prior to the on-site visit. The facility also provided the training rosters and PREA training acknowledgement forms regarding cross-gender and transgender training. The PSA Compliance Manager provided an email informing all staff to watch the training video link <https://vimeo.com/183649668>. This video was created by the Connecticut Department of Corrections that demonstrates the proper and professional way to conduct cross-gender pat-searches on male, female, juvenile, transgender, and intersex detainees/inmates. When conducting interviews with 10 officers, the majority of the officers indicated that they would request that an officer of the same gender pat-search the detainee even if it involved calling an officer off the street to perform the search. They also indicated that when confronted with searching a transgender detainee, the detainee would be asked who they preferred to be searched by. When describing how they conduct pat-down searches, the officers stated that they would use the quadrant method utilizing the back or blade of their hand. They indicated that they would inform the detainee of what was going to happen during the search so that the detainee is aware. Several officers referred to having the detainee pull the clothing away from their body to possibly shake any contraband loose. The Training Supervisor was asked if officers are trained in the proper procedures for conducting pat-down searches, including cross-gender and transgender pat-down searches and he confirmed that they were.

#### **§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) JCJ Policy R-100 states that, "the Jail Administrator and or Jail Commander will ensure that all inmates, including inmates with disabilities, hard of hearing, blind or low vision, or those who have intellectual, psychiatric, or speech disabilities, or inmates who are limited in English proficiency have meaningful access to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency may provide one or more of the following: informational audio in both English and Spanish; Inmate Handbook in both English and Spanish; PREA Posters; Interpreters; Access to a language line; Voiance 1-866-998-0338; staff explaining the information one-on-one to inmates who are illiterate or who are unable to read the information themselves; and Braille PREA information booklet." The PSA Compliance Manager explained that the facility's intake procedure regarding those detainees that are blind, deaf, or intellectually disabled is to either read the PREA information to the detainee, provide the facility handbook in Braille or utilize the facility's teletypewriter (TTY) machine. The facility would also issue all detainees a facility handbook both in English and Spanish that describes the definitions of sexual abuse, how to report sexual abuse, the right to be free from retaliation, how to protect yourself, and not to be disciplined for reporting a sexual abuse allegation. The facility handbook where practicable, provisions and materials related to sexual abuse or assaults shall be translated in writing for detainees who are identified as LEP. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. The Intake Officer informed the Auditor that a TTY for the deaf is available and, the facility does have a facility handbook in Braille. Also, if needed, arrangements can be made through their language line services contract to provide sign language assistance. The Intake officer also indicated that all detainees are given the ICE National Detainee Handbook and the DHS-prescribed ICE Sexual Abuse Awareness (SAA) information pamphlet. When conducting interviews with 10 officers, they were asked what they would do if they encountered a detainee that was blind, deaf, or intellectually disabled and the officers indicated that deaf detainees could read the handbook, or they could arrange for a sign language interpreter. When discussing blind detainees, the officers indicated they could provide the information by reading the PREA/SAAPI information from the facility handbook to the detainee, and with the use of an interpreter through the language line if necessary. Regarding those detainees that were intellectually disabled, the officers indicated they would try to communicate on a level of understanding for the detainee or contact the medical section for assistance; medical personnel would then assess the detainee's level of comprehension and determine the appropriate method to be used to relay, ultimately ensuring the information was delivered in a manner the detainee could understand. The JA/OIC was interviewed and asked if her facility has established procedures to provide detainees with disabilities the ability to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The JA/OIC confirmed that the facility has procedures in place outlined in JCJ Policy R-100 to ensure detainees with disabilities may effectively participate in the SAAPI program.

(b)(c) JCJ Policy R-100 states, "if an inmate/Detainee's primary language is not English or Spanish the jail shall use a translation program (such as google translate, etc...) to provide a printed copy of the Inmate Handbook to the inmate/detainee in their preferred language. The Jail will regularly check sources such as the language line, TTY, interpreters, etc. to make sure they are continuously available when needed. Access to these sources will be given to the PREA auditor upon request." The policy further states that, "the Jefferson County Jail will not use inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. In any circumstance where an inmate interpreter, inmate reader, or other inmate assistant is used, a detention deputy will remain with both inmates at all times. If an inmate interpreter, inmate

reader, or other inmate assistant is used, the Supervisor, Detention Deputy, etc. will document the use and the reason an inmate was used to assist."

The facility handbook is provided in English and Spanish. The Auditor reviewed the facility handbook in English and observed the explanation of methods for reporting sexual abuse, prohibition against retaliation, and the right of a detainee that has been subjected to sexual abuse to receive treatment and counseling. The facility handbook provides the contact information for the DHS/OIG as the detainee outside reporting entity regarding allegations of sexual abuse. During the on-site review, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse posters, the ICE Detention Reporting and Information Line (DRIL) poster, and the Family Crisis Center sexual informational abuse hotline pamphlet placed on the perimeter walls of the housing dorms. The DHS ICE Zero Tolerance for Sexual Abuse posters state the "Report Sexual Assault Now" in six additional languages. The Family Crisis Center sexual abuse hotline pamphlets are printed in English and Spanish.

The Auditor confirmed through interviews that the JCJ will make available to the detainees the ICE National Detainee Handbook, which is available in 14 languages (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Chinese, Romanian, Russian, Portuguese, Bengali, Turkish and Vietnamese), and the DHS-prescribed SAA Information pamphlet, which is available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). The intake officer confirmed that the facility would make available to all detainees both the facility handbook and ICE National Detainee Handbook and that a PREA educational presentation both in English and Spanish is played over the facility's intercom system every first and fifteenth of each month. If a detainee speaks a language that is not covered by the DHS-prescribed SAA Information pamphlet, the intake officer or another staff would read the SAA Information pamphlet to the detainee using an interpreter service, if necessary, or utilize a software program such as google translate to ensure they understand the SAAP information. The facility has demonstrated that they ensure meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse for those who speak languages other than English. During her interview with the Auditor, the JA/OIC stated that her staff has access to the JCJ's Language Line services and ERO Language Services Resource Flyer. The ERO Language Services Resource Flyer provides staff access to a website and a 24-hour language line for translation and interpretation services. She indicated that her staff is aware of the services available for those detainees that need assistance. Of the 10 officers interviewed, all confirmed that the facility would not utilize detainee interpreters, unless the detainee requested the use of another detainee for interpretation, and the facility determines this is appropriate and meets policy guidelines. However, all 10 officers indicated that they would not allow a detainee to interpret regarding a sexual abuse report. Both the JA/OIC and PSA Compliance Manager confirmed these same procedures during their interviews. Four detainees interviewed were LEP and all four spoke Spanish. Through the assistance of an interpreter using the Creative Corrections contracted language line service, three detainees explained that when they first arrived at the facility, staff spoke fluent English and Spanish to interpret for them; the remaining LEP detainee explained that the staff used an interpreter over the phone. The detainees also stated that they were provided a facility handbook and ICE National Detainee Handbook in a language they could understand. The detainees also acknowledged awareness of the PREA posters mounted to the dorm wall in Spanish.

#### **§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) JCJ Policy R-100 states that, "the Jefferson County Jail will not hire or promote anyone who may have contact with inmates and will not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Has been convicted of engaging or attempting to engage in sexual abuse in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the abuse described in paragraph (a) (2) of this section." The policy also states that, "the Sheriff's Office will ask all applicants and employees who may have contact with inmates directly about previous misconduct, as described above, in either written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The questions are, have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). Have you been convicted of engaging or attempting to engage in sexual abuse in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Have you been civilly or administratively adjudicated to have engaged in the abuse described in paragraph (a) (2) of this section. Employees of Jefferson County have a continuing affirmative duty to disclose any such misconduct. Any such misconduct shall be disclosed at least annually during evaluations in either written form or verbally." Policy R-100 further states that, "before hiring new employees who may have contact with inmates, the Jefferson County Sheriff's Office will complete a criminal background check and, consistent with Federal, State, and local law, will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."

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

civily or administratively adjudicated to have engaged in the activity as outlined above. The acting Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021, about candidate suitability for all applicants to include their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

The Human Resource Manager (HRM) was interviewed and stated that the facility does not hire or promote anyone that has engaged in sexual abuse and that the facility acquires this information through, criminal history checks, making contact with prior institutional employers, and the initial background investigation. The facility provided evidence that newly hired staff are asked the sexual misconduct questions during their oral board during the hiring process. When asked if these questions were again asked or documented when considering promoting staff and annual evaluations, the HRM stated that they are once again asked and captured during any promotional process. The HRM indicated that these questions are asked and captured during the annual PREA training and are attached to the employee's annual performance evaluation along with the reminder of the continuing affirmative duty to disclose any sexual misconduct. The Auditor reviewed 10 security staff files that contained this duty to report during the PREA training that was held on April 29, 2022, and May 4, 2022. The HRM also indicated when they receive a completed new hire application and the applicant discloses that they have worked for another institutional employer, he requests any prior information regarding any sexual misconduct investigations involving that new hire. This information was found in the file review of several officers previously employed by an institution or prior law enforcement when the Auditor read the background investigator's report while conducting the file review of 10 security staff members. The facility reported there were no promotions during the audit period but provided an example document that would be used during a promotional process asking the sexual misconduct questions which was implemented in 2020, according to the PSA Compliance Manager.

(c)(d) JCJ Policy R-100 states, "before hiring new employees who may have contact with inmates, the Jefferson County Sheriff's Office will complete a criminal background check and, consistent with Federal, State, and local law, will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." The policy also states, "the Sheriff's Office shall also perform a criminal background records check before enlisting the services of any contractor who may have unsupervised contact with inmates. Jefferson County Jail shall prohibit individuals who have previously engaged in sexual abuse in an institutional setting, or who have been convicted of engaging in sexual activity in the community facilitated by force, the threat of force or coercion access to the facility." The policy further states that, "the Sheriff's Office shall conduct criminal background records checks at least every five years of current employees and contractors/volunteers who may have contact with inmates. Any employee must self-report any such charges regardless of conviction. Any such report must be promptly made at the nearest available opportunity to their immediate supervisor, who will then be responsible to report to the Jail Administrator and or Sheriff. Documentation of the background records checks of current employees and long-term contractors at five-year intervals will be kept on file and made available to the PREA auditor when requested." When interviewed the HRM, he stated that the JCSO dispatch runs all background records checks for both the staff and contractors through the National Crime Information Center (NCIC). The PSA Compliance Manager provided the Auditor with an email regarding the Medical Contractor requesting a background records check be conducted on their employee that works at the facility and the PSA Compliance Manager's response back with the results of that check. The Auditor conducted a file review on 11 randomly selected staff, including a contractor. All 11 files indicated an initial criminal history was conducted prior to hiring. Of these 11 files reviewed, 10 had been employed for more than 5 years and their files contained a five-year updated criminal background check.

(e)(f) JCJ Policy R-100 states, "material omissions regarding such misconduct, or the provision of materially false information, shall be grounds of termination. All requests for information on former employees will be referred to the Sheriff or his/her authorized designee. The Sheriff, or authorized designee, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The HRM stated during his interview that if a new hire provided false information or omitted certain material facts then the facility would rescind the offer letter. The Auditor was able to confirm this practice when reviewing the staff background investigations. The HRM indicated that any inquiries into prior employees by other institutional employers would be granted if the requesting agency provided a signed release from the applicant.

#### **§115.18 - Upgrades to facilities and technologies.**

**Outcome:** Not Applicable (provide explanation in notes)

#### **Notes:**

The Auditor determined compliance through interviews. The JCJ reported no completion of any substantial expansion or modification of the existing facility within the audit period on the PAQ. A memorandum dated November 16, 2022, by the PSA Compliance Manager indicating the facility had not made any substantial expansions or modifications to the existing facility or electronic monitoring system since April 2020. This was further confirmed during interviews with the JA/OIC and PSA Compliance Manager.

### **§115.21 - Evidence protocols and forensic medical examinations.**

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(a) JCJ Policy R-100 states, "to the extent the Jefferson County Jail is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In the event the Sheriff request an investigation be done by outside agency such as Tri-County Law Enforcement Mutual Assistance Compact, the investigation shall be done following the relevant investigatory requirements set out in the PREA standards, the investigating unit shall work with the PREA coordinator to ensure standard are met." The policy further states, "The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." During interviews with both the facility investigator and JCSO investigator they confirmed that the JCSO detective will perform all criminal investigations and if there is no probable cause to determine a crime was committed then it is turned over to the JCJ facility investigator for an administrative investigation. There is no evidence to confirm the JCJ Policy R-100 have been developed in coordination with DHS. The Auditor spoke with a sex crime detective with the JCJ while on-site who confirmed the practices and explained the agency's standard operating procedure uniform evidence protocol that covered evidence collection and chain of custody. The detective also informed the Auditor that if a forensic medical exam was necessary the detainee would be taken to the Family Crisis Center in Rexburg, Idaho. The facility reported there were no instances of sexual abuse during the audit period. Interview with the trained facility investigator confirmed his knowledge of uniform evidence protocols, consistent with the PREA Specialized Investigations Training he had received. The facility investigator explained that if a sexual abuse occurred the JCSO is contacted, and a detective will respond to the JCJ to conduct a criminal investigation for all sexual abuse allegations and would lead the evidence collection related to any physical evidence that needed to be collected. The facility would be responsible for preserving evidence until an JCSO investigator arrived on the scene. The PSA Compliance Manager confirmed during his interview that the evidence protocols utilized at JCJ are those described by the facility investigator and are in accordance with agency Policy 11062.2. The facility provided a blank form "Sexual Assault Response Checklist" that outlines the identifies securing the scene, preserving physical evidence, identifying victims, perpetrators, and potential witnesses etc., and establishes its written protocol.

**Does Not Meet (a):** The facility has not provided evidence that JCJ Policy R-100 has been developed in coordination with DHS. The facility must have ICE review and approve the policy.

Agency policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sexual assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS/OIG, OPR, or the local law enforcement agency, the ERO AFOD would assign an administrative investigation to be conducted.

(b)(c) JCJ Policy R-100 states, "the Jefferson County Jail shall make every effort to make available to the victim a victim advocate from a rape crisis center. The Jefferson County Jail will have on file a list of phone numbers to contact the victim advocate and will allow the advocate the opportunity to visit the inmate at the facility, talk to the inmate on the phone, or accompany the inmate to the forensic exam when requested by the inmate. If a rape crisis center is not available to provide victim advocate services, the Jefferson County Jail shall make available an appropriate staff member from a community-based organization. The Jefferson County Jail will document the efforts made to secure these services in the inmate's activity file." The policy further states that, "the Jefferson County Jail shall offer victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners."

The JCJ provided a Memorandum of Understanding (MOU) with the Family Crisis Center in Rexburg, Idaho. This MOU acknowledges the services requested regarding advocacy to detainees housed in the JCJ. The Auditor contacted the Family Crisis Center and spoke to the Director who informed the Auditor that they provide advocacy to incarcerated individuals, including detainees if they were housed at the JCJ. The Director also confirmed that her agency would provide those services that are listed in the JCJ policy. The Director informed the Auditor that, if necessary, a medical forensic examination would be performed by SANE nurses from the Family Crisis Center for the city of Rexburg, Idaho. The Director explained that her agency provides SANE nurses for the county of Jefferson and all ICE detainees being held at the JCJ. She also stated that they have an exam area within her facility, or the alleged victim can be taken to either the Madison Memorial Hospital or the Eastern Idaho Medical Center (EIRMC). The Director confirmed that those services are offered 24 hours a day 365 days a year because she always has SANE nurses on-call. When interviewing the PSA Compliance Manager, he indicated that they provide detainee victim advocacy through the Family Crisis Center and that all contact information is made available to the detainees at the facility; additionally, he confirmed detainee victims would be taken to the Family Crisis Center, Madison Memorial Hospital, or (EIRMC) for a SANE examination. The medical staff member confirmed that the detainee's consent is required for the FME. The facility reported no incidents of sexual abuse, including those that required an FME. As there were no detainees at JCJ during the on-site audit who reported an incident of sexual abuse, the Auditor was unable to conduct an interview.

(d) JCJ Policy R-100 states, "as requested by the victim, the victim advocate, or appropriate community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." The Auditor confirmed this procedure through interviews with the PSA Compliance Manager and the Director of the Family Crisis Center. This service is also listed in the in the MOU with the JCJ and Family Crisis Center.

(e) JCJ Policy R-100 states, "To the extent the Jefferson County Jail itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section." The JCJ provided an email indicating that the JCSO conducts all criminal investigations. The email is authored by the AJA and requests that the JCSO investigators will comply with DHS Standard 115.21 section (a) through (d) of this provision. In the response to the email requesting that the JCJ Criminal Investigation Bureau (CIB) follow Standard 115.21 (a) through (d), the supervisor agreed to. An interview with both the facility and JCSO investigators confirmed the facility follows the requirements of this section.

#### **§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) JCJ Policy R-100 states, "the Jefferson County Jail shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The agency may begin such investigations by conducting a preliminary inquiry or review into the allegations to determine whether further investigation is necessary and whether the allegations should be referred for an administrative or criminal investigation. Investigations into sexual assault must be prompt, thorough, objective, fair, and conducted by qualified investigators. Furthermore, the Jail shall promptly report all allegations of PREA to the inmate/detainee's holding agency such as ICE, IDOC, U.S. Marshals, or other state/county." The JA/OIC explained that JCJ provides multiple avenues to report sexual abuse, once reports are received immediate action is taken. A preliminary inquiry into the allegation is conducted to determine whether further investigation is necessary and whether the allegation should be referred for administrative or criminal investigation. JCSO having legal authority to conduct criminal investigations, will conduct the investigation or request (at the direction of the Sheriff) the investigation be conducted by the Tri-Investigation Unit (law enforcement mutual assistance compact). The investigation is reviewed by the JA/OIC, Sheriff, and PSA Compliance Manager before being sent to the FOD. The JCJ provided a memorandum from the PSA Compliance Manager stating the JCSO conducts all criminal investigations. The JCJ provided a memorandum written by the PSA Compliance Manager dated November 16, 2022, indicating there were no instances of alleged sexual abuse by detainees reported during the audit period, which was also confirmed through interviews with the JA/OIC and PSA Compliance Manager.

(b) JCJ Policy R-100 states in part, "The Jefferson County Jail shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All decisions not to refer an allegation for investigation must be reviewed and approved by the agency head or a management level designee. The Jefferson County Jail shall publish such policy on its website or make the policy available through other means. Administrative investigations may be conducted by jail staff who have received the proper training. Criminal investigations will typically be investigated by a Jefferson County Detective with the proper training, unless directed otherwise by the Sheriff. In the event the Sheriff request an investigation be done by outside agency such as Tri-County Law Enforcement Mutual Assistance Compact, the investigation shall be done following the relevant investigatory requirements set out in the PREA standards, the investigating unit shall work with the PREA coordinator to ensure standard are met. The Jefferson County Jail shall maintain documentation all reports and referrals of allegations of sexual abuse for 5 years." The PSA Compliance Manager stated during his interview that reports and documentation of referrals for investigation of sexual abuse allegations will be maintained for at least five years. The facility provided a copy of the "Sexual Assault Incident Form" which outlines and guides the investigator as to their responsibilities when confronted with a sexual abuse allegation within a confinement setting.

The agency's policy 11062.2 outlines the evidence and investigation protocols. All investigations are to be reported to the JIC, which routes allegations for assessment to determine which allegations fall within the PREA purview. The PREA allegations are then referred to DHS/OIG or OPR. DHS/OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS/OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for investigation, and the ERO AFOD would assign an administrative investigation to be completed.

(c) JCJ Policy R-100 states in part, "the Jefferson County Jail shall publish such policy on its website or make the policy available through other means." The Auditor reviewed both the agency website (<https://www.ice.gov/detain/prea>) and the JCJ website (<http://www.co.jefferson.id.us/249/Jail>) and found the protocol regarding sexual abuse allegations involving both administrative and criminal investigations.

(d)(e)(f) JCJ Policy R-100 states in part, "investigations into sexual assault must be prompt, thorough, objective, fair, and conducted by qualified investigators. Furthermore, the Jail shall promptly report all allegations of PREA to the inmate/detainee's holding agency

such as ICE, IDOC, U.S. Marshals, or other state/county.” When the facility investigator was asked what external individuals or agencies the facility would report a sexual abuse allegation, he stated the ERO staff assigned to the facility. The JA/OIC indicated that when a sexual abuse allegation is made regarding an ICE detainee the facility immediately notifies ICE Field Office. The PSA Compliance Manager stated that the facility would provide ICE Field Office with all the information needed regarding an alleged sexual abuse by a detainee. To further confirm the notification, process the Auditor asked the SDDO during his interview who he would notify if the facility informed him of an alleged sexual abuse. The SDDO indicated that he would immediately notify the JIC, OPR, FOD or AFOD.

#### **§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) JCJ Policy R-100 states, “the agency shall train all employees who may have contact with inmates on: its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; reports of sexual abuse/sexual harassment shall be limited to personnel with a need to know, in order to make decisions concerning the victim’s welfare and for law enforcement to investigate; inmates’ right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and LEP and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.” The policy also states that, “all training shall be documented in the staff’s training file and shall include, at a minimum: subject/topic areas covered; date training received; signature of persons receiving the training; name and bio of the trainer/instructor; and results of performance evaluations and/or testing, if applicable employee training shall be tailored to the gender of the inmates at the employee’s facility. The Jefferson County Jail will provide the above training upon employment and every two years thereafter for all employees in the detention center. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.” The policy further states, “each year the employee will be required to sign that he/she understands the training that they have received, and a copy of that form and the training received will be kept in the employee’s training file. New employees shall receive training on PREA prior to having contact with inmates/detainees.”

The JCJ provided the PREA training curricula in a PowerPoint format for the Auditor’s review which included all the required elements of training along with training rosters identifying all officers that received the initial PREA training. The facility also provided PREA policy refresher training histories for these employees and an “Acknowledgement of Training” PREA forms signed and dated by the security staff. The Auditor reviewed 11 employee files during the document review phase and confirmed that all files that were reviewed contained evidence of the initial PREA employee training and annual refresher training. This information was confirmed and provided by the Training Supervisor during the on-site audit and during the interview. During the staff interviews, 10 officers were asked if they had received PREA training and when it occurred. All officers indicated that they had received the training during their initial training and the policy refresher during annual in-service training. Additionally, the Auditor requested training records for the two ICE ERO employees interviewed, but the records were not available, however, they confirmed during their interviews that they receive their PREA training every two years.

#### **§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) JCJ Policy R-100 states, “all volunteers and contractors who have contact with inmates shall be trained on the following: The agency’s policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents and their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.” The policy also states, “volunteers and contractors who have contact with inmates shall also receive a modified version of the staff PREA training, relative to the type of service the volunteer provides to inmates. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received, and the specific subject taught by signing the PREA training acknowledgment.” The JCJ provided a PowerPoint presentation slide that contained information regarding their zero-tolerance policy and the ways to report sexual abuse along with how to detect, respond to and prevent sexual abuse. The Training Supervisor was asked during his interview if contractors and volunteers that have contact with detainees are provided with the agency’s zero-tolerance policy and how to report sexual abuse. The Training Supervisor indicated that volunteers and contractors receive the training prior to providing any services. The facility also provided signed PREA training acknowledgment forms and certificates of completion for both contractors and volunteers. The Auditor interviewed both a contractor and volunteer who confirmed that they had received the PREA training and that they receive annual refresher training. The Auditor reviewed the training record for both the contractor and volunteer confirming their PREA training had been completed.

#### **§115.33 - Detainee education.**

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

**Notes:**

(a)(b)(c)(e) JCJ Policy R-100 states that, “During the intake process, the booking deputy will provide verbal and written information about the department’s Zero Tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, legal rights, prohibition against retaliation, PREA standards and definitions, and confidentiality.



This information will be provided in the following format: explained verbally by the booking officer; inmate handbook; available in the cell blocks; posters hung on the walls in the cell blocks; and a form that inmate reads and signs. A further comprehensive and in-depth education instruction session shall be conducted within 30 days of intake. This will be accomplished through one or more of the following examples: audio recording explaining in-depth the PREA rules and regulations, played on the 1st and 15th of each month; staff or PREA Coordinator personally meeting with the inmate for instruction. The Jefferson County Jail shall maintain documentation of inmate attendance and the content of the education given the inmate. Written materials shall include a Spanish interpretation. For languages other than Spanish, staff may use an interpreter to communicate the agency's zero tolerance policy from: the Language line, Interpreter from university, Interpreter from court services or Interpreter from immigration. Staff shall personally explain the Zero Tolerance policy to inmate's who cannot read, have low reading skills, or who have cognitive or developmental disabilities." The policy further states that, "all inmates transferred from another facility to the Jefferson County Jail will also be educated on the zero-tolerance policy and their rights to be free from sexual abuse, sexual harassment, and retaliation from reporting such incidents. The Jefferson County Jail shall also assist and ensure that the Zero Tolerance policy and reporting methods of sexual abuse are communicated to those inmates who are hearing impaired, have physical or other mental disabilities, to include intellectual, psychiatric, or speech disabilities."

The Intake Officer confirmed during his interview that all the topics listed above are captured in the initial JCJ PREA orientation briefing. The in-depth audio recording detainee educational training is played in English and Spanish on the 1<sup>st</sup> and 15<sup>th</sup> of each month. The Auditor confirmed the audio covered prevention and intervention, definitions and examples, and methods for reporting sexual abuse. The audio also covered information about self-protection, prohibition against retaliation, and the right to receive treatment and counseling. The audio does not include the DHS/OIG contact information or advisement to the detainees that reporting an allegation of sexual abuse will not have a negative impact on the detainee's immigration proceedings; however, this information is provided to the detainees through the ICE National Detainee Handbook. The facility's process is for each detainee to receive a facility handbook, an ICE National Detainee Handbook (in a language of their understanding), and the DHS-prescribed SAA Information pamphlet. The DHS-prescribed SAA Information pamphlet is available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). The facility also posts the Family Crisis Center informational sexual abuse hotline advocate pamphlet on the dorm wall both in English and Spanish. The Intake Officer explained during his interview that he would have the detainee acknowledge receiving the DHS-prescribed SAA Information pamphlet, ICE National Detainee Handbook, and the Detainee Reporting Consulate list by signing an ICE Detainee Orientation Checklist. For those detainees that speak/understand languages other than English and Spanish, the JCJ provides the ICE National Detainee Handbook that is available in 14 different languages: English, Spanish, Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Turkish, and Vietnamese.

The audio is available for those detainees that are visually impaired, and the officer must read the transcript of the PREA educational information audio recording for those detainees that are hard of hearing or deaf. The Auditor reviewed the facility handbook and the ICE National Detainee Handbook in English and observed the necessary contact information regarding the DHS/OIG was present in both resources. He also verified that if needed, a TTY is available in the intake area for deaf detainees and the facility could secure the services of a sign language interpreter if necessary. If a detainee needed a language other than English or Spanish, the Intake Officer explained that they can utilize computer software such as google translate to convert the facility handbook and other documents into the appropriate language. The Intake Officer also stated that they would read the DHS-prescribed SAA Information pamphlet to the detainee with use of an interpreter in a language they understand. If a detainee speaks a language that is not covered by the DHS-prescribed SAA Information pamphlet, the intake officer or another staff will read the SAA Information pamphlet to the detainee using an interpreter service, if necessary, to ensure they understand the SAAPI information. The facility has demonstrated that they ensure meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse for those who speak languages other than English. The Auditor interviewed four Limited English Proficient (LEP) detainees and inquired about if and how they received the PREA/SAAPI educational information. All four detainees stated that they received the information in a language that they could understand. One detainee indicated that he received the PREA education through paperwork, two stated verbally by an officer, and the final LEP stated he received the ICE Detainee Handbook. The fifth detainee spoke proficient English and stated that he too had received the SAAPI information. The Auditor reviewed 12 detainee files that contained evidence that both the facility handbook and ICE National Detainee Handbooks were issued to the detainees. The files also showed PREA orientation documentation with the detainee acknowledgment and date. Those 12 files reviewed indicated that on four occasions security staff was utilized to interpret in Spanish and on three occasions the facility language line was utilized.

(d) JCJ Policy R-100 states, "other informational material such as posters and/or handouts shall be accessible and visible to inmates throughout the facility on walls of housing units, walls of recreation rooms, bulletin boards, and kiosks." The Auditor reviewed the SAA Information pamphlet, the DHS ICE Zero Tolerance for Sexual Abuse posters with contact information for the facility's PSA Compliance Manager, and the consular contact informational flyer posted in the housing units that detainees are confined to. The Family Crisis Center Hotline contact information was also posted in the housing dorms.

(f) The Intake Officer indicated that they would issue all ICE detainees the ICE National Detainee Handbook. This handbook contains all the information regarding how to report a sexual abuse allegation through the reporting mechanisms provided by ICE.



#### **§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) JCJ Policy R-100 states that, "the PREA Coordinator shall ensure that facility investigative officers, in addition to the training provided to all staff, receive training in conducting investigations of sexual misconduct in a facility setting and cross agency coordination. This training shall be documented in the officer's training file. This training shall include techniques for interviewing victims of sexual misconduct, including techniques specific to juvenile victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

The Auditor interviewed the facility investigator who would be responsible for conducting an administrative investigation if directed. The facility investigator was asked what was taught in the online NIC investigator training and he indicated that the training covered investigative techniques, evidence collections, cross-agency coordination, and covers all aspects to investigating sexual abuse in a confinement setting. When interviewing the JCSO investigator he indicated that he had previously received training regarding cross-agency coordination concerning sexual abuse allegations made by ICE detainees. The facility also provided both the facility and JCSO investigator's certificate of completion through the NIC along with three other JCJ supervisors and the supervisor of the JCSO Criminal Investigation Division (CID).

Agency Policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Agency provides the lesson plan and rosters of trained ICE/ERO/OPR investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements. The Auditor did not review any case files because the facility reported no instances of detainee alleged sexual abuse during the audit period.

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

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(a) ICE Health Services Corp or U.S Public Health Service (IHSC/USPHS) staff are not present at JCJ based on an interview with the JA/OIC and medical staff member; therefore, this provision is not applicable to JCJ.

(b)(c) JCJ Policy R-100 states, "all full and part-time medical and mental health care practitioners who work regularly in the Jefferson County Jail shall receive specialized training on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and mental health care practitioners in the facility shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency. The Contract Medical Provider shall provide a list of their employees meeting these training standards. This list will be maintained at the jail facility by the Jail Administrator."

The JCJ uses contracted medical personnel. When conducting an interview with the medical staff member she indicated that she had not received any additional specialized training. The medical staff member stated that she receives PREA training through her company (Ivy Correctional Medicine) and has received training from the Bannock County Jail. The mental health professional did indicate that he had received additional PREA training and holds a degree in psychology. The Training Supervisor indicated that the medical staff receive the specialized training through their contracting medical agency, and they manage that task. The Auditor has not received any documentation or certificates of completion indicating that both medical and mental health professionals have received the required specialized training. In addition, there is no evidence that the agency has reviewed and approved the facility's policy to ensure facility medical staff is trained in procedures for examining and treating victims of sexual abuse.

**Does Not Meet (b)(c):** The facility has not provided documentation as proof that specialized training has been provided for medical and mental health professionals in the matters as outlined in the facility policy stated above. The facility must provide documentation which shows both medical staff and mental health staff have been training in accordance with the JCJ policy. In addition, the facility has not provided documentation as proof that the facility's written PREA/SAAPI policy has been submitted to the agency for review and approval. JCJ must provide documentation that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

**§115.41 - Assessment for risk of victimization and abusiveness.**

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(a)(b) JCJ Policy R-100 states, "the Jefferson County Jail shall assess inmates to determine their risk of sexual victimization or abusiveness. During the booking and initial classification process, efforts will be made to identify and segregate youthful and/or vulnerable adult inmates, and potential victims and known predators. Within 72 hours of being booked, a sexual violence, victim/perpetrator screening will be conducted to determine an inmate's risk of being sexually abused by other inmates, or, if they are at risk for being sexually abusive toward other inmates. This shall be done before inmate/detainees are housed in general population."

The Intake Officer explained that the intake process and the classification process are two different procedures. However, it is during the intake process where the detainee is risk screened for possible victimization or abusive behavior. The detainees are booked one at a time as the rest are placed in individual intake cells awaiting the process. Prior to the detainee's arrival, the Classification Officer receives all ICE collected information regarding the detainee including a background criminal history check. The PREA risk screening questions, consisting of yes and no questions, are asked by the Intake Officer along with the initial medical screening questions. The security classification criteria are either minimum, medium, or maximum custody levels. All detainees are housed accordingly with other detainees of the same classification. The Classification Officer stated that if a detainee answers yes to three or more risk screening questions related to possible victimization, the Intake Officer would immediately notify the Sergeant in charge to make the necessary housing assignment changes. Both the Classification Officer and Intake Officer indicated the initial intake risk screening, and the classification housing assignment is completed within the first hour or two of intake and would never exceed twelve hours. During the Auditor's review of 12 detainee files, the Auditor confirmed that the detainees were booked and processed to include housing assignments within the first 12 hours.

**Does Not Meet (b):** The facility protocol and detainee file review revealed that the facility completes the initial classification process and housing assignment within the first twelve hours of intake. However, in accordance with the facility PREA/SAAPI policy R-100, the facility is given 72 hours to conduct the risk screening prior to a housing assignment. Therefore, the policy is not compliant with ICE PREA/SAAPI standard 115.41(b). The facility must change policy to reflect the actual procedure established to become compliant with this provision.

(c)(d)(f) JCJ Policy R-100 states that, "The screening for potential victims shall include whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes." The policy also states, "the screening for potential perpetrators will include prior convictions for violent felonies; prior convictions for sex offenses; prior violent acts in custody; and prior incidents of sexual abuse in custody." The policy further states that, "inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening for risk of sexual victimization or abusiveness."

The Auditor observed that the risk screening form contained questions covering all elements in provisions (c) and (d) and were available for use in the intake area. The Auditor reviewed 12 detainee files that contained the risk assessment forms that were signed and acknowledged by the detainees. The Auditor also conducted five interviews with detainees that acknowledged they were asked about prior sexual victimization and how they identify. The Intake Officer stated that information that would be collected during the PREA risk screening ensures that potential sexual abuse victims would not be housed or intermingled with potential abusers. Both the Classification Officer and Intake Officer indicated that no detainee would be disciplined for not answering any questions associated with the risk screening form.

(e) JCJ Policy R-100 states that, "a re-assessment screening will be conducted by Classification Officer, and or Medical within 30 days after booking and as necessary or when warranted due to referral, in response to alleged incident(s) of sexual abuse or upon request. Or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The Intake Officer indicated that the Classification Officer would ensure reassessments are conducted within 30 days. The Classification Officer stated that reassessments would be conducted every 30 days. Both the PSA Compliance Manager and Intake Officer stated that if a detainee were to still be in their custody after the conclusion of an investigation, then a reassessment would be conducted or when additional information regarding sexual abuse was received. The facility provided a memorandum written by the PSA Compliance Manager dated December 07, 2022, indicating that there were no instances where a detainee was reassessed within 60-90 days during this rating period because the facility has not held any ICE detainee for 30 days or more.

(g) JCJ Policy R-100 states, "the Jefferson County Jail shall ensure the sensitive assessment information is not exploited to the inmate's detriment by staff or other inmates and that any documents obtained from the assessment are secured in a locked filing cabinet located in a secure room in the intake area as recommended by the PREA Coordinator. Only certified jail deputies shall have access to the assessments in the PREA designated filing cabinet. Any staff or inmate who uses the information to the inmate's detriment will face disciplinary action up to and including termination." When interviewing both the Classification and Intake Officers they stated that the facility limits who has access to the risk screening form. Both officers indicated that only certified jailors have access. The Auditor observed the locked filing cabinets located in the secure room in the intake area.

#### **§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) JCJ Policy R-100 states, "The information from the assessment shall be used to determine housing, bed, work, recreation, and programming assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive." The PSA Compliance Manager stated when interviewed that the facility uses a classification tool that would help identify those detainees that should be categorized as minimum, medium, or maximum custody level. He also stated that the PREA risk screening helps in identifying those detainees that may be vulnerable to sexual victimization and those detainees that may be sexual predators. If an individual were identified as vulnerable or predatory, the facility can ensure they are not housed together or socialize in any programs or recreation. The facility reported one detainee that was identified as a potential victim. The Classification Officer stated that he took that information disclosed in the risk assessment into consideration when determining the housing assignment to ensure that he would be kept separate from those who are potentially abusive. There were no detainees identified as a potential predator during the audit period.

(b) JCJ Policy R-100 states, "in determining housing and programming assignments for Transgender or Intersex inmates to male or female accommodations, the Deputy shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present operational management, security, and/or mental health services problems. A Transgender or Intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Deputies shall also consult with medical and mental health when determining housing assignment for Transgender or Intersex inmates. Placement and programming assignments for each Transgender or Intersex inmate shall be reassessed at least monthly to review any threats to the inmate's safety." The JCJ provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, indicating that they have not received any transgender/intersex ICE detainees during the audit period. The medical staff member was interviewed and stated that the Classification Officer would consult with medical personnel when determining appropriate housing for a transgender detainee. The Classification Officer confirmed that transgender detainees would be reassessed on a monthly basis. However, the facility has not housed a known transgender/intersex detainee within this audit period.

(c) JCJ Policy R-100 states, "Transgender and Intersex inmates shall be given the opportunity to shower separately from other inmates." The PSA Compliance Manager stated they would be allowed to shower in a single private shower stall located in the housing unit. When the Intake Officer was asked the same question, he indicated that if the transgender/intersex detainee made that request, the facility would accommodate the request. The 10 officers interviewed were asked this question, and all answered that the transgender or intersex detainee would be able to shower separately in the single occupancy shower stalls located in each of the housing units which were observed by the Auditor during the on-site facility tour. The facility had no transgender or intersex detainees at the facility within the audit period.

#### **§115.43 - Protective custody.**

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(a)(b)(c) JCJ Policy R-100 states, "The Jefferson County Jail shall not place inmates who have been classified as high risk for sexual victimization in an involuntary restrictive housing cell unless an assessment of all available alternatives has been made prior to doing so, and it is determined that there is no other available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in involuntary restrictive housing not to exceed a 24-hour period until such an assessment can be completed. Further, the Jefferson County Jail shall assign such inmates to involuntary restrictive housing only until an alternative means of separation from likely abusers can be arranged, and this shall not ordinarily exceed a 30-day period." The policy also states, "the Jefferson County Jail shall adequately, clearly, and completely document the following facts if/when an inmate is assigned to an involuntary restrictive housing cell for the sole purpose of protective custody. The basis for the facility's concern for the inmate's safety; the reason why no alternative means of separation could be arranged; the reason why/if the 30 day involuntary restrictive housing period is required to be extended; any restriction and/or limitations of access to programs, privileges, education, or work opportunities have been imposed; the duration of the restrictions/limitations to programs, privileges, education, or work opportunities; and the reason for any restrictions/limitations to programs, privileges, education, or work opportunities." The policy further states that, "inmates who are placed in involuntary restrictive housing for protective custody under this section shall have access to programs, privileges, education, and work opportunities to the extent possible."

The JA/OIC was interviewed and stated that if a detainee needed to be placed in protective custody/administrative segregation the facility would immediately notify ICE and have the detainee moved to another facility. The JA/OIC stated that a detainee should be held in administrative segregation for the least amount of time as practicable and not to exceed 30 days. If a detainee was placed in protective custody for sexual victimization or vulnerability, she would immediately contact ICE and have the detainee transferred to another facility. The 10 officers interviewed indicated that if a detainee were placed in protective custody that detainee would be afforded the same opportunities and privileges as all other detainees. The JCJ provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating that there have been no ICE detainees placed in protective custody or administrative segregation based on sexual abuse vulnerability at their facility during this audit period.

**Does Not Meet (a):** The facility has not provided documentation as proof that their administrative segregation unit procedures were developed in consultation with ICE ERO Field Office. The facility must provide documentation that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

(d) JCJ Policy R-100 states, "every 30 days, the Classification Officer will review the status of the inmate to determine if there is a continuing need for separation from the general population. If an ICE detainee, assessment must be conducted by a supervisor at following intervals: within 72 hours of placement, every 7 days for the first month and, if necessary, every 10 days thereafter." Again, the facility has reported that no ICE detainees have been held in administrative segregation at their facility for this audit period and therefore, no detainees in segregated housing to interview or documentation to review. The JA/OIC confirmed that if they did experience this situation the policy as written would be followed.

(e) JCJ Policy R-100 states that, "any inmate/detainee that is placed in protective custody that is not a Jefferson County local hold, the jail shall notify the holding agency (ICE, US Marshal, IDOC, etc....) within 72 hours of placement." The JA/OIC indicated that contact would immediately be made with the SDDO assigned to the facility if a detainee was placed in protective custody. The Auditor interviewed the SDDO and confirmed that he would contact the AFOD or FOD notifying them of the initial placement of a detainee in administrative segregation/protective custody once he was made aware.

#### **§115.51 - Detainee reporting.**

**Outcome:** Does not Meet Standard (requires corrective action)

#### **Notes:**

(a) JCJ Policy R-100 states, "the Jefferson County Jail shall provide multiple ways for inmates to report incidences of sexual misconduct, sexual assault, or sexual harassment. With this policy, the Jefferson County Jail has established practices that will ensure that the information obtained from a report of sexual misconduct, sexual assault, or sexual harassment will be handled professionally, confidentially, and fairly to protect inmates/detainees who have been a victim or are in danger of becoming a victim." The policy further states, "inmates at the Jefferson County Jail may make reports of sexual abuse, sexual harassment, retaliation by other inmates or staff members, and/or staff neglect or violation of staff responsibilities that may have contributed to sexual abuse or harassment, either verbally or in writing; privately or anonymously, to any staff person. Verbal reports may be submitted to a detention deputy, medical or mental health staff, other staff members, detention or agency administration, volunteers/contractors, third party, and the hot line. Written reports may be submitted in the form of a kite, a grievance, personal letter, personal letter address to administration, or third party."

The facility provided examples of the DHS/OIG, ICE/DRIL and the Consular list posters. The Consular list poster contains 171 different Embassy or Consulate phone numbers and an additional 20 numbers for outside resources in the United States. These posters were observed in the detainee housing dorms during the on-site facility tour and the DHS/OIG and ICE/DRIL contact information can also be found in both the ICE National Detainee Handbook and the facility handbook. The PSA Compliance Manager was asked how detainees can report sexual abuse. He indicated they can report sexual abuse to any staff member, contractor, volunteer, outside family members, Attorney, DHS/OIG hotline, ICE/DRIL, advocate, and their Consular office. When interviewing the five detainees, they were asked about ways they could report sexual abuse and all indicated that they were aware that sexual abuse reports can be made in writing via tablet, or verbally to staff members. One detainee stated that he has seen the posters on the housing unit walls. Two detainees stated that they could have a family member report it. And one detainee identified four different ways as by phone, third party, verbally, or in written/tablet.

(b) JCJ Policy R-100 states, "the Jefferson County Jail shall also allow inmates to report sexual abuse or sexual harassment to a public or private outside agency which is the neighboring Sheriff's Office (Bonneville County Jail; 208-529-1315 Lt. Huston), (Established 01/28/2016), Crime Reporting Hotline (Posted on Day Room Walls), and 24-hour advocacy agency (Family Crisis Center 208-356-0065). It shall be the responsibility of the outside agency to immediately refer and/or report any allegations of inmate sexual abuse and/or sexual harassment which it receives to the highest-ranking staff person at the Jefferson County Sheriff's Office on duty at the time the report is forwarded. Civil immigration inmates may follow the established protocols for contacting their relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse. United States Marshal Inmates, may choose to report an PREA issue follow the established listed protocols outlined in the inmate handbook."

The JCJ utilizes the DHS/OIG hotline as their outside reporting entity for ICE detainees being held in their facility. The facility handbook provides the contact information for the DHS/OIG as the detainee outside reporting entity regarding allegations of sexual abuse. The DHS/OIG poster states that the detainee may remain anonymous when making a report if they choose. The five detainees interviewed were asked if they knew a sexual abuse report could be made without providing a name and all indicated they were aware. While conducting the facility tour, the Auditor attempted to contact the DHS/OIG through use of a phone located in the segregated housing unit. The Auditor was unable to connect a call to the DHS/OIG Hotline. With assistance from the PSA Compliance Manager, multiple additional calls were attempted but the call could never go out and connect.

**Does Not Meet (b):** The facility has not demonstrated a call can be successfully made to the DHS/OIG from inside the facility using detainee phone devices. The facility must provide at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The facility must provide evidence that a call is successfully completed from the housing units to the DHS/OIG by documenting the time and date that the successful call was made, who made the call, location the call was placed from, and the name of the DHS/OIG call taker.

(c) JCJ Policy R-100 states, "staff are required to accept all such reports from an inmate or third party without hesitation, delay, or question, and promptly forward them on to PREA Coordinator, Supervisor, Administrator, Sheriff. The recipient of such a report is to

immediately begin the review, referral, and investigative process. Verbal reports that are received are promptly documented and given to the designated person." All 10 officers interviewed stated they would accept sexual abuse reports verbally, in writing, anonymously, and by a third party, and that upon becoming aware of the allegation, would promptly document any reports.

#### **§115.52 - Grievances.**

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

**Notes:**

(a) The JCJ Facility Handbook states that, "there are several ways that you can report abuse and protect your-self from being a victim. if you feel unsafe or have been a victim of sexual abuse you can file an emergency grievance stating the nature of your problems and your immediate needs. Any jail staff or shift supervisor will tell you how to file an emergency grievance." The Grievance Coordinator confirmed during his interview that he would accept a sexual abuse allegation made through the grievance process. All five detainees interviewed were aware that they could report a sexual abuse allegation utilizing the grievance form found on the tablet.

(b)(c) JCJ Policy R-100 states, "any grievance submitted by an inmate alleging sexual abuse or imminent risk of sexual abuse shall immediately be withdrawn from the routine jail inmate grievance process. Rather, these grievances will be considered a complaint of sexual abuse and not subject to any of the rules, procedures, or timelines regarding routine inmate grievances. All staff receiving such grievances alleging sexual abuse shall immediately direct them to a Supervisor. The Supervisor shall immediately initiate the appropriate sexual abuse response. The Jefferson County Jail shall immediately begin an investigation and shall alert proper medical personnel of any sexual abuse related medical emergencies."

The Grievance Coordinator indicated that there are no time limits on when a detainee can submit a grievance regarding an allegation of sexual abuse. He was asked if there is a different set of procedures for responding to time sensitive grievances regarding sexual abuse and he explained that when you receive a formal grievance, you must take immediate action by contacting the PSA Compliance Manager and the JA/OIC so that an investigator can be assigned to investigate the allegation. The JCJ provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff stating that the facility has not received any grievances related to sexual abuse from ICE detainees during the audit period. The 10 officers interviewed were asked if they would accept a sexual abuse report through the grievance process and all answered that they would.

(d) JCJ Policy R-100 states, "The Jefferson County Jail shall immediately begin an investigation and shall alert proper medical personnel of any sexual abuse related medical emergencies." The Grievance Coordinator and 10 officers were asked if they received a grievance related to sexual abuse medical emergency, would they notify medical staff. Both the Grievance Coordinator and all the officers interviewed indicated that they would notify medical personnel immediately. The medical staff member also indicated that facility staff would bring medical emergencies to the attention of medical personnel immediately.

(e) JCJ Policy R-100 states, "the facility shall issue a decision on the PREA related grievance within five days of receipt. And the facility shall issue a decision on an appeal to a grievance within 30 days. Facilities shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate holding agency (ICE, US Marshals, IDOC, Etc.)." The Grievance Coordinator confirmed that a response would be provided in 5 days and an appeal regarding the decision within 30 days and that the FOD would be notified of the response at the conclusion of the grievance process.

(f) JCJ Policy R-100 states, "To prepare a grievance, an inmate/detainee may obtain assistance from another inmate/detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties." When conducting interviews with officers and the Grievance Coordinator, they were asked how they would expedite a detainee's request for assistance from another person to help file a grievance. The Grievance Coordinator stated he would help accommodate the procedure by making available appropriate and expedited correspondence between the parties. The majority of the officers interviewed indicated they would facilitate communication between the third-party that is trying to assist by making the phones or tablets more assessable and prioritizing the needs of the detainee requesting assistance with his grievance.

#### **§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) JCJ Policy R-100 states, "the Jail shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Copies of the agreements or documentation showing attempts to enter into such agreements will be maintained on file with the facility." The JCJ provided a MOU with the Family Crisis Center to provide the services of an advocate for sexual abuse victims at the facility. When interviewing the PSA Compliance Manager, he indicated that they draw on community resources such as the Family Crisis Center for victim advocacy, Madison Memorial Hospital for forensic medical examinations, and if needed the Tri-County mutual aid agreement for investigations. The Auditor interviewed the Director of the Family Crisis Center who informed the Auditor that her agency provides a 24-hour hotline that detainees can call to arrange counseling or other services that they may need regarding sexual victimization. The contact number and mailing address was posted and observed by the Auditor in the housing unit during the on-site facility tour.

(c)(d) JCJ Policy also states, "the Jefferson County Jail shall make contact information for outside agencies and/or victim advocate services that provide emotional and/or psychological support for victims of sexual assault available to inmates. These outside agencies

assist in the prevention and intervention of sexual abuse. These may include local, State, or national victim advocacy or rape crisis organizations. This contact information will be available to inmates through information posted on the wall of the housing unit, medical or mental health, a deputy, in the facility handbook or by an investigator." The policy further states that, "The Jefferson County Jail shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The Jail shall inform inmates, prior to giving them access, 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." The JCJ posted the Family Crisis Center informational sexual assault hotline pamphlet with contact information (phone number and mailing address) in the detainee housing units both in English and Spanish. These posters indicate the mandatory duty to report. In addition, this information can also be found on the facility's Zero-Tolerance posters mounted on the walls of the housing dorms. The Family Crisis Center MOU states that, "the JCJ will enable reasonable communication if said inmate desires to speak with a victim advocate, the JCSO will enable reasonable communication between the inmate and Family Crisis Center in a confidential manner as possible." The facility handbook indicates that, the call to the Family Crisis Center is anonymous, confidential, free of charge, and non-recorded. The Auditor has confirmed these advocacy services are provided by Family Crisis Center through interviews with the PSA Compliance Manager and the Director of the Family Crisis Center. The PSA Compliance Manager indicated that arrangements would be made so that the advocate could have professional visits with the detainee victim at the facility so that the communication can be as confidential as possible. The Director of the Family Crisis Center confirmed this practice stating that her counselors could respond to the JCJ to meet with the alleged detainee victim.

#### **§115.54 - Third-party reporting.**

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

#### **Notes:**

JCJ Policy R-100 states that, "the Jefferson County Jail will receive and respond to third party reports of sexual abuse and sexual harassment in an expedient and efficient way. Third party reports may be done verbally or in writing and may be submitted to the on-duty staff member, on-duty supervisor, administration, medical or mental health personnel, investigators, or the PREA Coordinator. The facility shall publicly distribute information on how to report sexual abuse and sexual harassment on behalf of an inmate by posting a notice in the lobby near the public check in visiting point."

The JCJ has provided the ICE website where, under the ICE/DRIL contact information, is available to the public to report many things including incidents of sexual or physical assault or abuse. The Auditor's review of the ICE website <https://www.ice.gov/prea> and Jefferson County Jail website, <http://www.co.jefferson.id.us/249/jail> confirmed the websites have third-party reporting information available to the public. The JCJ website offers written correspondence and the phone number of the PSA Compliance Manager for the public to report detainee sexual abuse.

#### **§115.61 - Staff reporting duties.**

**Outcome:** Does not Meet Standard (requires corrective action)

#### **Notes:**

(a)(b)(c)(d) JCJ Policy R-100 states that, "the Jefferson County Jail shall require all employees to accept all reports from inmates/detainees and report all incidents of sexual abuse/harassment, retaliation, or neglect of responsibilities to detect, prevent, or report sexual abuse. All employees, staff, volunteer(s), and/or contract services personnel shall report all allegations and/or incidents of sexual abuse, harassment, misconduct, discrimination and/or retaliation to the Shift Sgt./Supervisor immediately upon receiving such knowledge. Reports shall be made to the Sheriff and Administration regarding any neglect or violation of responsibilities on the part of any facility employee that may have contributed to a sexual abuse incident or retaliation against those who have reported such incidents. The reporting staff member or volunteer shall then write an incident report prior to leaving the facility and forward it to the Sheriff and Administration Staff. The Shift Sgt., Commander and or Jail Administrator will forward the report to the facility's designated investigators. Staff is required to accept all such reports from inmates and/or the public when informed of such incidents through any of the following means, written reports, verbal reports, anonymous reports, telephone call/voicemail message, Sheriff's Office Website, Third Party Reporting, and e-mail." The policy also states, "the reporting staff member or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings. As an alternative, a staff member or volunteer may make a report directly to the facility's PREA Coordinator, either by writing or verbally, who shall, if requested, keep confidential the identity of the staff member or volunteer. Any staff member or volunteer found to have failed to report sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, up to and including termination, and may also be subject to criminal prosecution. Staff may also report outside of their chain of command to Lt. Huston at the Bonneville County Sheriff's office 1208-529-1315." The policy further states that, "unless otherwise precluded by Federal, State, or local law, all medical and mental health professionals shall be required to report sexual abuse. Incidents of sexual abuse and/or sexual harassment on inmates who are under the age of 18 or inmates classified as a vulnerable adult under Idaho Statute 18-1505 shall be reported to the Department of Social and Health Services – Adult Protective Services under mandatory reporting laws by the PREA Coordinator."

The PSA Compliance Manager indicated that staff are aware that they are to report immediately any knowledge, suspicion, or information regarding sexual abuse, retaliation, or staff neglect. He also stated that staff can report incidents of sexual abuse outside their chain of command by going to the PSA Compliance Manager or contacting the neighboring Bonneville County Sheriff's Office PREA hotline. The PSA Compliance Manager further indicated that the facility does not house juvenile detainees or vulnerable adults. However, if they did run into that situation, he stated that he is aware that Social Services must be called. All 10 officers interviewed stated that they would report immediately to their supervisor and would limit the information to those with a need-to-know. One

officer also indicated they he could report sexual abuse to the PSA Compliance Manager. The JA/OIC indicated that the facility would report all sexual abuse allegations to the ICE Field Office and JCSO. If an allegation were to involve a vulnerable adult detainee, the JA/OIC stated that the Jefferson County Human Services Department would have to be notified. The facility reported there were no allegations of sexual abuse during this audit period. The facility did not provide any documentation or proof that the reporting duties under their PREA/SAAPI Policy R-100 has been reviewed and approved by the agency.

**Does Not Meet (a):** The facility has not provided documentation as proof that their facility reporting duties policy and procedures were reviewed and approved by ICE ERO Field Office. The facility must provide documentation which indicates that they have communicated with the agency to review and approve the facility's written PREA/SAAPI policy and provide that documentation as evidence of compliance.

#### **§115.62 - Protection duties.**

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

**Notes:**

JCJ Policy R-100 states, "When the Jefferson County Jail learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate." When interviewing 10 officers, they indicated that they would immediately remove a detainee who is subject to a substantial risk of imminent sexual abuse from the situation and contact a supervisor. The first line supervisor stated that he would interview the detainee to determine the circumstances, make necessary housing assignments and contact ICE ERO to decide if the detainee or alleged aggressor would need to be transferred to a different facility, if necessary. Interviews with the PSA Compliance Manager, JA/OIC, officers, and first line supervisor confirmed that there have been no instances of a detainee at substantial risk of imminent sexual abuse during the audit period.

#### **§115.63 - Reporting to other confinement facilities.**

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

**Notes:**

(a)(b)(c)(d) JCJ Policy R-100 states, "Upon receipt of an allegation of sexual abuse of an inmate while confined at another facility, the Jail Administrator or Sheriff shall notify the head of the facility or the highest ranking official where the alleged abuse occurred. The notification shall be made as soon as possible but, in no case, later than 72 hours after receiving the allegation. The Jail Administrator or Sheriff shall document the notification on Incident Report. Upon receipt of an allegation from another facility of an inmate being sexually abused or sexually harassed in the Jefferson County Jail, the allegation will be investigated in accordance with the PREA standards established in 115.22 of this policy. Upon transfer, the PREA Coordinator, or designee, shall inform the receiving facility of an incident for an alleged inmate victim and the inmate's potential need for medical or social services, unless the inmate requests otherwise. Upon receiving an allegation that an (ICE) detainee was sexually abused while confined at another facility, the agency or facility whose staff received the allegation shall notify the ICE Field Office and the administrator of the facility where the alleged abuse occurred." The facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, that indicated that there have been no instances where the JCJ received a sexual abuse allegation where the incident occurred at another facility or received an allegation from another facility alleging sexual abuse at the JCJ during the audit period. When interviewing the PSA Compliance Manager, he indicated that if his facility were to receive an allegation regarding sexual abuse that occurred at another facility, the JCJ would immediately notify that facility's administrator at least within 72 hours by phone then followed up with an email and send an official letter signed by the JA/OIC. He further stated that if JCJ received a sexual abuse allegation from another facility, they would immediately initiate a PREA investigation into the matter. The JA/OIC confirmed this practice and indicated that the SDDO would be notified via phone call followed up with an email, who during an interview, confirmed that he would immediately make the required notifications..

#### **§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) JCJ Policy R-100 states, "upon learning of a report of sexual abuse or sexual assault, the first detention staff member to respond shall separate the victim and abuser, establish a "crime scene" to preserve and protect any evidence, identify, and secure any/all witness(es) until steps can be taken to collect any evidence." The policy also states that, "if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate, washing, showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This will be accomplished by placing the alleged abuser in a dry cell." The policy further states, "if the "First Responder" is not a detention staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a Supervisor. Determine whether immediate medical care/mental health professional services are required and contact the appropriate staff for response and attention. If first responder is a non-security staff, he/she will immediately report incident to security staff, aiding in the process of separation of victim and abuser as well as evidence preservation." The facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, stating that the JCJ has not received any detainee complaints alleging sexual abuse during the audit period. All 10 officers interviewed indicated if they became aware of an incident of sexual abuse, they would immediately separate the individuals involved, secure the scene, preserve the evidence, and request that the victim not brush their teeth, use the

bathroom, change their clothes, shower, and notify the medical staff. The officers also indicated that they would ensure the alleged perpetrator not destroy physical evidence by placing the individual in a single cell and shut off the water supply until the situation could be assessed. The volunteer interviewed indicated that he would immediately ensure the safety of the alleged victim, notify security staff, and request that the alleged victim not use the restroom, eat, drink, change clothes, or take a shower. The facility reported there were no instances of alleged sexual abuse reported during this audit period.

#### **§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) JCJ Policy R-100 states, "the First Responder will immediately contact the Supervisor to notify of the incident and the Supervisor will respond to the area. The Supervisor will ensure that the "First Responder" has completed his/her responsibilities and will do the following, notify the Jail Administrator who will, in turn, will notify the Chief Deputy, Sheriff and investigators; notify the PREA Coordinator; ensure the only persons permitted to enter the secured crime scene shall be the assigned investigator, medical staff as needed, and facility leadership; ensure a log is maintained of anyone entering the crime scene and at what time he/she entered and exited; and ensure the area remains secured as a crime scene until verification the investigation is completed and released by the investigating authority." The policy also states, "the Jail shall make available to inmate victims of sexual abuse, immediate on-site medical/mental health care to the capacity to which the facility is able to administer such care. Additionally, in the event that outside medical/mental health services are required, the Jail shall inform the receiving facility or service provider(s) of the incident unless otherwise requested by the inmate to restrict the release of information and their protection of privacy. Further, the Jail will coordinate transport and accompany the victim to the outside treating facility. In the event of a PREA allegation the PREA Coordinator, Jail Administration and investigators shall coordinate the following: ensuring proper and thorough investigations also safety and wellbeing of victims of sexual abuse; contact of the family crisis center, to provide victim advocate as well as SAFE and SANE; investigatory interview(s); evidence collection; and ensure emergency and ongoing medical/mental health is provided."

The JA/OIC stated coordination and communication among staff in response to an incident is arranged through the radio, phone, and email. The on-duty supervisor delegates out individual responsibilities to all those individuals involved in the critical incident. The JA/OIC indicated that all involved staff would follow the JCJ Policy R-100 to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership.

(c)(d) JCJ Policy R-100 states, "for ICE detainees, if a victim of sexual abuse is transferred between DHS immigration detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim is transferred between DHS immigration detention facilities or to a non-DHS facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The facility provided a memorandum dated November 16, 2022, written by the PSA Compliance Manager, and signed by the Sheriff indicating that the JCJ did not have any instances during this audit period where an ICE detainee was a victim of sexual abuse and was transferred to another facility. However, the document states, "In the event JCJ transferred a victim of sexual abuse to another facility, the PREA Coordinator (PSA Compliance Manager) would call and notify the receiving facility of the incident unless otherwise requested by the inmate to restrict the release of information and their protection of privacy." When the JA/OIC was interviewed, she stated that everything in the sexual abuse investigation would be retained and follow the detainee during transport to any other DHS facility and would be provided to all other detention facilities upon request by the detainee.

#### **§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:**

JCJ Policy R-100 states, "Staff, contractors/volunteers that have been alleged to have been a perpetrator of sexual abuse shall be removed from all duties requiring contact with inmates/detainees, pending the outcome of an investigation. Furthermore, this requires supervisors to affirmatively consider removing staff pending the completion of an investigation, and to remove them if the seriousness and plausibility of the allegation make such removal appropriate." During the interview with the JA/OIC, she indicated that if staff were involved in a sexual abuse allegation the staff member would be placed on administrative leave until the conclusion of the investigation. She also stated that if a contractor or volunteer were involved in a sexual abuse allegation, they would not be allowed back into the facility until the investigation was completed and a conclusion was determined. The facility provided a memorandum from the PSA Compliance Manager dated November 16, 2022, indicating there were no reported staff, contractor, or volunteer on detainee allegations made during this audit period.

#### **§115.67 - Agency protection against retaliation.**

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

#### **Notes:**

(a)(b)(c) JCJ Policy R-100 states, "the Jefferson County Jail strictly prohibits retaliation by or against any party involved in a complaint of sexual abuse or sexual harassment. Retaliation in and of itself, shall be grounds for disciplinary action up to and including termination. Any inmate or staff member that reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fear retaliation, shall be protected from such unwarranted and prohibited behavior. The Jefferson County Jail shall implement various protective measures for inmates who face substantial risk of imminent sexual abuse that include, but are not limited or restricted to direct monitoring of the victim by Detention staff for unusual or abnormal behavior, housing reassignment or transfers for the victim, removal of alleged staff or inmate abusers from contact with the victim, referral for emotional/psychological



support to the victim, and immediately request an investigation of the allegation of sexual abuse. The protective measures will remain in effect until all signs of danger or fear is removed for the inmate at risk.” The policy further states, “following a report of sexual abuse, the Jefferson County Jail shall act promptly to remedy any allegation of retaliation against any inmate or staff member who reports sexual abuse or harassment. For at least 90 days following a report of sexual abuse, the PREA Coordinator will conduct periodic status checks to monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff and shall immediately take measures to remedy any such retaliation. All documentation will be written on the 90 days PREA Retaliation Monitoring Form.”

The facility provided a memorandum written by the PSA Compliance Manager and signed by the Sheriff dated November 17, 2022, indicating there were no instances or case where the need to monitor for retaliation for reporting sexual abuse, or cooperating with an investigation during the audit period. The PSA Compliance Manager was interviewed and stated that if he were made aware of any possible retaliation regarding a sexual abuse allegation, he would immediately act on that information and ensure that it was properly investigated. The PSA Compliance Manager also stated that he would monitor incident reports, housing changes, and meet with the alleged victim approximately every thirty days to ascertain how the alleged victim is doing. If monitoring staff, he would look for negative performance reviews and adverse job assignment changes or unscheduled leave and tardiness and meet with them as needed. The PSA Compliance Manager indicated that normally a detainee victim or staff would be monitored for 90 days unless there is a need to extend that time-period. The facility also provided a blank copy of their PREA Retaliation Form for review.

#### **§115.68 - Post-allegation protective custody.**

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

#### **Notes:**

(a)(b)(c)(d) JCJ Policy R-100 states that, “ICE Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Facilities shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.”

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, which indicates the JCJ has not received any complaints of sexual abuse from ICE detainees that resulted in ICE detainees being placed in protective custody, or restrictive housing to protect them from alleged sexual abuse. The PSA Compliance Manager indicated that if an alleged detainee victim needed to be placed in protective custody they would evaluate each incident on a case-by-case basis, and if needed, the detainee would be housed in the least restrictive safe area, and that it would not be for more than five days. The PSA Compliance Manager indicated that the facility must complete a reassessment before returning a detainee victim to general population and that the facility would notify the ERO SDDO whenever a detainee victim has been held in administrative segregation for 72 hours. The SDDO confirmed during his interview that he would immediately notify the AFOD or FOD regarding an ICE detainee victim being placed in administrative segregation.

**Recommendation:** The Auditor recommends that the JCJ add language to their PREA/SAAPI policy that covers provision (a) of this standard regarding the facility must take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. The Auditor confirmed this practice through the PSA Compliance Manager’s interview.

#### **§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) JCJ Policy R-100 states that, “when the Jefferson County Jail conducts investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Where sexual abuse is alleged, the investigator(s) from within the agency shall have received the specialized training required in the training and education standards.” As noted earlier, the JCSO investigates criminal allegations, and the investigator is also trained to conduct administrative investigations when directed to. When interviewing the JCSO investigator, he stated that he ensures that all investigations are prompt, thorough and objective by following the policy and having oversight. The facility investigator also indicated that the facility would follow procedure to ensure the investigations are prompt, thorough, objective, fair, and conducted by specially trained investigators. JCJ provided training records for both investigators indicating they have received the specialized training. The JCJ provided a memorandum dated November 16, 2022, from the PSA Compliance Manager and signed by the Sheriff, stating that there have been no instances of PREA related allegations from ICE detainees at the JCJ. This was also confirmed through interviews with the JA/OIC and PSA Compliance Manager.

(b) JCJ Policy R-100 states, “upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. If ICE detainee Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. All completed administrative investigations shall be forwarded to the Sheriff, who will review them with the Jail Administrator and any applicable staff members to determine whether any allegation(s) of sexual abuse or sexual harassment are substantiated.” The facility investigator stated that he would coordinate with other entities

when conducting administrative sexual abuse investigations, which would include coordinating with ICE officials. The PSA Compliance Manager responded the same. When asked if a criminal investigation were substantiated or unsubstantiated, would the facility conduct an administrative investigation, the PSA Compliance Manager and JA/OIC both stated yes, they would. There were no allegations of sexual abuse reported within the audit period.

(c)(e) JCJ Policy R-100 states, "at a minimum, the investigator(s) shall be responsible to, gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports (if any), of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigator(s) shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis only, and shall not be determined by the person's status as inmate, or, as a staff member of the Jefferson County Jail. [The investigator] shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation of such an allegation. [The investigator should] determine whether staff actions (including misconduct), or failures to act contributed to the abuse. [and] refer any/all substantiated allegations of sexual abuse, sexual harassment, or staff misconduct that appears to be criminal for prosecution. [The investigator shall] continue and not terminate an investigation of alleged sexual abuse even when the alleged abuser or victim has been released from custody or terminated active employment with the Jefferson County Sheriff's Office."

The policy further states that, "all written reports, physical, testimonial, and/or documentary evidence, credibility assessments, electronic monitoring data, DNA, and investigative facts and findings shall be thoroughly documented during the investigative process to adequately support the final outcome of the investigation, whether or not a referral for criminal prosecution is recommended or filed. The Jefferson County Jail shall retain all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, or as otherwise required by applicable law or consent decrees of the agency."

The facility investigator was asked what information/evidence the investigator would collect in a sexual abuse investigation. The facility investigator indicated that he would collect physical and circumstantial evidence. The facility investigator also indicated that he would collect witness, victim, and perpetrator statements, video evidence and logbooks. When the PSA Compliance Manager was asked that question, he indicated that security staff's primary responsibility is to secure the scene and preserve the evidence until the JCSO can respond to collect evidence. Furthermore, he stated that all administrative sexual abuse investigations would be kept with him upon conclusion of the investigation. The facility investigator indicated that he would complete and document the investigation after it was finished. The JA/OIC stated that the facility investigator would attempt to determine whether any failures at the facility led to the abuse if directed to conduct an administrative investigation. Both the facility investigator and JA/OIC confirmed the investigation would continue even if the alleged abuser or victim were no longer at the JCJ.

(f) JCJ Policy R-100 states, "when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The JA/OIC, PSA Compliance Manager, and facility investigator was asked if the facility would cooperate with outside investigators, and all three answered yes. The facility investigator stated that he would provide all information they required and would try to remain informed during the course of the investigation. He also stated that he would ensure the administrative investigation did not interfere with the criminal investigation.

#### **§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:**

JCJ Policy R-100 states, "for administrative investigations, the Jefferson County Sheriff's Office shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." During the interview with the facility investigator, he indicated that the standard of proof in sexual abuse administrative investigations is the preponderance of the evidence. The facility had no reported incidents of sexual abuse regarding ICE detainees; therefore, there were no investigative files to review.

#### **§115.73 - Reporting to detainees.**

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

**Notes:**

JCJ Policy R-100 states, "the Jail shall inform the inmate of the investigative findings as to whether the allegation of sexual abuse or sexual harassment has been determined to be substantiated, unsubstantiated, or unfounded. If an outside agency investigator conducted the investigation, the Jefferson County Jail shall request the relevant information from the investigative agency in order to inform the inmate." The JA/OIC stated the PSA Compliance Manager is the designee for notifying detainees who reported sexual abuse about the results of the investigation and any actions taken by the facility. When interviewing the PSA Compliance Manager, he indicated that he would draft a letter making notification and document said notification on the JCJ Request for Sexual Assault/Harassment investigation form. The letter to the detainee would be delivered either by hand or by mailing the letter to the last known address of the detainee. The facility had no incidents of sexual abuse reported or detainees at the facility during the audit period; therefore, there were no investigative files to review.

**§115.76 - Disciplinary sanctions for staff.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(c)(d) JCJ Policy R-100 states, "staff of the Jefferson County Jail shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. All disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other members with similar histories. Termination shall be the presumptive disciplinary sanction for all Jefferson County Sheriff's Office employees who have engaged in sexual abuse. All employees terminated for sexual abuse, or who resign from employment with the Jefferson County Sheriff's Office, who would have been terminated if not for their resignation, shall be subject to criminal investigation unless the activity was clearly not criminal. In addition, reports will be made to Idaho P.O.S.T (Peace Officer Standards and Training)."

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, that indicated the JCJ had no terminations, resignations, or other sanctions of staff members for violating sexual abuse policies during the audit period. During the interview with the JA/OIC, she explained that staff who violate the sexual abuse policy is subject to disciplinary action up to and including termination. She also stated that if staff is terminated or resigns in lieu of removal for violating the sexual abuse policy, the JCSO and Sheriff are made aware of the situation. The JA/OIC also stated that the staff member who was the perpetrator of the sexual abuse would be terminated by order of the Jefferson County Sheriff, which constitutes notification to the local law enforcement entity. The JA/OIC explained that if security staff resigns or is terminated due to violating the facility's sexual abuse policy, the PSA Compliance Manager notifies the state P.O.S.T to revoke the license because the individual has violated the Idaho Jail Standards. These standards are governed by the state who is the licensing body for law enforcement and corrections officers.

**Does Not Meet (b):** The facility was unable to demonstrate they have submitted JCJ Policy R-100 to the agency for review and approval of facility policies and procedures regarding disciplinary or adverse actions for staff. To become compliant, the facility must provide documentation that they have submitted their JCJ Policy R-100 to the agency for review and approval and provide the Auditor with this correspondence.

**§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) JCJ Policy R-100 states, "Any contractor or volunteer who is suspected of perpetrating sexual abuse shall be removed from all duties requiring inmate/detainee contact pending the outcome of an investigation. And shall be reported to law enforcement agencies unless the activity was clearly not criminal. In addition to internal and criminal actions, reports will be made to any relevant licensing bodies. The Jefferson County Sheriff's Office shall consider whether to prohibit further contact with inmates, termination of services and/or contracts, with contractors/volunteers who have not engaged in sexual abuse but have violated other provisions of the PREA standards."

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, which indicates the JCJ has had no contractors or volunteers violate the sexual abuse policies within the audit period. They also reported no instances where a licensing body was contacted regarding a contractor or volunteer violating their sexual abuse policy. "If there were an instance of sexual abuse by a contractor or volunteer, the Sheriff and Jail Administrator would immediately be notified, and the contractor/volunteer would be immediately suspended or terminated." The JA/OIC was interviewed and explained that the facility's policy on addressing sexual abuse allegations involving contractors or volunteers is zero-tolerance and the facility would prohibit access to any contractor or volunteer who was the subject of a sexual abuse investigation until the investigation was complete. If the investigation revealed sexual abuse the contractor/volunteer would be criminally charged and permanently removed from access to the facility. She also stated that the JCSO would be notified as well as ICE and the contracting agency. The JA/OIC stated that the facility would notify the contractor's employer and it would be the responsibility of the contractor's employer to notify any applicable licensing body that may be involved in oversight of that profession. The JA/OIC indicated that the facility would follow up with the contracting company to ensure the licensing body had been contacted.

**Recommendation (a):** The Auditor recommends that the facility add language to their PREA/SAAPI policy that specifies any contractor or volunteer who has "engaged" in sexual abuse shall be prohibited from contact with detainees.

**§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) JCJ Policy R-100 states, "inmates in the Jefferson County Jail shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories." When interviewing the JA/OIC, she stated that the facility would discipline detainees who engaged in sexual abuse. She further stated that the alleged detainee abuser would have a due process hearing and if found guilty would receive disciplinary

sanctions. All institutional disciplinary sanctions are to correct behavior. The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, indicating that the JCJ had not disciplined any ICE detainees for engaging in sexual abuse during this audit period, as there were no incidents reported.

(c) The JCJ provided their disciplinary hearing documents as evidence of their due process administrative procedures regarding their disciplinary system. The Auditor reviewed the JCJ disciplinary procedures and found they provide a system with progressive levels of reviews, appeals, procedures, and documentation procedure to ensure due process. There were no reports to review as there were no detainees disciplined for engaging in sexual abuse during this audit period.

(d)(e)(f) JCJ Policy R-100 states, "prior to imposing disciplinary sanctions, the hearing officers shall consider if mental illness or mental disabilities contributed to his/her behavior." The policy also states, "inmates will not be disciplined for sexual contact with staff unless it is determined that the staff person did not consent." The policy further states that, "an inmate may be disciplined for knowingly making or soliciting a false report of sexual misconduct or sexual harassment or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct or sexual harassment. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement. The Jefferson County Jail prohibits all sexual activity between inmates and may discipline inmates for such activity. However, the sexual activity does not constitute sexual abuse if the activity was not coerced." When interviewing the JA/OIC, she indicated that the hearing officer would consult with the mental health provider regarding any relevant information about a detainee's mental state that may have contributed to the offense. She also stated that no detainee would be disciplined for engaging in sexual contact with a staff member. The JA/OIC explained it is against Idaho state law for a person with custodial authority over a prisoner to engage in sexual contact. The JA/OIC indicated that no detainee would be disciplined if a report of sexual abuse were made in good faith, but the investigation did not establish enough evidence to substantiate the incident.

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

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

#### **Notes:**

(a)(b)(c) JCJ Policy R-100 states, "if the intake screening indicates, or staff otherwise receives information, that an inmate has experienced prior sexual victimization whether it occurred in an institutional setting or in the community, or an inmate who has perpetrated sexual abuse, Jail Staff shall ensure that the inmate is offered a follow-up meeting with a medical/mental health practitioner within 2 working days of the intake screening. The referral will be documented in a (Medical Referral form.) The Mental health professional is required to provide a follow up mental health evaluation within 72 hours from the date of referral. If medical treatment is needed for a physical injury, the staff person shall ensure that it is offered immediately."

The Auditor interviewed the Classification Officer who was identified as the person responsible for conducting risk screenings. The Classification Officer confirmed that if a detainee disclosed that they were previous victims of sexual abuse they would be referred to medical for further evaluation and a follow-up meeting scheduled. If the detainee wanted to speak with mental health, then the medical staff would make a referral. The Auditor interviewed a medical staff member who confirmed the practice of collecting all the initial medical screening and booking forms that would also include referrals notated on the Medical Referral form and a follow-up meeting with the nurse is scheduled if the form indicates that they reported prior victimization. The medical staff member stated that if a detainee were identified as a possible sexual abuse victim during the intake process, the Classification Officer would inform medical. The medical staff member further stated that if the detainee reported prior sexual abuse that detainee would be seen by a medical staff member within two days and a mental health professional within three days after receiving the referral. When the Auditor interviewed the mental health professional, he confirmed this practice and stated that he would make contact with the detainee within 72 hours, because he works every other week, but is capable of counseling by way of an online platform when notified by the facility. If a detainee is identified as a possible aggressor, the detainee would also be referred to the mental health provider for an evaluation. The medical staff member confirmed these procedures, and that the medical department is responsible for scheduling a follow-up meeting with mental health. Based on the interviews with the medical staff member and mental health provider, there were no detainee referrals made to medical or mental health for prior sexual abuse or victimization within the audit period.

#### **§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) JCJ Policy R-100 states, "inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by your medical health professionals according to their professional judgment. In the event that there are no qualified medical or mental health professionals on duty at the time a report of sexual abuse is made, the detention staff "First Responders" shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the Quick Response Unit EMT's/and or Ambulance Personnel and follow their directions. Inmate victims of sexual abuse that occurred while incarcerated shall be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Jail medical/mental health professional and or after-hours Ambulance staff shall provide urgent care to victims, as needed, prior to their transport to an outside medical facility. If medical/mental health staff is not on the premises, the detention staff will contact the EMT's to respond to the facility to provide urgent care to victims. Treatment services shall be provided to the victim without financial

cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The medical staff member explained during her interview that all detainees have access to emergency medical treatment and crisis intervention services at either the Madison Memorial Hospital in Rexburg, Idaho or the EIRMC in Idaho Falls, Idaho. She stated at the emergency room the detainee would receive the necessary treatment such as emergency contraception and sexually transmitted infections prophylaxis. The medical staff member also confirmed that the medical treatment received for sexual abuse victims is free of charge regardless of whether the victim names the abuser or cooperates with the investigation. The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, which indicates that the JCJ has received no allegations of sexual abuse at the facility within the audit period; therefore, there have been no emergency medical or mental health services of this nature provided.

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

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

##### **Notes:**

(a)(b)(c)(e)(f)(g) JCJ Policy R-100 states, “the Jefferson County Jail shall offer ongoing medical care and/or mental health professional services to inmates who it learns have been victimized by sexual abuse and those who have perpetrated sexual abuse in any prison, jail, lockup, or juvenile facility. The medical care and/or mental health professional services shall include, as appropriate; follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Jefferson County Jail shall offer and provide such victims with medical care and mental health professional services consistent with the community level of care. This ongoing care terminates upon release from the Jefferson County Jails custody.” The policy also states that, “the facility shall attempt to conduct a mental health evaluation of all known inmate/detainee-on-inmate/detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The Jefferson County Jail Contract Medical or Mental Health staff will make any such referrals when the inmate is released from custody but will not make the appointment for the inmate.”

The interview with the medical staff member indicated that any additional tests or treatment would be handled by the attending physician and that the medical staff at the facility would provide the necessary continuity of care. The medical staff member also stated that the medical provider would be consulted regarding all continued medical care and treatment. The medical staff member stated that the medical and mental health services offered at the facility are consistent with that of the community. She indicated that they would provide the continuity of care for detainee victims of sexual assault as specified by the attending physicians at the hospital and the JCJ doctor. The medical staff member indicated that if a detainee were identified as an abuser, a referral would be sent to mental health. The mental health provider confirmed this practice during his interview and stated that the detainee would be seen within 60 days; however, he indicated that he had not received any referrals during the audit period. The JCJ has reported no incidents of sexual abuse involving ICE detainees requiring medical attention during this audit period.

(d) Only male detainees are housed at the facility; therefore, this provision is not applicable.

#### **§115.86 - Sexual abuse incident reviews.**

**Outcome:** Does not Meet Standard (requires corrective action)

##### **Notes:**

(a)(b)(c) JCJ Policy R-100 states, “the facility shall conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. A review team may consist of the following: PREA Coordinator, members of Command and Administrative staff, and if relevant, Medical and Mental Health staff and any other persons determined to be relevant to the investigation shall conduct an PREA incident review no later than 30 days following the conclusion of an investigation. The review will be to analyze applicable information contributing to the reported PREA incident. The focus of the review will be to determine if there are corrective actions required to prevent future incidents. The review will consider, at a minimum, classification and housing, imminent risk factors for the victim, whether or not the incident was motivated by race, ethnicity, gang affiliation, or other group dynamics in the facility, “LGBTQ+” gender identity, proper adherence to the PREA and jail operations policy, procedure, and processes by staff, adequacy of staffing levels in the area during different shifts, consideration of detention center/housing modules troublesome physical barrier areas, review video monitoring technology capabilities, upgrade, change, and/or discontinuance of any daily operation activity. The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement, and submit the findings to Chief Deputy, Sheriff, and the PREA Coordinator. The Sheriff or his/her authorized designee shall implement the recommendations for improvement or shall completely and adequately document the reason(s) for not doing so.”

The JCJ provided a memorandum dated November 17, 2022, written by the PSA Compliance Manager, and signed by the Sheriff, indicating that the JCJ has had no sexual abuse allegations reported at the facility within the audit period; therefore, there were no incident reviews conducted for the Auditor to review. The interview with the PSA Compliance Manager indicated that the incident review team looks at procedures, facts, and what may have contributed to the incident. He explained that the team consists of the investigator, JA/OIC, Sergeants, medical staff member, and PREA Compliance Manager. The interview with the JA/OIC indicated that

an incident review would be conducted at the conclusion of every sexual abuse investigation. Furthermore, the JA/OIC indicated that the facility would conduct an annual review of all sexual abuse investigations and incident reviews to improve sexual abuse intervention, prevention, and response. The PSA Compliance Manager also indicated that the facility would prepare a negative annual report if the facility had not received any reports of sexual abuse. The facility provided an ICE Negative Report as proof of compliance dated November 17, 2022, written by the PSA Compliance Manager and signed off by the Sheriff. However, there is no documentation to indicate the facility provided the report to the JA/OIC, FOD, or Agency PSA Coordinator.

**Recommendation (c):** The facility policy does not cover provision (c) regarding the need to conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention. Nor does the policy require the facility to prepare a negative report and provide those findings and report to the facility administrator and Field Office Director or his or her designee, and the agency ICE PSA Coordinator.

**Does Not Meet (c):** The facility provided a negative report indicating no instances of sexual abuse occurred during the audit period to the Auditor for compliance review. However, there is no documentation to indicate the facility provided the report to the JA/OIC, FOD, or Agency PSA Coordinator. To become compliant, the facility must send the negative report to the JA/OIC, FOD and the agency PSA Coordinator. This correspondence must be provided to the Auditor for compliance review.

#### **§115.87 - Data collection.**

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

#### **Notes:**

(a) JCJ Policy R-100 states, "the Jefferson County Jail shall collect data on all incidents of sexual abuse occurring in the facility and conduct an annual review of the data. The data collection instrument used is the latest Department of Justice's Survey of Sexual Victimization (SSV-1) or a similar form with comparable data. The purpose of the review is to assess and improve the effectiveness of sexual abuse prevention, detection, response policies, practices, and training. At a minimum, the purpose of such data collection and review will be for the purpose of answering questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The data shall include data from incident-based documents, including reports, investigation files and sexual abuse incident reviews, and any other documentation such as electronic video monitoring recordings. Pursuant to answering any such survey, the PREA Coordinator shall prepare an annual report that identifies problem areas and whether any immediate corrective action or changes have been implemented for the facility, as well as the agency as a whole. Data shall be kept in a secure area which unauthorized individuals would not have access. And shall be retained for five years, or as otherwise required by applicable law or consent decrees of the agency." The interview with the PSA Compliance Manager indicated that all sexual abuse case files are kept in the JA/OIC's Office, in a locked cabinet.

#### **§115.201 - Scope of audits.**

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

#### **Notes:**

(d)(i) The Auditor was provided full access to and observed all areas of the JCJ without restriction. The Auditor was also permitted to conduct all interviews in a private setting with the detainees.

(e) The Auditor was provided relevant documentation to complete a thorough audit of the facility prior to the on-site visit, during the visit, and upon request during the post audit period. The Auditor received the requested documents or copies of relevant materials.

(j) PREA Audit Notices in English and 11 other languages (Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese) were sent to the JCJ prior to the on-site visit. The PREA Audit Notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with the DHS/ICE Standards to Prevent, Detect, and Respond to Sexual Abuse in a Confinement Setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. These notices explained that detainees, staff, or any other interested party were permitted to send the Auditor confidential correspondence through the Creative Corrections, LLC mailing address. The Auditor did not receive any correspondences from either staff, ICE detainees, or other parties.

### **AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

**Update Outcome Summary**

<b>SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)</b>	
<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	29
<b>Number of standards not met:</b>	10
<b>Number of standards N/A:</b>	2
<b>Number of standard outcomes not selected (out of 41):</b>	0

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

*Ron Kidwell*

3/22/2023

**Auditor's Signature & Date**

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

3/23/2023

**Assistant Program Manager's Signature & Date**

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

3/26/2023

**Program Manager's Signature & Date**