

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDITOR INFORMATION

Name of auditor:	David R. Andraska	Organization:	The Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(715) 896- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Houston
Field Office Director:	Patrick D. Contreareas
ERO PREA Field Coordinator:	
Field Office HQ physical address:	126 Northport Drive, Houston, Texas 77060
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Joe Corley Detention Facility
Physical address:	500 Hilbig Road, Conroe, TX 77301
Mailing address: (if different from above)	
Telephone number:	936-521-4000
Facility type:	<input type="checkbox"/> SPC <input type="checkbox"/> CDF <input type="checkbox"/> DIGSA <input checked="" type="checkbox"/> IGSA <input type="checkbox"/> FRC
	<input type="checkbox"/> Other, Describe:

Facility Leadership

Name of Official/Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	936-521- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	936-521- (b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Joe Corley Detention Facility (JCDF) in Conroe, Texas was conducted on September 19-21, 2017. The audit was completed by (b) (6), (b) (7)(C) (Lead) and (b) (6), (b) (7)(C), certified PREA auditors with The Nakamoto Group, Inc. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documentation to the auditors. The documentation consisted of The GEO Group, Inc. (GEO), JCDF and U.S. Immigration and Customs Enforcement (ICE) policies and procedures, as well as other supporting documents.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: ICE, Office of Professional Responsibility (OPR), External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C); Facility Administrator (b) (6), (b) (7)(C); Associate Warden (b) (6), (b) (7)(C); Prevention of Sexual Assault (PSA) Compliance Manager (b) (6), (b) (7)(C); Health Service Administrator (HSA) (b) (6), (b) (7)(C); GEO Senior PREA Manager (b) (6), (b) (7)(C); ICE Enforcement and Removal Operations (ERO) Supervisory Detainee Deportation Officer (SDDO) (b) (6), (b) (7)(C) and other ERO, facility management and support staff.

There were 763 ICE detainees housed in the facility on the first day of the audit which included 60 females and 703 males. The facility also houses detainees for the U.S. Marshals Service (USMS). The ICE and USMS detainees are housed separately. The focus of this audit was on the ICE operation and ICE detainees. A comprehensive tour of the facility that is accessible to ICE detainees was completed. The tour included the intake processing area, housing units, medical department, recreation, food service, library, visiting room, laundry and the control center.

Informal and formal conversations with staff and detainees regarding the PREA standards were conducted. PREA information in English and Spanish is located by the telephone in all detainee dormitories, to include details of how to report PREA incidents, phone numbers for the PSA Manager, DHS-Office of Inspector General (OIG) hot-line, ICE Detention Reporting and Information Line (DRIL), Rape Crisis hot-line and consulate information. ICE PREA zero tolerance posters were displayed in all common areas and throughout the facility. The posters encourage reporting and provide information on confidential reporting and victim services. Audit notifications were posted in the lobby and on the windows in all detainee dormitories.

A total of thirty-six staff interviews were conducted during the audit. The interviews included randomly selected security staff on all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect residents from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed, specifically the Facility Administrator, Assistant Warden, GEO PREA Director, PSA Compliance Manager, HSA, Case Worker, Nurse, Mental Health Supervisor, Investigator, Human Resource Specialist, Intake staff, Classification Staff, Training Administrator, Supervisory Staff, Contract Staff and a Volunteer. The ICE Assistant Field Office Director (AFOD), the Supervisory Detention & Deportation Officer (SDDO) and two Deportation Officers (DO) were also interviewed. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status.

Eighty-three detainee formal interviews were conducted during the audit (19 females and 64 males). Interviews were conducted in private offices adjacent to the housing units. Detainees were randomly selected from the housing units' rosters and from specialized lists provided by the facility. The interviewed residents were of various ages, nationalities and ethnic backgrounds. Six detainees who self-identified as being Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI), three detainees who were identified as potential victims per the risk assessment results conducted during intake and one detainee who was disabled were included in the number of interviews conducted. A majority of the detainees were limited English proficient (LEP) and were interviewed utilizing Certified Languages International, a telephonic interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection, and reporting mechanisms, and stated they felt safe at the facility. One detainee refused to be interviewed. Two detainees verbally requested to speak to the auditors while on-site and were interviewed. Their concerns were not PREA related. No letters were received by the auditor as a result of the audit notifications, although it should be noted that notifications were not posted in the housing area until the day before the start of the audit.

JCDF is located at 500 Hilbig Road, Conroe TX and is owned and operated by GEO Group, Inc. Under intergovernmental contracts, GEO operates and manages the facility for ICE and the USMS. The facility is a single story tile wall building, with 161,332 square feet and a design capacity for 1,517 detainees. The facility has 38, 36, 34, 32, 24, 16, 14, 12, 10, and 8 person dormitories. It also has single cells in the medical department and in restrictive housing. The average length of stay for an ICE detainee is 14 days. (b) (7)(E)

JCDF is staffed with 226 employees, to include GEO, ICE and other contract staff. The medical and mental health staff are GEO employees, excluding the Dentist and Doctor, who are contracted through Correct Care Solutions (CCS). The facility has a contract with Keefe to provide commissary services and with GTL to provide inmate telephone services. Religious services are provided by approved volunteers.

During the last twelve months, 6,995 ICE detainees were booked into the facility.

There were five allegations of sexual abuse reported during the last twelve months and all the allegations were investigated. Four of the investigations were recently closed and one still remains open.

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.

When the on-site audit was completed, a close-out meeting was held with the ERAU Team Lead, Facility Administrator, Associate Warden, the AFOD, PSA Compliance Manager, GEO Senior PREA Manager, and other ICE and GEO staff to discuss the audit findings. The facility staff was courteous, cooperative and professional. The interaction observed between staff and detainees was considered appropriate.

The standards used for this audit became effective in March 2014. There are 41 PREA standards for a Subpart A audit. Two standards were found to "Exceed" the requirements and thirty-six standards were found to "Meet" the standards. Two standards were found as "Does Not Meet" and a corrective action plan is required. One standard was not applicable.

The auditors were provided with extensive and lengthy documents and files prior to and during the audit to support the findings of the audit. At the conclusion of the audit, the auditors thanked the Facility Administrator and the ICE and GEO facility staff for their preparation, hard work, and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	2
Number of standards met:	36
Number of standards not met:	2

PROVISIONS

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

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

The Sexual Abusive Behavior Prevention and Intervention Program (JCDF Policy# 1400.03) is a written plan mandating zero tolerance towards all forms of sexual abuse. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors and explains the facility's zero-tolerance policy. The policy outlines the approach to preventing, detecting and responding to all forms of sexual abuse. GEO employs an upper-level, agency-wide facility PREA Director who has the authority to develop, implement and oversee PREA compliance and indirectly supervise PSA Compliance Managers at all GEO facilities. (Continued on page 11)

§115.13 – Detainee supervision and monitoring.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☒ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses staffing and outlines the requirements of this standard. Policy requires that a comprehensive staffing analysis is completed annually. An Annual PREA Assessment Plan was completed on October 16, 2016. The Facility Administrator stated that, in the last 12 months, there have been no deviations to the staffing plan. The Major also stated post orders are reviewed annually. The facility's security staff is composed of 146 GEO staff. (b) (7)(E) Additionally, there is only one staff responsible for the supervision and monitoring of each of the three hallways. Hallways A and C have over 300 detainees each. (Continued on page 11)

§115.14 – Juvenile and family detainees.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)
- ☒ Not Applicable (provide explanation in notes):

Notes:

Not Applicable. JCDF does not house juvenile or family detainees.

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☒ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. JCDF does not permit cross-gender pat-down searches, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there was no cross-gender visual body cavity or strip search conducted during the last twelve months. When conducted, the search is required to be documented. Searches for the sole purpose of determining genital characteristic are prohibited. The review of training documents and interviews with security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of Transgender and Intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible. During the tour, the auditor observed that not all detainees have privacy to shower, change clothes and perform bodily functions without being seen by staff of the opposite gender. (Continued on page 11)

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. JCDF takes appropriate steps to ensure detainees with disabilities and detainees who are LEP have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA postings and detainee handbooks are printed in both English and Spanish. Staff at the facility has access to the ERO Language Services Resource Flyer when interpretation and/or translation services for detainees who are LEP is required. The flyer provides the phone number for the 24-hour Language Line for interpretation and information on how to request translation or transcription. Staff also has access to the I Speak Language Identification Guide. Detainee PREA education material is available in accessible formats. Interviews with LEP detainees confirm that they received PREA information in a language they understand. (Continued on page 11)

§115.17 – Hiring and promotion decisions.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. JCDF requires all staff to pass a background investigation and refrains from hiring, promoting or enlisting the services of anyone who has engaged in or has been convicted of sexual abuse. The Human Resource Specialist was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. Staff have a continuing duty to report any misconduct. A tracking system is in place to ensure that updated background checks are conducted every five years. (Continued on page 11)

§115.18 – Upgrades to facilities and technologies.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)
- ☐ Not Applicable (provide explanation in notes):

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. During the last twelve months, JCDF has been undergoing housing renovations. The renovations include adding new flooring, new beds, new tables, microwaves and adding privacy partitions to shower and toilet areas that enable detainees to shower, and change clothing without being viewed by staff of the opposite gender. These renovations were designed by the GEO Design Team and PREA considerations were taken into account for the modifications.

§115.21 – Evidence protocols and forensic medical examinations.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F Sexual Abusive Behavior Prevention and Intervention Program (PREA) and JCDF Policy 1400.03 addresses the requirements of this standard. ICE and contract staff including Mental Health and Medical Services staff were interviewed concerning this standard and all were knowledgeable of their responsibilities as first responders and the procedures required to preserve usable physical evidence, when sexual abuse is alleged. Staff were aware that Montgomery County Sheriff's Department or the Conroe Police Department conduct investigations relative to sexual abuse allegations. The auditor confirmed that the facility has a Memorandum of Understanding (MOU) with Conroe Regional Medical Center to conduct forensic medical examinations. (Continued on page 11)

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F addresses the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/harassment. JCDF staff complete the initial fact finding investigations. The facility investigators were interviewed and found to have been properly trained and very knowledgeable relative to their responsibilities in the investigative process. CriminalThe official investigations are conducted by the Montgomery County Sheriff's Department or the Conroe Police Department and ICE. Administrative investigations are conducted by ICE. All allegations are reported immediately to the PSA Compliance Manager, Facility Administrator and on-site ICE staff. (Continued on page 11)

§115.31 – Staff training.

- ☒ Exceeded Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. A review of training documents/curriculum, training logs and staff interviews confirmed that all staff received PREA training and that the training included all the mandatory training objectives outlined in the standard. Staff receive initial pre-service training when they are hired and annual in-service training thereafter. (Continued on page 11)

§115.32 – Other training.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received the same PREA training provided to staff. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by the auditors. An interview with a volunteer and contract staff confirmed they received initial PREA training and annual PREA training and understood their responsibilities under the PREA.

§115.33 – Detainee education.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. During intake, all detainees receive the JCDF Detainee Handbook and National Detainee Handbook which identifies the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse/harassment and multiple ways to report any such incidents. The intake and classification staff verbally explain the PREA process utilizing an Intake Script developed by the facility. The pamphlet and handbooks are available in English and Spanish. All detainees watch an "Orientation Video, entitled "PREA and Know Your Rights". (Continued on page 11)

§115.34 – Specialized training: Investigations.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 requires the facility investigator receive specialized training, in addition to the general education provided to all employees. The GEO PREA Director attended the Moss Group "Train the Trainers Specialized Training; Investigating Sexual Abuse in a Corrections Setting" sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The facility investigators attended this specialized PREA training. (Continued on page 11)

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. GEO has developed very comprehensive training for its medical and mental health practitioners. All mental health and medical staff at JCDF have received the GEO Specialized Medical and Mental Health PREA training. The training includes how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and how to report allegations of sexual abuse. The training plan was reviewed by the auditor. Additionally, training is also provided in staff meetings. Forensic medical examinations are conducted at an outside hospital. Compliance with this standard was confirmed through staff interviews and the review of training documents.

§115.41 – Assessment for risk of victimization and abusiveness.

- ☒ Exceeded Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 outlines the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive toward other detainees. All new arrivals are assessed within their first 12 hours at the facility. All detainees are assessed a second time by medical staff within 24 hours of their arrival at the facility. Re-assessments are completed in person within a 60-90 day time frame. Detainees identified as being at risk for sexual victimization or being at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. JCDF maintains a PREA tracking chart to readily identify detainees, that based on the assessment process, were determined to be potential victims or abusers. (Continued on page 11)

§115.42 – Use of assessment information.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. The facility uses an in-processing screening instrument (reviewed by auditor) to determine proper housing assignments, with the goal of keeping detainees at risk of being sexually abused/sexually harassed separate from those detainees who are at a high risk of being sexually abusive. Housing assignments are made on a case-by-case basis and detainees are not placed in housing units based solely on their sexual identification or status. There were six LGBTI detainees housed at the facility during the audit. Transgender and intersex detainees are given the opportunity to shower separately from other detainees. The average length of stay for detainees is 14 days. Review of policy and support documentation, as well as interviews with staff, confirm compliance with this standard.

§115.43 – Protective custody.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. The policy states that detainees at risk for sexual victimization shall not be placed in restricted housing unless an assessment of all available alternatives has been made and there is no available means of separating the detainee from the abuser. In these cases, detainee victims can be transferred to another unit or placed in the medical unit. The detainee will be assessed within 72 hours and re-assessed every seven days thereafter while in Protective Custody. The detainee will not be placed in restrictive housing for more than 30 days. The facility notifies the AFOD no later than 72 hours after the detainee has been initially placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. There were no detainees at risk of sexual victimization held in Protective Custody status in the last 12 months. Interviews with staff and a review of policy confirm compliance with this standard.

§115.51 – Detainee reporting.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. A review of documentation and staff and detainee interviews indicated that there are multiple ways (verbally; in writing via a letter to ICE, the DHS-OIG, or consulate; or by telephone call to a hot line, anonymously, privately and from a third party) for detainees to report sexual abuse. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) that encourage reporting and provide information on confidential reporting and victim services. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting.

§115.52 – Grievances.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. Detainees have the option of submitting an emergency medical grievance. Facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment. There is no time limit for a detainee to submit a grievance regarding sexual abuse. The policy allows a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. There were no grievances alleging sexual abuse in the last twelve months. (Continued on page 12)

§115.53 – Detainee access to outside confidential support services.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Detainees are provided with the JCDF Detainee Handbook and National Detainee Handbook and also have access to the ICE PREA poster that lists contact information for local resources that provide support services. All detainees are provided with a tablet that has the electronic version of the handbooks and PREA resource information. JCDF contacted the Montgomery Women's Center for a MOU for crisis care for PREA victims. The Montgomery Women's Center said they could not sign a MOU; however they are willing for JCDF detainees to reach out to them in time of need. The Montgomery Women's Center gave JCDF business cards with the emergency contact information and pamphlets to be given to victims of PREA incidents. (Continued on page 12)

§115.54 – Third-party reporting

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Procedures for third-party reporting are listed in the Detainee Handbook, on posters which include the DHS-OIG telephone number and mailing address and the ICE ERO DRIL. This information is also available on the ICE ERO DRIL Web page, DHS-OIG Web page and GEO Web page. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has signs in the visiting room which allows for family and friends of detainees to note the procedures for reporting allegations.

§115.61 – Staff reporting duties.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Staff interviews confirmed that they were aware of their responsibility to immediately report any knowledge, suspicion, or information about any incident of sexual abuse. They were also aware of the requirement to report retaliation against detainees or staff who report or participate in an investigation about sexual abuse, assault or harassment. Staff receive a PREA Quick Reference Card pocket guide that identifies the reporting requirements. Staff may report misconduct outside of their chain of command by calling the DHS-OIG or GEO employee hot line. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case be limited to staff who have a need-to-know.

§115.62 – Protection duties.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Staff interviews confirmed that they are aware of their responsibility to immediately take action to protect any detainee that they believed is subject to a substantial risk of imminent sexual abuse or harassment. All staff indicated they would act immediately to protect the detainee and then call their Supervisor. All staff are issued a PREA Quick Reference Card pocket guide outlining all actions to be taken. In the last 12 months, there were no instances in which the facility staff determined that a detainee was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of policies confirm compliance with this standard.

§115.63 – Report to other confinement facilities.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Policy requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible, but no later than 72 hours after becoming aware of the allegation, and the notification must be documented. An interview with the Facility Administrator and PSA Compliance Manager confirmed their awareness of this requirement. During the last twelve months, no allegations of sexual abuse were received from a detainee while confined at another facility.

§115.64 – Responder duties.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim/abuser, preserve and protect the potential crime scene, not allow detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee by immediately notifying the PSA Compliance Manager. Staff are issued and carry a pocket-size PREA Quick Reference Card and interviewed staff were able to describe all first responder actions, if advised that a detainee is a victim of sexual abuse. All staff are trained to be first responders. (Continued on page 12)

§115.65 – Coordinated response.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse/harassment. In addition to first responders, the team consists of the Facility Administrator, medical and mental health providers, the PSA Compliance Manager, Montgomery County Sheriff's Department or Conroe Police Department and, when required, community resources from the local hospital and victim advocacy agency. The facility has established a PREA checklist to aid in their response to allegations of sexual abuse/harassment. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. No victims of sexual abuse were transferred to other facilities during the last twelve months.

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. Interviews with the Facility Administrator and PSA Compliance Manager confirm compliance with this standard.

§115.67 – Agency protection against retaliation.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. The policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse/harassment or cooperated in any related investigation. The facility's Chief of Classification is the designated Retaliation Monitor. The Chief of Classification meets with the victim on a weekly basis, documents the meeting and the victim signs off on the monitoring form. He also monitors any detainee disciplinary reports and housing changes and negative performance reviews or reassignments of staff. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews confirmed they were aware of the prohibition regarding retaliation. (Continued on page 12)

§115.68 – Post-allegation protective custody.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Per policy, JCDF will place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing options possible. Detainee victims who are in protective custody after having been subjected to sexual abuse are properly reassessed before they are returned to general population. The facility notifies the AFOD whenever a detainee victim has been held in administrative segregation for 72 hours. There have been no detainees placed in post-allegation Protective Custody during the last 12 months.

§115.71 – Criminal and administrative investigations.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. The facility investigator conducts initial fact finding investigations within the facility and refers all investigations to the Montgomery County Sheriff's Department or the Conroe Police Department. There were five allegations of sexual abuse reported during the last twelve months. An administrative investigation was conducted for each allegation. There were no criminal investigations during the last twelve months. Criminal investigations of ICE employee or contractor-on-detainee sexual assault allegations are referred to the DHS OIG and/or ICE Office of Professional Responsibility (OPR). Administrative investigations are conducted by OPR. (Continued on page 12)

§115.72 – Evidentiary standard for administrative investigations.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F and Directive Sexual Abuse and Assault Prevention and Intervention (ICE Directive 11062.2) address the requirements of this standard. Administrative investigations impose no standard higher than the preponderance of evidence to substantiate an allegation of sexual abuse or assault. Interviews with the Facility Administrator confirmed compliance with this standard.

§115.73 – Reporting to detainees.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F and ICE Directive 11062.2 address the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. There were five reported allegations of sexual abuse by detainees in the last 12 months. Four of the investigations were closed. None of the victims making the allegations were at the facility when the investigations were completed.

§115.76 – Disciplinary sanctions for staff.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F addresses the requirements of this standard. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policies and interviews with the PSA Compliance Manager and Facility Administrator.

§115.77 – Corrective action for contractors and volunteers.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F addresses the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the last 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse at JCDF. Compliance with this standard was determined by a review of policies and interviews with the PSA Compliance Manager and Facility Administrator.

§115.78 – Disciplinary sanctions for detainees.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2-F addresses the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history, mental disabilities and mental illness should be considered in all decision-making. (Continued on page 12)

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. When detainees are referred for medical follow-up, procedures mandate that the health evaluation would take place within two working days. The procedures also allow for detainees who report being sexually abusive to be offered a follow-up meeting with mental health staff within 72 hours of referral. Treatment services are offered without financial cost to the detainee. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the resident for any sexual abuse incident-related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. (Continued on page 12)

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

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard. Medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victims of sexual abuse is offered immediately. Services are consistent with a community level of care, without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with the investigation. Detainee victims of sexual abuse are offered tests for sexually transmitted infections and lawful and timely pregnancy-related medical services, in accordance with professionally accepted standards of care, as medically appropriate. Mental health evaluations are conducted on all known detainee-on-detainee abusers within 60 days of becoming aware of such abuse. (Continued on page 12)

§115.86 – Sexual abuse incident reviews.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

JCDF Policy# 1400.03 addresses the requirements of this standard and identifies the process for sexual abuse incident reviews. The review team consists of upper level management, the PSA Compliance Manager and medical and mental health staff. The review team uses a Sexual Abuse or Assault Incident Review Form to document the review process. The review team considers whether the allegation or investigation indicates a need to change policy/practice to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, or gang affiliation; or whether the incident was motivated or otherwise caused by other group dynamics at the facility. (Continued on Page 12)

§115.87 – Data collection.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

GEO Policy# 5.1.2- D and JCDF Policy# 1400.03 address the requirements of this standard. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. JCDF provides monthly reports, an annual summary and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking Log is used to collect and provide data on sexual abuse incidents to the GEO PREA Director. All sexual abuse data collected pursuant to these policies is maintained and properly stored and secured. Interviews with the Agency PREA Director and PSA Compliance Manager support the facility's compliance with this standard.

§115.201 – Scope of audits.

- ☐ Exceeded Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does not meet Standard (requires corrective action)

Notes:

The auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with staff/detainees. The auditor did not receive any correspondence from the detainees at JCDF. It should be noted that audit notices were posted in all the dormitory windows the day before the on-site audit started.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.11 - The JCDF PSA Compliance Manager reports to the Facility Administrator and has access to the GEO PREA Director. During her interview, she stated she has sufficient time to complete her duties. She was knowledgeable of the PREA standards and was actively involved in PREA activities. Staff receive initial PREA training and annual refresher training, as well as quarterly PREA training and roll-call briefings throughout the year. Staff are issued a pocket-size PREA Quick Reference Card to carry for reference. Interviews with staff, volunteers, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. Review of policies, organization chart, observation of PREA zero-tolerance posters during the tour and interviews with staff and detainees confirm JCDF is compliant with this standard.

115.13 - A review of the staffing plan, organizational chart, post orders, camera placement, as well as observation during the tour and interviews with staff, indicate that the facility does not have adequate staffing in hallways A and C to ensure a safe and secure environment for staff and detainees. A blind spot in the kitchen behind the dish machine was also observed during the tour. The facility immediately mounted a mirror in the corner above the dish machine to eliminate the blind spot.

(b) (7)(E)

115.15 - There were no shower curtains in the single cell located in the medical area and the restrictive housing units. It was also noted that the shower curtains currently being used in the showers located in the dorms were not wide enough to fully cover the shower doorway. The housing unit dorms have large windows that face the hallway and staff of the opposite gender can view the living areas before an announcement is made to give the detainees an opportunity to prepare themselves.

Corrective Action Required - The facility frosted the bottom portion of the windows in several restrictive housing cells. This was reviewed by the auditor and, if the frosted area was raised several inches, it would provide adequate privacy for the detainees in those cells. The facility needs to frost the bottom portion of all the cell windows in the medical and restrictive housing units at a height that would ensure detainees have adequate privacy to use the showers.

The facility needs to observe the shower curtains in the dorms and ensure they can be fully closed, by getting wider shower curtains or providing a closure device, such as Velcro, to keep the curtains closed.

At the closeout, the Facility Administrator indicated they were making a change to the inmate handbook that would require detainees to be dressed while in the dorm and that they change clothes in the shower area to prevent staff in the hallway from viewing them. The facility needs to revise the handbook and distribute it to all detainees. When this change is fully implemented, it would address the requirement of this standard.

115.16 - In matters relating to allegations of sexual abuse, unless the detainee expresses a preference for another detainee to provide interpretation, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff or interpretation services for LEP detainees; or in the form of auxiliary aids for detainees with disabilities. Telecommunication Devices for the Deaf (TDD) are available upon request. All detainee phones also have volume controls. The review of policies and procedures, observation of PREA informational material during the tour and interviews with staff and detainees confirm JCDF is compliant with this standard.

115.17 - Policy clearly states the submission of false information by any applicant is grounds for termination. The review of policy and employee files, along with the interview of the Human Resource Specialist, confirm the facility's compliance with this standard.

115.21 - During the interview with the HSA, she indicated that the Conroe Regional Medical Center currently does not have any Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners (SAFE/SANE) staff. Until these positions are filled, the facility has an agreement with Memorial Hermann (The Woodlands) to conduct medical forensic exams at no cost to the detainee. The facility has an agreement with Montgomery County Women's Center for detainee reporting and victim advocate services. There were no forensic medical exams conducted during the last twelve months. Interviews with staff, the review of the MOU and agreements and observation of informational posters support the facility's compliance with this standard.

115.22 - The on-site ICE staff have the responsibility of notifying the Joint Intake Center, OPR and the DHS-OIG as necessary. The agency's protocol is posted on its Web Site.

115.31 - In addition, staff receive quarterly training and roll call briefings. All staff are provided with a pocket-size PREA Quick Reference Card. JCDF is pro-active in informing staff and stressing the importance of the PREA. Based on the frequency of PREA training, the review of the training curriculum and training records, JCDF exceeds the requirement of this standard.

115.33 - Detainees sign a form acknowledging receipt of the handbooks and that they have watched the video. The tour of the facility confirmed that PREA posters are prominently displayed in all common areas. Memos are posted which identify the facility's PREA PSA Compliance Manager. PREA reporting information is available by every detainee telephone. Detainees are provided tablets that contain the handbook and PREA information. Detainees indicated, at the time of arrival, they received information about the PREA. Interviews with staff and detainees, as well as an examination of documentation, confirm the facility's compliance with this standard.

115.34 - OPR provides specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as ERO AIU staff. The training covers interviewing sexual abuse/assault victims, and evidence collection in a confinement setting. The criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. The auditor reviewed the specialized training curriculum and sign-in sheet and interviewed the trainer and investigators, all of which confirmed compliance with this standard.

115.41 - Information received during the screening is only available to staff with a need-to-know and never to other detainees. A Transgender Care Committee reviews and re-assesses transgender detainees on a regular basis. Based on thorough and timely assessments by classification and medical staff, the review of medical intake screening documents and classification work sheets, as well as interviews with staff and residents, JCDF exceeds the requirement of this standard.

ADDITIONAL NOTES

115.52- The facility will issue a decisions on grievances related to sexual abuse within five days of receipt. The facility responds to an appeal of a grievance decision related to sexual abuse within 30 days. The Grievance Officer was interviewed and confirmed compliance with this standard.

115.53 - The Montgomery Women's Center stated that they would assist either male or female victim interviews with staff and detainees. The review of documentation and the observation of informational posters support the facility's compliance with this standard.

115.64 - Interviews with staff and an examination of policies confirm the facility's compliance with this standard.

115.67 - Compliance with this standard was determined by a review of policies and staff and detainee interviews.

115.71- Four of the administrative investigation were closed and on remains open. The investigators complete a written report with investigation findings. The auditor found the report to be done thoroughly and in accordance with facility policy and procedures. The reports are retained for as long as the alleged abuser is detained or employed by the agency plus five years. Per the interview with the Facility Administrator, the departure of the alleged abuser or victim from the employment or control of the facility would not provide a basis for terminating the investigation. Interviews with the Facility Administrator and PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency who initiates an investigation and would not interfere with a criminal investigation. The facility PSA Compliance Manager serves as the liaison that provides requested information to the outside agency and provides access to the residents housed at the facility.

115.78 - The review of the policy and procedures and interviews with the Facility Administrator confirm the facility's compliance with this standard.

115.82 - Detainee victims of sexual abuse, while detained, are offered timely unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care. There has been no instance within the last year that required outside services of SAFE/SANE or the community advocacy agency. Compliance with this standard was determined by a review of policy and interviews with medical and mental health staff.

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.

David Andraska

Auditor's Signature

12/01/2017

Date

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



Homeland Security

AUDITOR INFORMATION

Name of auditor:	Wendy J. Roal Warner	Organization:	Creative Corrections, LLC
Email (b) (6), (b) (7)(C)		Telephone number:	(309) 241- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Houston
Field Office Director:	Patrick D. Contreras
ERO PREA Field Coordinator:	
Field Office HQ physical address:	126 Northpoint Drive, Houston, TX 77060
Mailing address: (if different from	Same as above.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:		Joe Corley Detention Facility	
Physical address:		700 Hilbig Road, Conroe, TX 77301	
Mailing address: (if different from		Same as Above	
Telephone number:		936-521-4000	
Facility type:		IGSA	
Facility Leadership			
Name of Officer in Charge:		(b) (6), (b) (7)(C)	Title: Facility Administrator
Email (b) (6), (b) (7)(C)			Telephone number: 935-521-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:		(b) (6), (b) (7)(C)	Title: PSA Compliance Manager
Email address:		(b) (6), (b) (7)(C)	Telephone number: 935-521-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The initial audit of the Joe Corley Detention Facility (JCDF) was conducted by an auditor from The Nakamoto Group, Inc. The contract for PREA audits for Immigration and Customs Enforcement are now conducted by Creative Corrections, LLC. Wendy Roal Warner, a certified PREA auditor with Creative Corrections, is conducting the Corrective Action Plan (CAP) Final Determination for JCDF. There were two standards in non-compliance as noted below. Both standards have been corrected and are in compliance.

115.13(c): (b) (7)(E) The cameras are all fixed with recording capability, and are monitored 24-hours a day by control center staff. With the addition of the cameras and 24-hour monitoring, this standard is now in compliance.

115.15(g): Information provided in the CAP verifies JCDF has shower curtains throughout the facility that are of sufficient height and width to provide adequate coverage for detainees while showering and still allow for sufficient visual monitoring by staff. JCDF provided documentation the tinting on the cell windows in special housing and medical units was increased from five inches to seven inches. With the increase in tinting, cell windows provide adequate privacy for detainees when showering, using the toilet, or changing clothing, while still allowing for sufficient visual monitoring by staff. This standard is now in compliance.

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. 13 - Detainee supervision and monitoring

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

Notes:

At the time of the on-site audit, it was determined the facility did not have adequate staffing in hallways A and C to ensure a safe and secure environment for staff and detainees. The auditor noted there was only one staff responsible for the supervision and monitoring for each of the three hallways, and Hallways A and C had 300 detainees each. Additionally, the auditor found there were no video cameras in the housing units/dorms. (b) (7)(E) The cameras are all fixed with recording capability. The cameras are monitored 24-hours a day by control center staff. With the addition of the cameras and 24-hour monitoring, this standard is now in compliance.

§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:

At the time of the on-site audit, the tour of the housing units revealed shower curtains in the housing areas were not wide enough to fully cover the shower doorway, and did not provide sufficient privacy from viewing by staff of the opposite gender. Further, no shower curtains were observed in the restrictive housing units nor medical observation area. During the corrective action period, JCDF provided a photograph of a shower curtain which is of sufficient height and width to provide adequate coverage for detainees while showering and still allow for sufficient visual monitoring by staff. Documentation stated all shower curtains throughout the facility are of the same size and dimension as the one shown in the photograph. The documentation and photograph indicate signs are posted in all housing units advising detainees to close the shower curtains when in use. JCDF provided documentation the tinting on all cell windows in the restrictive housing and medical units was increased from five inches to seven inches. Photograph of the window tinting verifies the windows provide adequate privacy for detainees when showering, using the toilet, or changing clothing, while still allowing for sufficient visual monitoring by staff. This standard is now in compliance.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

AUDITOR CERTIFICATION:

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

Wendy J. Roal Warner

July 13, 2018

Auditor's Signature & Date