

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



**Homeland
Security**

AUDIT DATES			
From:	8/6/2019	To:	8/8/2019
AUDITOR INFORMATION			
Name of auditor:	Patrick J. Zirpoli	Organization:	Creative Corrections, LLC
Email address:	[REDACTED]	Telephone number:	570-729-[REDACTED]
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-381-[REDACTED]
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Dallas Field Office		
Field Office Director:	Marc J. Moore		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Johnson County Corrections Center		
Physical address:	1800 Ridgemar Drive, Cleburne, TX 76031		
Mailing address: (if different from above)			
Telephone number:	817-645-2916		
Facility type:	IGSA		
PREA Incorporation Date:	1/5/2017		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-645-[REDACTED]
Name of PSA Compliance Manager:	Captain (b) (6), (b) (7)(C)	Title:	PREA Coordinator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-556-[REDACTED]
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	08/14/2019		
Notes:			

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.

Pre-Onsite Audit Phase

Audit Planning and Logistics:

On August 6-8, 2019, the Prison Rape Elimination Act (PREA) on-site audit of the Johnson County Corrections Center (JCCC) was conducted by Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor Patrick J. Zirpoli for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) a DOJ and DHS certified PREA Auditor. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analyst Unit (ERAU) section during the audit report review process on behalf of Creative Corrections. The Program Manager completed the final version of the report due to unforeseen circumstances. The purpose of the audit was to determine compliance with the DHS PREA Standards. The PREA audit was the first one for the JCCC. JCCC is operated by LaSalle Corrections who offers a diverse spectrum of corrections industry services to local, state, and federal law enforcement agencies. The U.S. Immigration and Customs Enforcement (ICE) contracts with the JCCC for the housing of male detainees. The audit period covered August 6, 2018 to August 6, 2019.

Posting Notice of the Audit:

The ERAU Team Lead (b) (6), (b) (7)(C) forwarded the audit notification poster to the facility. The audit notification poster included the dates of the audit, the purpose of the audit, the Auditor contact information through Creative Corrections LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all housing units, and all common areas. The Auditor verified the placement of the audit notification posters during the facility tour and the detainee and staff interviews. The Auditor received one letter from a detainee housed at the facility and this detainee was interviewed during the interview process. The letter pertained to an open investigation.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The point of contact established for the audit was (b) (6), (b) (7)(C). Before the onsite audit, (b) (6), (b) (7)(C) facilitated the upload of the completed Pre-Audit Questionnaire along with supporting documents to the ERAU SharePoint. The Auditor reviewed all facility supporting documentation, as well as, the agency's policies and procedures. These documents included agency and facility documentation and demonstrated the agency's and facility's compliance with the PREA standards. The Auditor listed the documentation utilized during the analysis of each standard within the standard narrative.

Onsite Audit Phase:

Site Review:

The onsite audit began on August 6, 2019, at 8:00 a.m. at which time (b) (6), (b) (7)(C) led a short in-briefing. In attendance were the Auditor and the following JCCC staff and ICE staff:

- Jail Administrator (b) (6), (b) (7)(C)
- PREA Coordinator (b) (6), (b) (7)(C)
- Major (b) (6), (b) (7)(C)
- Assistant Jail Administrator (b) (6), (b) (7)(C)
- ICE Supervisory Deportation and Detention Officer (SDDO) (b) (6), (b) (7)(C)

Introductions were made and the audit schedule was discussed. The Auditor provided an overview of the audit process and how compliance was accomplished. The Auditor explained that the PREA Audit: Auditor Assessment Tool is utilized as a guide to ensure that all aspects of each standard are met. This assurance is made by triangulation of the policies and documentation reviewed, the Auditor's personal observations during the onsite audit, and through the information received during the interviews. The Auditor explained that the policies and procedures reviewed are in compliance with the standards, and the Auditor will evaluate if they are put into daily practice at the facility.

The Auditor with key staff, including the PREA Coordinator, conducted a facility tour. The facility has a contract for 377 detainee beds; the focus of the tour was on areas that are only accessible by the detainees at the facility. The detainees work in the kitchen and are housed in eight separate housing units. The detainees will also be housed single-celled in the infirmary or segregation unit, if needed. All meals are served on the housing units. The detainees have access to the immediate intake area, library, courtroom, and medical areas. During the tour, the Auditor made visual observations and closely examined the bathrooms, housing area sightlines, camera locations, and camera views. The Auditor spoke with random staff and detainees, reviewed all of the housing unit logbooks, examined the bulletin boards to ensure that the proper notices were posted, and made random phone checks on the detainee phones to ensure they worked properly.

The main entrance to the facility enters into the lobby. Upon entering this area, the visitor is in the administrative office area. Entrance to the facility's secure area, which is off of the lobby, is controlled by a secure door. The main control room needs to grant access to the secure area. All entrants are subject to search.

This facility's operations are located within 5 buildings and has a designed capacity for 1,101 inmates/detainees. The facility houses detainees in two of the buildings, one containing multi-occupancy housing units and the other contains dormitory style housing units. The facility contains 8 single-occupancy cell housing units, 21 multiple occupancy housing units, and 9 dormitory-style housing units. The facility also has 72 segregation cells, 4 mental health beds, and 3 infirmary beds. The facility houses inmates for the county, state, and the US Marshals Service, as well as, the detainees for ICE.

Each of the multiple occupancy housing units that house the detainees are constructed in the same manner. The units are two-tiered and self-contained. All meals are delivered to the unit and a recreation yard is attached to the unit. The cells are constructed with the toilet at one end of the

cell behind curtains, and this creates a barrier for the detainees while performing bodily functions. Additional toilets and showers are located in the housing unit; they all have curtains that allow privacy while performing bodily functions and showering.

Each of the dormitory housing units that house the detainees are constructed in the same manner. The units are single story with the bunks located to one side of the housing units. The showers, sinks, and toilets are located behind a concrete block wall, and the wall is approximately five feet tall. The toilets and showers all have dividers, and curtains to provide privacy while performing bodily functions or showering.

All of the housing units have all of the ICE and facility PREA information posted within the housing units, and this is also posted throughout the facility. The housing units have the third-party reporting number for the National Sexual Assault Hotline, as well as, the contact information for the Family Crisis Center of Johnson County posted near the telephones.

The restrictive housing unit, which may be utilized to house a detainee, consists of single cell construction. The cells are constructed with the toilet out of view of the door, and the showers are also located within the cells and out of view. The detainee PREA information is available upon request. The PREA Coordinator stated that if a detainee in this area wanted to utilize the telephone to report an allegation, they would be taken to one of the detainee housing units. Since the detainee is in restrictive housing and on phone restriction, the detainee would have to state the reason for requesting the phone use. The detainee would be placed in an office by himself and allowed to utilize the telephone. The detainee in restrictive housing also has other avenues to report through writing the Family Crisis Center of Johnson County, the grievance process, and reporting to staff. The infirmary is located in the same building as the four-dormitory style housing units. The infirmary has four cells, these are single occupancy and have the toilet located within the cell; the door has a small window with a metal door on the window that blocks the view. A detainee may also be housed in a suicide watch cell, and these cells are located within the intake area. These cells have no toilets or showers; a detainee would be taken out of this cell and placed in a cell, within the intake area, that is used specifically for performing bodily functions and showering. This cell also has a solid door with a small window that is covered with a metal door.

The detainee's intake takes place in the processing area located in the same building as the four dormitory-style housing units. Upon reception at the facility, the detainees are brought in through the sallyport and taken immediately to this area for processing. This ensures complete separation from county incarcerated inmates.

(b) (7)(E) The Auditor reviewed the camera views and found no views where a detainee could be seen performing bodily functions, showering, or changing their clothes.

The average detainee population for the last 12 months was 281, 32 days is the average length of time in custody at the facility. The facility has detained 3,138 adult male detainees over the past 12 months. At the time of the audit, the facility housed 366 male detainees.

The facility is staffed by 216 security staff, 23 medical staff, and 1 mental health staff.

The facility had four allegations over the past 12 months. One PREA related allegation was a detainee-on-detainee sexual abuse allegation, which was unfounded. The allegation was investigated by ICE OPR and determined unfounded. The administrative investigation was conducted by trained facility investigators, no criminal investigation was conducted. The other three allegations were still open OPR investigations at the time of the audit.

The detainee interviews began immediately following the facility tour. The Auditor conducted interviews in the ICE Processing Sergeant's Office; this provided privacy for the interviews. The detainees were randomly selected from detainees housed at the facility utilizing the main roster. Detainees from every housing unit were selected. During this process detainees in the following categories were interviewed.

Interview Type and number of interviews:

Random Detainee interviews: 11
Detainees who are limited English Proficient: 12
Detainee with a cognitive disability: 1
Detainees who identify as gay or bisexual: 1
Detainee who reported sexual abuse: 1

Total Detainee interviews: 26

During the interview process, several targeted categories of detainees were not being housed at the facility; these included detainees who filed a grievance related to sexual abuse, detainees who reported sexual abuse history, and transgender and intersex detainees.

The Auditor conducted the interviews with all detainees, in the same manner, a preamble to the interview was relayed to the detainee explaining the purpose of the interview, and how they were selected, and explaining to them that they did not have to speak with the Auditor if they choose not to. No detainees refused to speak with the Auditor. All detainees were asked questions utilizing the Detainee Interview Guide for Immigration Detention Facility. During the interviews, the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, and this includes the ICE National Detainee Handbook, Facility Detainee Handbook, and the Sexual Abuse and Assault Awareness pamphlet. These materials were used to visually stimulate the detainee's recollection of their initial intake process. The Auditor utilized Language Services Associates for twelve interviews with multiple languages.

Staff interviews were conducted over the three-day audit; all interviews were conducted in offices which allowed privacy for the interview. Staff was randomly selected from those working all shifts. Facility staff from the following categories were interviewed:

Staff interviews with type and number of interviews:

Corrections Officers: 10
Supervisors: 3
Medical/Mental Health: 4

Training Officer: 1
Intake Staff: 3
Investigative staff: 2
Human resources: 2
Jail Administrator: 1
Assistant Jail Administrator: 1
Contractor: 2
PREA Coordinator: 1

Total Staff Interviews: 30

The Auditor conducted the interviews with all staff in the same manner, a preamble to the interview was relayed to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with the Auditor if they choose not to. No staff refused to speak with the Auditor. The Auditor asked all interviewed staff questions utilizing the various Staff Interview Guides for Immigration Detention Facilities.

The Auditor also reviewed staff personnel records, staff training records, and detainee records.

After the onsite audit, an exit briefing was held, (b) (6), (b) (7)(C) and the Auditor led the briefing, attending the briefing were:

- Jail Administrator (b) (6), (b) (7)(C)
- PREA Coordinator (b) (6), (b) (7)(C)
- Major (b) (6), (b) (7)(C)
- Assistant Jail Administrator (b) (6), (b) (7)(C)
- ICE SDDO (b) (6), (b) (7)(C)
- ICE Sergeant (b) (6), (b) (7)(C)

At this time, the Auditor provided an overview of the audit findings. The Auditor explained that overall, it was found the staff at the facility is extremely knowledgeable in the PREA standards, sexual safety, and overall security. We further discussed the PREA standards that the facility achieved a determination of Does Not Meet Standard. The issues causing these ratings are procedural issues at the facility. The Auditor found that during the intake process, the detainee would be initially placed in a large holding cell and a television would be brought into the room. During this time, a video will be played that provides the PREA information in two languages, English and Spanish. The Auditor viewed the video and found that it was created in 2005 and was meant to be shown by a facilitator who would need to stop the video and explain certain aspects and how it pertained to the facility. The Auditor confirmed that this was not happening; the video would play from start to finish. All detainees signed a form that stated they watched the PREA video and understood the information. The Auditor provided the facility an updated PREA Education Video released through DOJ and recommended that they utilize a video of this nature or something that provides the education as outlined in the standard. The Auditor also confirmed that the only educational information provided was in English and Spanish. The facility needs to incorporate an educational system that addresses other languages when needed. The Auditor recommended a written document that provides the PREA educational information along with the reporting avenues in the language of the detainee. This process causes the facility to be non-compliant with standards. §115.16 – Accommodating detainees with disabilities and detainees who are limited English proficient, and §115.33 – Detainee education.

The Auditor found that during the documentation review, the facility had identified, through a memo from the Jail Administrator, one detainee file that provided evidence that a 60-90-day reassessment for risk of victimization or abusiveness was completed. The Auditor reviewed the one file which was correct. The Auditor then reviewed 30 random detainee files, for detainees held at the facility for 90 days or more. Only two of the files had a reassessment. During the interviews with medical staff and the PREA Coordinator, the Auditor confirmed that the facility has not been conducting the reassessments on a regular basis. The Auditor confirmed all initial assessments are being conducted upon intake. This practice makes the facility non-compliant with standard §115.41 - Assessment for risk of victimization and abusiveness. The Auditor informed the facility that they need to immediately reassess all detainees in custody over 90 days and create a system to identify when the reassessment needs to take place and document the reassessments properly.

The facility could not provide any documentation that they are conducting an updated background investigation, which includes a criminal history check. As per the standard, they are to be conducted upon hire and every five years. The initial background confirmation is documented in the personnel files; but there is no documentation a five-year check was completed. This practice makes the facility non-compliant with standard §115.17 – Hiring and promotion decision. The facility needs to immediately conduct a background investigation/criminal history on all employees, contractors, and volunteers who have been at the facility for five years or more. The facility needs to create a tracking system to ensure the requirements of the standard are maintained.

During the onsite audit the Auditor found that the facility is not providing PREA training for the contracted kitchen staff who have direct contact with detainees. The kitchen staff were trained while the Auditor was onsite. The facility needs to create proper training for contractors and document the training. The facility is not compliant with standard §115.32 - Other training.

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: 1

§115.35 Specialized training: Medical and mental health care

Number of Standards Met: 33

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.34 Specialized training: Investigations
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§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
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 5

§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.32 Other training
§115.33 Detainee education
§115.41 Assessment for risk of victimization and abusiveness

Number of Standards Not Applicable: 2

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

PROVISIONS

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

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

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

Notes:

Documentation Reviewed:

- LaSalle Corrections Policy (LSC) 3-3049 - Prison Rape Elimination Act
- JCCC Organizational Chart

(c): Policy LSC 3-3049 mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The policy furthermore defines sexual abuse and sexual harassment. The policy has an effective date of September 1, 2016 and has been incorporated as the Prison Rape Elimination Act Policy for all facilities operated by LaSalle Corrections. The policy is available to the public on LaSalle Corrections website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>.

(d): The facility employs a PREA Coordinator that oversees PREA compliance to both the DOJ and DHS PREA standards. The PREA Coordinator is responsible for overseeing that policies and procedures relative to PREA are updated and ensures facility compliance. The PREA Coordinator is the point of contact for the ICE PSA Coordinator. She stated that she has ample time to make PREA rounds, review policy, and ensuring that the facility is meeting all of its obligations. The Auditor found her to be very knowledgeable of the facility's PREA policies and procedures and her responsibilities for coordinating the facility's efforts to comply with the PREA standards. The PREA Coordinator was very knowledgeable and active in the audit process. LaSalle Corrections employs a PREA Coordinator at the corporate level, and he oversees the facility PREA Coordinators, and assists with ensuring compliance at the corporate level.

The Auditor reviewed the policies in their entirety, as well as, questioned all staff members on the content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

Before the on-site audit, the Auditor reviewed all documentation, during the onsite portion, the Auditor observed the policies in daily practice, and further confirmed the daily practices during the interviews with both staff and detainees.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy LSC 3-3049
- Staff Rosters
- Post orders
- Housing unit logs
- Staffing Plan
- Staffing Plan Review by the PREA Coordinator
- Investigative File

(a): The facility has developed facility staffing plan that provide for adequate levels of staffing, and where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all areas enumerated under this standard. The facility has 473 cameras that record 24 hours a day, 7 days a week. (b) (7)(E)

The Auditor further questioned the Jail Administrator and random staff on the policies and the ability to fully staff the facility at all times; they confirmed that shifts would be filled with mandatory or voluntary overtime, if needed. During the interviews, the Auditor confirmed that staff work two shifts 0600-1800 and 1800-0600. They employ both female and male staff; the staffing provides direct supervision. The facility staffing was further confirmed during the on-site audit where the Auditor observed staff supervising the detainee movement, housing unit supervision, video monitor review, and random cell checks taking place.

(b): Policy LSC 3-3049 and the housing unit post orders outline the detainee supervision guidelines. The post orders outline the responsibility of the corrections officers to make 30-minute rounds through every housing unit and log the rounds in the housing unit logbook. The corrections officers are posted on the housing units and provide direct supervision. The supervisors make rounds on each shift and log their rounds in a logbook. The Auditor reviewed the logbooks in every housing unit and confirmed these rounds are taking place; this practice was further confirmed during the detainee and staff interviews. An annual review of the staffing plan was conducted, and the staffing plan was revised by the Jail Administrator and sent for review by the PREA Coordinator. The PREA Coordinator during her interview confirmed that she reviewed the staffing plan, prior to confirmation of changes on July 7, 2018. She further confirmed the staffing plan is reviewed annually, this review includes the Jail Administrator and her. The documentation submitted indicates the staffing plan was reviewed on May 29, 2019. All post orders were reviewed for the audit, as well as, the PREA incident for the previous year to demonstrate process and procedures. The Auditor's review took into consideration the one incident and the incident review that occurred within the audit period. The Auditor found that the supervision and monitoring did not have any bearing on the incident, this was also the outcome of the incident review.

(c): The facility has developed a staffing plan that is based on the seven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; the physical layout, composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports, and any other relevant factors including but not limited to the length of time detainees spend in facility custody. This process is outlined in policy LSC 3-3049. The staffing plan was developed by the facility's administration including the Jail Administrator, Assistant Jail Administrator, and the facility's PREA Coordinator. During the interviews with both the Jail Administrator and PREA Coordinator, the Auditor confirmed that all critical posts are being filled and mandatory or voluntary overtime is utilized to fill critical posts. The Auditor reviewed the investigation file, the review noted no staffing concerns and no recommendations were made. During the onsite audit the Auditor reviewed staffing rosters from the auditing period, all of the rosters indicated the critical posts were filled and others indicated where overtime was utilized to fill posts. This was further confirmed during the interviews with the corrections officers, who stated they have worked overtime to fulfill staffing needs.

(d): The shift supervisors make unannounced rounds on the housing units during each shift. Policy LSC 3-3049 prohibits staff from alerting anyone that these rounds are taking place. The supervisor logs the rounds into each housing unit logbook. The Auditor observed these log entries when examining the logbooks. The rounds were confirmed during the detainee and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Documentation Reviewed:

- Policy LSC 3-3049
- ICE Contract

The JCCC does not house juvenile or family detainees. This was confirmed during the interview with the PREA Coordinator who stated that if anyone under the age of 18 was brought to the facility, they would be immediately transferred. Policy LSC 3-3049 and the ICE contract further outlines that the facility will not house juveniles or family detainees.

§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:

Documentation Reviewed:

- Policy LSC 3-3049
- LaSalle Corrections Policy# LC SFD 030117 Contraband and Searches
- Training PowerPoint titled Prison Rape Elimination Act
- PREA Training acknowledgment forms signed by staff, contractors, and volunteers

(b)(d): Policy LSC 3-3049 and LC SFD 030117 outlines cross-gender pat searches of both male and female detainees. Cross-gender pat searches of male detainees will not be conducted unless, after reasonable diligence, the staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. If a search was conducted under either circumstance the search would be documented on an incident report. The correction officers interviewed indicated that they had not conducted or were aware of any cross-gender pat-down searches conducted. Detainees interviewed confirmed that they are only searched by same gender officers. During the audit year, there were no cross-gender pat-down searches conducted. This was supported through a memo from the JCCC Jail Administrator. Pat-down searches observed during the audit were conducted; there were no cross-gender pat-searches observed.

(c) The facility does not house female detainees.

(e/f): Policy LC SFD 030117 outlines cross-gender strip searches and cross-gender body cavity searches. Strip searches and visual body cavity searches of detainees will not be conducted except in exigent circumstances, after taking officer safety into consideration or by medical staff. Visual body cavity searches will only be conducted by medical staff, and with approval by the Jail Administrator. The medical staff and security staff interviewed were aware of the policy and understood the facility protocols for conducting strip or body cavity searches, and an incident report would be prepared. No cross-gender strip or body cavity searches were conducted during the audit period. This was confirmed through a memo from the JCCC Jail Administrator to the Auditor. The facility does not house juveniles or family units.

(g): Policy LSC 3-3049 outlines the policy and procedures which allow detainees to shower, perform bodily functions, and change clothing without employees of the opposite gender viewing the detainees. Detainees interviewed indicated they felt they had enough privacy to change their clothes, shower, and perform bodily functions. They were not observed by staff of the opposite gender. In the multiple occupancy housing units, the cells are constructed with the toilet at one end of the cell behind curtains, and this creates a barrier for the detainees while performing bodily functions. Additional toilets and showers are located in the housing unit; they all have curtains that allow privacy while performing bodily functions and showering. In the dormitory housing units, the showers, sinks, and toilets are located behind a concrete block wall, and the wall is approximately five feet tall. The toilets and showers all have dividers and curtains to provide privacy while performing bodily functions or showering. The restrictive housing unit, which may be utilized to house a detainee, is of single cell construction. The cells are constructed with the toilet out of view of the door, and the showers are also located within the cells and out of view. In the infirmary, the cells are single-cell and have the toilet located within the cell, the cell door has a small window with a metal door on the window that blocks the view. A detainee may also be housed in a suicide watch cell, and these cells are located within the intake area. These cells have no toilets or showers; a detainee would be taken out of this cell and placed in a cell within the intake area that is used specifically for performing bodily functions and showering. This cell also has a solid door with a small window that is covered with a metal door. The policy also requires a staff of the opposite gender to announce their presence when entering detainee housing areas; this was observed during the audit. Detainees interviewed stated that staff of the opposite gender announce when entering the housing unit by loudly stating female on the unit. Staff is also provided training on unannounced rounds and during interviews indicated that announcements are made upon entering the housing units.

(h): This section is non-applicable. The facility is not a Family Residential Facility.

(i): Detainees will not be searched for the sole purpose of determining the detainee's genital status. Policy LSC 3-3049 prohibits staff from searching or physically examining a detainee to determine genitalia status. The review of the training lesson plans for PREA and searches confirmed these policies are covered in annual training. The Auditor reviewed the training sign in sheets and verified that the staff have received the training. The sign in sheets dated back to January 2017, the incorporation date of PREA at the facility. During interviews with correction officers, they were aware of the policy and indicated that only medical staff would review medical records or make this determination during a routine medical examination all detainees undertake. The interviewed medical staff stated that they perform a medical examination on all detainees upon intake to the facility. If the detainee's gender was unknown, they would determine their gender through conversations during the examination, reviewing any medical records, or through the routine medical examination. No searches to determine a detainee's genital status have occurred in the audit period per a memo from the JCCC Jail Administrator and interview with the PREA Coordinator. There were no transgender or intersex detainees housed during the audit to interview.

(j): Policy LSC 3-3049 and policy LC SFD 030117 states that security staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consist with security needs. Other than annual training, this training is also part of the initial training and covered in shift briefings. During the interview with the facility's training coordinator, he confirmed these practices and provided the Auditor with the signed training acknowledgment forms. The correction officers, medical, and supervisors interviewed confirmed the training and understood the policy and indicated the transgender/intersex detainee could request the gender of the officer to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. Upon the Auditor's review of the one closed investigative file, the allegation did not involve a cross-gender pat-down or strip, or visual body cavity search.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Documentation Reviewed:

- Policy LSC 3-3049
- ICE National Detainee Handbook in multiple languages
- PREA Handout in English and Spanish

(a) Policy LSC 3-3049 outlines the facility's procedures to ensure disabled detainees have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. During the intake staff interviews, the Auditor confirmed the steps taken to effectively communicate with disabled detainees. Detainees who are deaf or hard of hearing would be provided the facility's and the ICE National Detainee handbooks, and if needed, sign language translation would be provided through video conference or the Text Telephone (TTY) Device would be utilized. A detainee with limited reading skills, cognitive disability, or blind would have the materials read to them, and explained in depth so they understood. Medical staff evaluates every detainee upon intake, and would identify any disability, and ensure the materials are provided effectively, accurately, and impartially. The Auditor found that during the intake process, the detainee would be initially placed in a large holding cell, a television would be brought into the cell. During this time, a video will be played that provides the PREA information in two languages, English and Spanish. The Auditor viewed the video and found that it was created in 2005 and was meant to be shown by a facilitator who would need to stop the video and explain certain aspects and how it pertained to the facility. The Auditor confirmed that this was not happening; the video would play from start to finish. There was no process for LEP detainees, deaf, visually impaired, or otherwise disabled, as well as, detainees who have limited reading skills to detainees have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse.

Does Not Meet: The facility is not providing meaningful access to PREA education in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to disabled detainees per interviews with staff and review of the PREA video. The facility needs to incorporate an educational system that addresses detainees with disabilities when needed. The facility needs to update the video provided to the detainees to incorporate facility material to provide specific facility information or have staff provide the information during the showing of the video and/or provide the facility specific information in other methods.

(b) Policy LSC 3-3049 outlines the procedure to ensure all limited English proficient (LEP) detainees have meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. The Auditor found that during the intake process, the detainee would be initially placed in a large holding cell, a television would be brought into the cell. During this time, a video will be played that provides the PREA information in two languages, English and Spanish. The Auditor viewed the video and found that it was created in 2005 and was meant to be shown by a facilitator who would need to stop the video and explain certain aspects and how it pertained to the facility. The Auditor confirmed that this was not happening; the video would play from start to finish. The Auditor also confirmed that the only educational information provided was in English and Spanish. The facility needs to incorporate an educational system that addresses other languages when needed. The Auditor recommended a written document that provides the PREA educational information along with the reporting avenues in the language of the detainee.

During the intake staff interviews they confirmed that they had not encountered a detainee they could not communicate with. They will utilize a language line for interpretation if needed to explain the intake process to them. The interviewed intake staff confirmed that they were not providing the PREA education information to all detainees and were having them acknowledge receiving the information when it was not provided in a language they could understand. They further confirmed that they are not utilizing any verbal translation to educate the detainees.

DHS/ICE PREA posters were observed on the housing units, these posters were in English and Spanish and several other languages. The posters did not represent all languages spoken at the facility.

Does Not Meet: The facility is not providing meaningful access to PREA education in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to LEP detainees per interviews with staff and review of the PREA video. The facility needs to incorporate an educational system that addresses other languages when needed. The Auditor recommended a written document that provides the PREA educational information along with the reporting avenues in the language of the detainee either through written

materials or the translation services. The facility needs to update the video provided to the detainees to incorporate facility material to provide specific facility information or provide the facility specific information in another method.

(c) Policy LSC 3-3049 states that in matters relating to allegations of sexual abuse, the staff will utilize Language Line Services Inc. for translation services. During the Administrative Investigator interviews, they indicated that they would use a bilingual staff member or the language line for translation. They further explained that they are aware the standards allow for another detainee to translate but feel that it is inappropriate during allegations of sexual abuse, since the confidentiality of the detainee providing the interpretation cannot be guaranteed. It should be noted that the facility has trained every Supervisor as a Facility PREA Administrative Investigator. The LEP detainees interviewed indicated they communicate with staff members through the language line. They further stated that they would ask for those services if an incident did occur. The Auditor further confirmed with the Jail Administrative Investigators that they would not utilize any other interpretation method than the language line or a bilingual staff member.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility is not in compliance with the standard and all provisions.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Documentation Reviewed:

- Policy LSC 3-3049
- Personnel files
- LaSalle Corrections Application
- Executive Order 10450 Security Requirements for Government Employment
- Office of Personal Management Section Part 731 Suitability; and
- ICE Policy system Directive Title ICE Personnel Security and Suitability Program

(a)(b)(c)(d) Policy LSC 3-3049 outlines the facility's hiring and promotion process. The facility does not utilize the ICE Personnel Security Unit (PSU) to conduct the background investigations for the staff, contractors, and volunteers; the facility's Human Resources Department conducts the background investigations. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who 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 who has been civilly or administratively adjudicated to have engaged in such activity. During the initial hiring process, and during interviews for promotions, the applicants are asked about this type of conduct. The questions are asked in a written form during the initial staff hiring process, and contractor and volunteer services agreements. During the promotion process, they are asked by the promotion board; and documented by the interviewer in their notes. The Auditor confirmed this process with the Human Resources Department and during the personnel file review. The Auditor randomly pulled 40 personnel files, which included staff, volunteers and contractors, and ensured the documentation is contained in the files. Policy LSC 3-3049 imposes upon employees a continuing affirmative duty to disclose any such misconduct. During Human Resources interviews the Auditor confirmed that all prior institutional employers of an applicant for employment are contacted to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. The background investigation process includes a determination of suitability for hire and a criminal history background check, this is documented in the personnel files.

Through review of Executive Order 10450 Security Requirements for Government Employment and the Office of Personal Management Section Part 731 Suitability; and ICE Policy system Directive Title ICE Personnel Security and Suitability Program, it was determined that the agency has established a system of conducting criminal background checks for new ICE employees, contractors, and volunteers who have contact with detainees to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. Through a previous interview with the Unit Chief of Personnel Security Unit (PSU) stated that all new employees are required to answer the three questions to ensure that they have not: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; and have not been civilly or administratively adjudicated to have engaged in the activity described within the standard. He indicated this is completed on the job application form and at the front of the interview. This is also reviewed as part of the background process. The standard addresses the utilization of this process in the promotional system, after reviewing the above policies, if any employee or contractor were involved in any misconduct of this nature, they would not be employed or contracted by DHS. Employees also have a continuing affirmative duty to report. The Unit Chief of Personnel stated staff are required to report any misconduct to their supervisor and to the Joint Intake Center (JIC) managed by ICE. This requirement is shared with staff in the PREA training. If the agency receives an arrest notification, this will be forwarded to OPR Investigation Unit and ICE Labor Relations.

Background checks of ICE employees are conducted through the PSU prior to an ICE employee or contractor being approved for hire or a volunteer approved to provide services. The agency conducts personnel security reviews on everyone that works for ICE by ensuring they are suitable for the position selected and they maintain a high level of character. During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard, these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. The background check consists of a National Agency Check (NAC), education checks, residence checks, personal reference checks, and fingerprint check. The background coverage period is five years. The previous interview with the Unit Chief of PSU stated that contractors are background checked by their company and asked the three questions during the application process. The agency also conducts background checks on the contractors. The background coverage period is determined by the risk of the position. Low or moderate risk positions have background checks completed every ten years. Positions that are considered high risk have background checks every five years. The background check for a contractor consists of NAC, personal subject interview, employment checks, education checks, residence checks, credit checks, fingerprint check, and law enforcement check. The Auditor completed a request through PSU for background information on the one ICE facility staff member. The Auditor confirmed the background investigation for the ICE staff member at the facility, it was within the specified time limit of five years from the date of entry or the initiation of PREA.

Does Not Meet (c): The facility has not been able to provide documentation indicating the criminal history background check has been conducted every five years. The personnel files contained the initial criminal history background check, and no other. The facility needs to immediately conduct a background investigation/criminal history on all employees, contractors, and volunteers who have been at the facility for five years or more. The facility needs to create a tracking system to ensure the five-year background check requirements of the standard are conducted and maintained.

(e) Policy LSC 3-3049 states that material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination or withdrawal of an offer of employment. The Auditor confirmed this process during the interviews with the Human Resources personnel. They further stated that they have not had any incidents where this has occurred during the auditing period.

(f) The PREA Coordinator and Jail Administrator confirmed that the facility will provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. They confirmed they have not had to provide this information to another institution during the auditing period.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has not met the requirements of this standard, and all provisions.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The facility has not expanded nor modified the facility, nor are they planning on any expansion. The facility has not updated the video monitoring system, nor is any upgrade planned.

§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:

Documentation Reviewed:

- Policy LSC 3-3049
- Memorandum of Understanding (MOU) with Family Crisis Center of Johnson County dated 5/22/19
- Email from the Sexual Assault Nurse Examiner (SANE) Coordinator at John Peter Smith Hospital
- ICE Policy 11062.2 Sexual Assault and Abuse Prevention and Intervention

(a): Any sexual abuse allegation at the facility is immediately reported to the on-shift supervisor, and an investigation is immediately started. All supervisors are trained as Administrative Investigators, so an immediate response and investigation will begin. The PREA Coordinator is also notified and she will report the allegations to ICE; including to the Assistant Field Office Director (AFOD) and ICE staff at the facility for investigation and further action. The investigations will either be conducted by the facility trained investigators or ICE has the option to investigate through the Office of Professional Responsibility (OPR). Policy LSC 3-3049 outlines the facility's evidence and investigation protocols. The facility had one unfounded administrative investigation which was conducted by the facility investigators. The facility utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the PREA Coordinator. The protocols are incorporated into policy LSC 3-3049 which outlines the coordinated response plan and provides a guideline for staff to follow when responding to an allegation. The protocols are approved by the facility administration and ICE as part of the annual policy review. The facility does not house juvenile detainees. Per policy 11062.2, when OPR accepts a case, OPR coordinates investigative efforts with law enforcement and the facility. The OPR will coordinate with the Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is criminal, the facility will stop the administrative investigation and let the OIG, or the Johnson County Sheriff's Office conduct the criminal investigation.

(b)(d): The facility has a MOU agreement with Family Crisis Center of Johnson County for victim advocacy, all sexual assault examinations are conducted at John Peter Smith Hospital. The MOU states that Family Crisis Center of Johnson County will provide immediate advocacy by having a qualified advocate respond in person to the facility or other locations as requested to provide advocacy and emotional support during the sexual assault examination, interviews, and investigatory process. The MOU was executed on May 22, 2019 and has no expiration. The PREA Coordinator stated during her interview that the services are free of charge to the detainee and the hotline is available 24-hours a day for the detainees. The hotline number for victim advocacy services is provided to the detainees on a poster in the pods. During the PREA Coordinator and medical staff interviews, as well as, the investigative file review, the Auditor confirmed victim advocacy was offered during the investigation, but the victim did not want to utilize the services.

(c): All alleged victims of sexual assault who require a forensic exam are taken to John Peter Smith Hospital for a forensic exam and emergency medical healthcare at no cost to the detainee. John Peter Smith Hospital has agreed to provide a SANE and agrees to comply with the provisions outlined in the Prison Rape Elimination Act of 2003. This was confirmed through correspondence between the PREA Coordinator and the SANE Coordinator at John Peter Smith Hospital. The Auditor further confirmed with the SANE Coordinator that no MOU or agreement is needed. The services are available through the emergency department 24-hours a day, 7 days a week. She further confirmed that the services are offered at no charge to the victim. The medical staff interviewed stated that all detainees would be taken to John Peter Smith Hospital for an examination. These services were not utilized during the one reviewed closed investigation; the detainee was seen and treated by facility medical staff and refused any mental health or victim advocacy. The PSA Compliance Manager shared the incident did not involve any sexual penetration and therefore no outside SANE services were needed or injuries that required outside medical care.

(e): The facility has the ability to conduct the administrative investigations and will utilize the services of the Johnson County Sheriff's Office to conduct criminal investigations. The agency has the ability through OPR or the OIG to conduct both the administrative and criminal investigations. The facility has a written agreement with the Johnson County Sheriff's Office that they will follow the provisions of the standards, an investigator is assigned to the facility, with his office being located within the facility. Upon receipt of an allegation of sexual abuse or sexual harassment, the facility investigators or Johnson County Sheriff's Office for criminal investigations, will begin the investigation. If OPR or OIG indicates they are going to assume the investigation, the facility administrative investigation will cease and OPR or OIG will continue the investigation. If OPR or OIG do not assume the investigation, the facility investigators or Sheriff's Department will continue the investigation. Through interviews with the facility's investigators and a

JCCC Sheriff's Deputy, they confirmed that they follow the requirements of the standard. They are part of the staff at the facility and receive the PREA training. This was further confirmed during review of the investigation completed at the facility.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy LSC 3-3049
- Policy 11062.2
- Facility website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>
- ICE website: www.ice.gov/prea
- Policy 301.06

(a/d): Policy LSC 3-3049 states that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Upon a staff member receiving an allegation, they will immediately report this to their supervisor which will begin the investigative process. All investigations are immediately referred to the facility investigators and PREA Coordinator, who will notify the AFOD and the ICE staff at the facility. The PREA Coordinator stated that the facility investigators would immediately begin the investigation. All investigations are reviewed by the OPR. The investigators stated that OPR would review all cases to determine if an investigation is required by the agency. Policy 301.06 and ICE policy 11062.2 outlines the evidence and investigation protocols. Once the allegation is reviewed and accepted by the agency OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If the OPR investigators do not conduct the investigation, the facility investigators will conduct the administrative investigation and the Johnson County Sheriffs will conduct the criminal investigation if deemed appropriate. The Auditor reviewed the investigative file and confirmed the investigation process, including the notifications to OPR. The facility had four allegations over the past 12 months. One PREA related allegation was a detainee-on-detainee sexual abuse allegation, which was unfounded. The administrative investigation was conducted by trained facility investigators, no criminal investigation was conducted. The other three cases were still open at the time of the audit.

(b): Policy LSC 3-3049 outlines the responsibilities of the facility investigators and other investigative agencies. The PREA Coordinator stated that she is notified of every allegation and will follow the policies to ensure the investigative steps are being followed. She also indicated that as per policy, all investigations are stored for at least five years. While conducting her interview she indicated, that the investigations are stored in her office in a locked filing cabinet. The Auditor viewed this filing cabinet during the onsite audit.

(c): The Auditor reviewed the facility's website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>. The facility has a page dedicated to PREA, policy LSC 3-3049 is available to the public for review. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, DOJ PREA Audit Reports, and PREA data. The ICE website, www.ice.gov/prea includes information on the agency's PREA overview, PREA policies, reporting methods with addresses and phone numbers, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standards, ICE Detainee Handbook, ICE PREA poster, and ICE PREA pamphlet.

(e)(f): Policy LSC 3-3049 indicates that all incidents are promptly reported to the JIC, ICE OPR, and/or DHS OIG, as well as, the appropriate ICE FOD if a staff member, contractor, volunteer or detainee is alleged to be the perpetrator of sexual abuse. The PREA Coordinator stated that the notifications are being made as per policy; this was confirmed through review of the investigative file. She further stated that she would be notified, and she would make the appropriate notification to ICE and document the notification in the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.31 - Staff training.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Employees training PowerPoint and training rosters
- Training PowerPoints for Cross-gender, Transgender, and Intersex Searches

(a): The facility has trained all employees, contractors, and volunteers who may have contact with detainees, on how to fulfill their responsibilities under these standards, this training included:

- Facility's zero-tolerance policy for all forms of sexual abuse and assault;
- The right of detainees and staff to be free from sexual abuse or assault;
- Definitions and examples of prohibited and illegal behavior;
- Dynamics of sexual abuse and assault in confinement;
- Prohibitions on retaliation against individuals who report sexual abuse or assault;
- Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including:
- Common reactions of sexual abuse and assault victims;
- How to detect and respond to signs of threatened and actual sexual abuse or assault;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and
- How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault;
- How to avoid inappropriate relationships with detainees;
- Accommodating limited English proficient individuals and individuals with mental or physical disabilities;

- Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations;
- Procedures for fulfilling notification and reporting requirements under this Directive;
- The investigation process; and
- The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

The Auditor reviewed the training materials and PowerPoints and found that all provisions are covered in the training material. The Auditor also reviewed staff training records and acknowledgment forms for 50 staff members.

(b): All staff receive training every year and quarterly refresher training is provided. The refresher training is provided during the shift briefing. The training was verified through interviews and reviewing signed training certification forms for 50 staff members. The Auditor further verified with the Training Coordinator that all staff was trained prior to the facility incorporation of PREA, the incorporation date was 1/5/17. The Auditor reviewed training records that went back to this date.

(c): The facility documents the training on a roster, they further provide quarterly refresher training to ensure that all employees are familiar with the current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials; these were provided to the Auditor before the on-site audit. The Auditor further reviewed the training retention schedule for the facility which indicates that records are retained for five years.

During all staff interviews, the Auditor verified they had received the training. They verified that they had viewed the training and were able to explain their responsibility under the standards.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.32 - Other training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Contractor and volunteer training materials

(a)(b)(c): The facility has not trained all contractors and volunteers who may have contact with detainees on their responsibility under the facility's zero-tolerance policy. Policy LSC 3-3049 outlines their responsibility to train the contractors and volunteers who may have contact with the detainees. The facility has recently started utilizing a detainee workforce to work in the facility kitchen. The Auditor interviewed the contracted kitchen staff and found that they had not been trained on PREA and had not signed any acknowledgement form recognizing the facility zero tolerance policy. The Auditor had the PREA Coordinator immediately train the contracted kitchen staff during the on-site audit.

Does Not Meet: The contracted kitchen staff had not been trained on PREA and had not signed any acknowledgement form recognizing the facility zero tolerance policy. The facility needs to create a system to better identify all contractors and volunteers who need training on the zero-tolerance policy, and what level of training they need. This training needs to be completed prior to any detainee contact, and documented, and acknowledged by the attendee.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Detainee National Handbook
- Facility Supplemental Handbook
- PREA Video

(a)(b)(c) Policy LSC 3-3049 outlines the facility intake process that ensures all detainees are notified of the agency's and the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators, definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual activity. They also inform the detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Upon initial intake, all detainees view an old edition of a PREA Video which was created to be utilized by a facilitator. The video is general and needs to be stopped so the facilitator can explain the facility specific information. This was not occurring. The detainees would be placed in a large room, the video would be played in English and Spanish, from start to finish. The detainee would then sign a form indicating they watched the video. All detainees were given a copy of the ICE National Detainee Handbook which is translated into 10 languages and the Facility Supplemental Handbook. The interviews with intake staff confirmed this process. There was no process for LEP detainees, deaf, visually impaired, or otherwise disabled, as well as, to detainees who have limited reading skills. The video at intake is utilized for PREA education, the video does not provide to the detainees understanding of the zero-tolerance policy and facility specific PREA information.

Does Not Meet (a)(b): All detainees view an old edition of a PREA Video which was created to be utilized by a facilitator. There is not a facilitator to explain facility specific educational information. The facility needs to develop an education process for all detainees enumerated in the standard that also covers PREA education and facility specific information. They need to ensure the detainees understand the zero-tolerance policy and the PREA information.

(d) The facility has posted on all housing units the DHS-prescribed sexual assault awareness notice; the PREA Coordinator contact information; and name of Domestic Violence Intervention Services that can assist detainees who have been victims of sexual abuse. These postings are in both English and Spanish.

(e) Upon intake the facility provides the DHS-prescribed "Sexual Assault Awareness Information" pamphlet to detainees; this is provided in either English or Spanish. The intake staff confirmed that they can print other languages if needed.

(f) Information about reporting sexual abuse is included in the ICE National Detainee Handbook. The ICE National Detainee Handbook is translated into 10 languages and provided to the detainees upon intake. This was confirmed during the detainee interviews, all 26 detainees interviewed reported receiving the National Detainee Handbook, although some of the detainees did not receive one in a language they could understand.

§115.34 - Specialized training: Investigations.

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

Notes:

Documentation Reviewed

- Policy LSC 3-3049
- Training certificates
- Training materials for PREA: Investigating Sexual Abuse in Confinement Settings, online course offered by the National Institute of Corrections
- OPR list of trained investigators October 2015

(a)(b): Policy LSC 3-3049 outlines the training requirements for the investigators and ensures they are qualified to investigate sexual abuse and sexual harassment in confinement settings. The investigators participate in the National Institute of Corrections PREA Investigators Course. All of the supervisors at the facility have been trained as facility PREA investigators. The Auditor interviewed investigators during the audit and found them knowledgeable, and understood their responsibilities being the immediate responding investigator. They also confirmed that if there was any indication the incident was criminal, they would immediately stop the administrative investigation and notify the Johnson County Sheriff's Office. The Auditor reviewed the training materials utilized for the investigators course and verified it covered all provisions of the standard. The Auditor also reviewed the training acknowledgements for all of the supervisors at the facility who are trained as facility administrative investigators for PREA. The OPR list of trained investigators provided on the ICE Sharepoint documented the OPR investigator completed the specialized investigator training in October 2015.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed

- Policy LSC 3-3049
- Training materials for Specialized Medical and Mental Health PREA Training
- Training certificates for medical and mental health staff

(a)(b): There are no ICE Health Services Corps. (IHSC) staff working at the facility making sections (a) and (b) non-applicable.

(c): All medical and mental health staff are employees of the facility. During the interviews they confirmed that they received the Specialized Medical and Mental Health PREA Training. The Auditor reviewed the training materials and found that the lesson plan meets the requirements of provision (b) of the standard. This was further confirmed during the interview with the facility training officer, who provided the Auditor with the training certificates for medical and mental health staff. This training is outlined in Policy LSC 3-3049, which was approved by the agency.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This determination was made since the facility's policy LSC 3-3049 addresses the training requirements of the standard and training certificates for medical and mental health were provided that documented compliance with their policies and procedures and training. This decision was also based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Documents Reviewed

- Policy LSC 3-3049
- Intake screening for risk of sexual victimization or abusiveness
- Detainee Risk Assessments

(a)(b)(c)(d): Policy LSC 3-3049 outlines the process utilized to assess a detainee's risk of victimization or abusiveness. The facility screens all detainees upon arrival at the facility utilizing the PREA Risk Assessment. This assessment identifies those likely to be sexual aggressors or sexual victims and enables the facility to house detainees appropriately to prevent sexual abuse and mitigate any such danger. The process is to have the detainee screened by classification upon arrival at the facility. The PREA Risk Assessment tool takes into consideration the following:

- Whether the detainee has a mental, physical, or developmental disability;
- The age of the detainee;
- The physical build and appearance of the detainee;
- Whether the detainee has previously been incarcerated;
- The nature of the detainee's criminal history;
- Whether the detainee has any convictions for sex offenses against an adult or child;

- Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the detainee has self-identified as having previously experienced sexual victimization; and
- The detainee's concerns about his or her physical safety.

They also take into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. The Auditor observed twenty detainees going through the intake process and being assessed by the Intake Officers utilizing the assessment tool. This assessment takes place prior to the detainee being placed in general population and is completed within 12 hours of arrival. The detainees are placed in a large open room in full view of all of the intake staff until the assessment takes place. The Auditor reviewed 30 detainee files and found that all initial assessments took place within 12 hours of arrival.

(e): The PREA Coordinator confirmed that the facility has not been conducting any reassessments on a regular basis. The Auditor randomly selected 25 detainee files and found that most of the 60-90-day reassessments were not conducted.

Does Not Meet: The facility has not been conducting any reassessments on a regular basis. The detainee files reviewed found that most of the 60-90-day reassessments were not conducted. The facility needs to create a tracking system to identify any detainee at the facility between 60 and 90 days and ensure a reassessment to conducted and documented.

(f): The PREA Coordinator and Intake Officers stated that no detainee is disciplined for refusing to answer, or for not disclosing complete information in the screening process. This is further outlined in policy LSC 3-3049.

(g): The PREA Coordinator also confirmed that the information from the risk assessment is not available to the general staff, and is limited to medical, intake staff, mental health, and case managers. The assessments are stored in the medical department in filing cabinets, which are not accessible to general staff. These files include the initial PREA assessment, the reassessment, and all medical documentation. The files are stored in locked filing cabinets in the nurse's office. The Health Service Administrator confirmed that when the office is vacant the office is locked.

The Intake Officers conduct the screening with the detainees, they confirmed during interviews that they utilize the Language Line Services for LEP detainees. The Auditor reviewed both initial screening documentation that was provided prior to the on-site audit and verified that both are taking place within the specified timeframe.

§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:

Documents Reviewed

- Policy LSC 3-304
- Intake screening for risk of sexual victimization or abusiveness

(a): Policy LSC 3-3049 states that the information from the PREA Risk Assessment is utilized to inform assignment of detainees to housing, recreation, activities, and voluntary work. The PREA Coordinator and Intake Officers stated that these determinations are on an individualized basis. The 30 screening tools reviewed did not indicate any detainee who scored at a high risk for victimization or abusiveness. The screening tools indicated what housing unit and where on a housing unit to place someone, if they need individual recreation time or specific time for other activities.

(b): The PREA Coordinator and Intake Officers stated that when making an assessment and housing decisions for a transgender or intersex detainee, they consider the detainee's gender self-identification and how any placement will affect the detainee's health and safety. She also confirmed that the placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of his/her gender and self-assessment of safety is always taken into consideration; and all placements are consistent with the facility's safety and security. The medical staff conducts an initial medical assessment upon intake and would consult with mental health; this was confirmed during their interviews. The placement of a transgender or intersex detainee is reassessed at least twice each year to review any threats to safety experienced by the detainee. The facility has not housed any transgender in the last 12 months where a reassessment needed to take place, the PREA Coordinator understood her obligations under the policy.

(c): Through policy review and correction officer interviews, the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. The shower on the housing units are separate, they confirmed they would allow the detainee to shower during count when no one else is in the shower area.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.43 - Protective custody.

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

Notes:

Documentation reviewed

- Policy LSC 3-3049

(a)(b)(c)(d)(e): Policy LSC 3-3049 governs the management of administrative segregation unit. These procedures were developed in consultation with the ICE ERO FOD. The PREA Coordinator stated that they would document detailed reasons for the placement of an individual in administrative segregation, and as per policy, she would conduct a review and notify the ICE FOD within 72 hours. She further stated that she would conduct an identical review after the detainee has spent 7 days in administrative segregation, and every week for the first 30 days, and thereafter every 10 days. This is also outlined in Policy LSC 3-3049. Policy LSC 3-3049 states that the use of administrative segregation to protect vulnerable detainees is restricted to those instances where reasonable efforts have been made to provide appropriate housing and would be for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility would assign detainees to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged; this would not last more than 30 days. The detainees would be provided access to programs, visitation, counsel and other services available to the general population. An assessment is completed

by classification within 24 hours and reviewed with the PREA Coordinator. Policy LSC 3-3049 clearly states that this housing will not last more than 30 days. The PREA Coordinator and Intake Staff understood the policy, and their obligations if this occurred. They confirmed that they had not placed any detainees in segregated housing under these conditions in the last 12 months. They also confirmed that if they place any detainees in segregated housing, they will follow policy LSC 3-3049 which outlines the written review for detainees placed in segregation. The Auditor reviewed the policy and confirmed it addresses all provisions of the review procedures. The facility provided the Auditor a memo from the Jail Administrator confirming no detainee has been held in protective custody under these circumstances.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard and all provisions.

§115.51 - Detainee reporting.

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

Notes:

Documentation Reviewed

- Policy LSC 3-3049
- Facility Handbook
- National Detainee Handbook
- DHS/ICE reporting posters and local reporting avenue and victim advocacy numbers on Housing Units

(a)(b): Policy LSC 3-3049 established the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions through the written materials provided at intake and DHS/ICE reporting posters on housing units; including how detainees may contact their consular official, the DHS Office of the Inspector General or, confidentially and, if desired, anonymously, report these incidents. The DHS/ICE PREA Poster as well as the facility PREA Reporting Posters indicates that reports can be made anonymously. The facility also utilizes the Family Crisis Center of Johnson County as third-party reporting avenues. The contact information for the Family Crisis Center of Johnson County is posted on each housing unit. The facility has also developed internal reporting avenues where the detainees can report directly to a staff member and in person. The Auditor found that the information is being provided to all detainees in a language they can understand. The information is provided in English and Spanish, and if needed the Intake Officer can provide the information in other languages. The ICE National Detainee Handbook is printed in ten languages and represents the languages at the facility. The Auditor tested the third-party reporting line in two housing units and found the phone number goes to the Family Crisis Center of Johnson County. During the review of one investigation, the Auditor found that the detainee reported to medical personnel, the medical personnel immediately contacted the PREA Coordinator.

(c): Policy LSC 3-3049 states that staff will accept reports made verbally, in writing, anonymously, and from third parties. They will promptly document any verbal reports on an incident report. The interviewed correction officers and supervisors understood their obligation under this standard.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.52 - Grievances.

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

Notes:

Documentation Reviewed

- Policy LSC 3-3049
- Facility Handbook

(a)(b): Policy LSC 3-3049 and the Facility Handbook address the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance, the grievance would be considered an emergency grievance, and no informal grievance procedures are applied. The Grievance Coordinator stated that there are no time limits for sexual abuse grievances if they received a grievance of this nature, it would be immediately reported to the PREA Coordinator and investigated.

(c)(d): Policy LSC 3-3049 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The PREA Coordinator stated that she would take immediate corrective action to protect the detainee. She further stated that all medical emergencies would be brought to the immediate attention of proper medical personnel.

(e): Policy LSC 3-3049 states that the grievance is initially responded to in 48 hours, and a final decision is provided within 5 days. As per policy, any appeal would be responded to within 30 days. The PREA Coordinator confirmed the FOD would be notified at the end of the grievance process.

(f): Policy LSC 3-3049 and the Facility Handbook state that a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives to assist in preparing a grievance. The interviewed facility staff understood their obligations to expedite a grievance, and to assist if need be. They confirmed they would assist in preparing the grievance if asked, and ensure the grievance is immediately forwarded to the Grievance Coordinator.

The facility has not had any grievances filed within the last 12 months for sexual abuse. This was confirmed through interviews with the Grievance Coordinator and PREA Coordinator. The Jail Administrator also provided a memo to the Auditor verifying this information.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: LSC 3-3049
- MOU with Family Crisis Center of Johnson County dated 5/22/19
- ICE Policy 11062.2 Sexual Assault and Abuse Prevention and Intervention
- Detainee Orientation Guide
- ICE Sexual Assault and Abuse Awareness pamphlet
- ICE National Detention Handbook

(a)(b)(c)(d): The facility has entered into an MOU with Family Crisis Center of Johnson County to provide valuable expertise and support in the areas of crisis intervention, support during sexual assault examination and prosecution, and counseling. The MOU is dated May 22, 2019 with no expiration. The information including mailing address and contact number are posted in the housing units and further provided to victims of sexual abuse by the medical or mental health staff. The contact information is posted by the telephones. Policy LSC 3-3049 establishes the procedures which include the outside agencies in the facility's sexual abuse prevention and intervention protocols. During the interview with the PREA Coordinator, she stated that all victims of sexual abuse are given the contact information for Family Crisis Center of Johnson County and informed that they could contact them at any time. She further confirmed that they would inform detainees in writing, prior to giving them access to outside resources, of the facility procedures which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The poster informs the detainees that phone calls to the Family Crisis Center of Johnson County are not monitored and to follow the phone prompts. The handbook also informs the detainees all reports will be forwarded to the appropriate law enforcement agency for investigation. Most of the detainees interviewed were aware of the contact information for the Family Crisis Center of Johnson County, this is posted on every housing unit in English and Spanish. The detainees who did not speak or read these languages were aware of the poster and identified it when shown by the Auditor during the interview. They further stated that they would ask for the translation from staff if needed. The ICE Sexual Assault and Abuse Awareness pamphlet shares with the detainees that information concerning their identity and the facts of the report would be limited to only those you need to know. The ICE National Detainee Handbook informs the detainees that all calls may be monitored, except those to their lawyer or court.

The Auditor reviewed the one closed investigative case file and confirmed the information on how to contact the Family Crisis Center of Johnson County was provided to the detainee. The Auditor confirmed that there are no limitations on contact with these services. During the PREA Coordinator and medical staff interviews, as well as, the investigative file review; the Auditor confirmed victim advocacy was offered during the investigation, but the victim did not want to utilize the services.

After the on-site audit, the Auditor contacted Family Crisis Center of Johnson County and confirmed these procedures.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.54 - Third-party reporting.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Office of Inspector General Poster
- ICE Detention Reporting and Information Line Poster
- Facility website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>
- Agency website: www.ice.gov/prea

The facility and agency have established several methods for third-party reporting. The posters for the Office of Inspector General, and ICE Detention Reporting and Information Line are posted in the visiting room and front entrance to the facility. The facility has placed the following reporting steps on its website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>. Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including detainees, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At all LaSalle facilities, there are multiple options to file a report; including, but not limited to:

- Contact the National Sexual Assault Hotline at 1-800-656-4673.
- Send a letter to the Warden of the facility, report to any staff member either verbally or in writing or they may call the PREA hotline numbers or LaSalle PREA contacts: (b) (6), (b) (7)(C)
- Questions or inquiries can be forwarded to the Warden or the below contact. LaSalle PREA Coordinator contact: (b) (6), (b) (7)(C)

The agency has posted the third-party reporting avenues on the agency's website www.ice.gov/prea. These reporting avenues include the DHS OIG, ICE OPR, and the ICE ERO Detention and Reporting Information Line. The website provides explicit instructions on how to make a report.

The facility provides the telephone number for the Family Crisis Center of Johnson County. This is posted by the telephone on all housing units.

Upon returning home the Auditor called the National Sexual Assault Hotline and found the phone number operational.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.61 - Staff reporting duties.

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

Notes:

Documentation Reviewed:

- Policy: Policy LSC 3-3049

• Facility website: <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>

(a)(b): Policy LSC 3-3049 requires all staff to verbally report immediately to a supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility. It also requires staff to report any information regarding retaliation against detainees or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The reporting requirement portion of the policy was reviewed and approved by the Jail Administrator, PREA Coordinator, and ICE. The policy allows any staff to report outside of the chain of command by going directly to the PREA Coordinator, or any Jail Administration, they also have the option of utilizing the third-party reporting avenues. All interviewed facility staff understood the reporting avenues available.

(c): Policy LSC 3-3049 further states that staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions. During the facility staff interviews, the Auditor confirmed that the staff understood their reporting requirements, reporting avenues available to them, and the requirement to not reveal any information. These procedures were further verified during the review of the investigative report. The incident was reported to medical personnel, who reported the incident directly to the PREA Coordinator. The PREA Coordinator coordinated the initial response, only notifying those staff who needed to be involved in the investigation.

(d) The facility does not house juveniles nor family units. The PREA Coordinator confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in policy LSC 3-3049. She further confirmed that they have not made any notification of this type within the past 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.62 - Protection duties.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049

Policy LSC 3-3049 outlines that if a staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. During the facility staff interviews, they stated that they would make the safety of the detainee their priority and ensure they were separated from the other detainees; and contact their supervisor. During the supervisor interviews, they stated that they could separate detainees through housing unit moves. Any separation for these reasons would be immediately reported to the PREA Coordinator. The PREA Coordinator stated that she would respond immediately or be available by phone to discuss the incident. She further stated that they have not had a separation made for these reasons during the auditing period.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.63 - Report to other confinement facilities.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049

Policy 301.06

(a)(b)(c)(d); Policy 301.06 outlines the facility's obligations to report allegations that had occurred at another confinement facility. The facility will document these allegations and the facility administrator, or his designee would immediately contact the facility head where the allegation took place. This notification will be made immediately to the ICE Field Office, but not more than 72 hours after receiving the allegation. The facility administrator would immediately document this notification and copies will be forwarded to the PREA Coordinator. The PREA Coordinator confirmed that if an allegation was received from another facility, she would immediately begin an investigation as outlined in policy LSC 3-3049 and notify the ICE Field Office.

The audited facility has not received notification from another facility under these circumstances in the last 12 months. The facility has notified another facility of an incident that was reported at JCCC that occurred at the other facility, this documentation was reviewed by the Auditor. The Auditor found that the notification to both the other facility and ICE were made immediately via telephone and documented.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.64 - Responder duties.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Investigative file

(a) Policy LSC 3-3049 outlines the responder duties, and the staff also receive annual training which covers their response to a detainee who has been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation and make immediate notification to their supervisor. Upon the arrival of assistance, they would preserve any potential crime scene and make an initial inquiry as to the events. If the incident occurred within the last 96-hours they would also request that the victim and alleged abuser not do anything that may destroy potential evidence including; washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. All actions are documented on the Sexual Misconduct/PREA Checklist. The Shift Supervisor would be notified immediately and would then contact the ICE Field Office and implement the coordinated response plan outlined in policy LSC 3-3049. The Auditor reviewed the investigative file and found that the medical personnel who it was reported to acted accordingly and as per policy. The interviewed facility staff understood their obligations as an initial responder and all who were interviewed were able to outline the first responder obligations.

(b) Policy LSC 3-3049 outline that if a first staff responder is not a security staff member the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. All interviewed non-security staff understood their obligation under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.65 - Coordinated response.

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

Notes:

Documentation Reviewed:

- Policy: LSC 3-3049
- Investigative file

(a)(b): Policy LSC 3-3049 outlines the coordinated response plan. This plan establishes the guidelines for the facility to respond to sexual abuse or sexual harassment incidents. The plan utilizes a multi-disciplinary approach which includes the Jail Supervisors, Medical and Mental Health Practitioners, and Investigators. The plan further details each team member's responsibility during an incident. The correction officers interviewed understood their immediate response is to secure the victim, alleged abuser if known, and the scene; and immediately contact a supervisor. The interviewed supervisors, who are trained investigators, stated that they would have the detainee taken to medical immediately for evaluation, contact the PREA Coordinator, and begin an administrative investigation. During the Jail Administrator and PREA Coordinator interviews, they confirmed that this process would be followed, the Auditor further confirmed the process during the investigative file review.

(c)(d): The PREA Coordinator confirmed that if a victim of sexual abuse is transferred between DHS immigration detention facilities covered by either subpart A or B of the DHS PREA Standards, or to a non-DHS facility, they notify the facility of the potential need for medical or social services. The PREA Coordinator understood that if prohibited by law or if the victim did not want this notification to be made, it would not be. The facility has not made a notification under these circumstances in the last 12 months.

The coordinated response was further verified during the investigative file review.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: LSC 3-3049

Policy LSC 3-3049 states that all employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The PREA Coordinator and Jail Administrator confirmed that they have non-contact detainee posts where the individual would be placed until the investigation was completed. They also confirmed that the facility has not entered in, nor renewed, any collective bargaining agreement that prevents them from removing staff from contact with detainees.

The facility has not had any incidents within the past 12 months where an employee, contractor, or volunteer was removed from contact with a detainee.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: LSC 3-3049

(a)(b)(c): Policy LSC 3-3049 outlines the facility's protection against retaliation. The policy states that employees, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual

abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. The PREA Coordinator and Jail Administrator confirmed that they would utilize multiple protection measures including housing changes, removal of staff, and emotional services. The PREA Coordinator stated that for at least 90 days following a report of sexual abuse, the facility will continually monitor to see if there are any disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff; that may suggest possible retaliation by detainees or staff. If this is indicated the facility will act promptly to remedy any such retaliation. Policy LSC 3-3049 outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated the monitoring would continue beyond the 90 days.

During the onsite audit the Auditor reviewed the documented monitoring for a detainee involved in an incident; the monitoring was conducted in accordance with the policy and standard. The PREA Coordinator met with the detainee monthly for a 90-day period and documented these meetings. The documentation noted no indications of retaliation were identified.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: LSC 3-3049
- Memo from facility Jail Administrator stating no occurrences

(a)(b)(c)(d): Policy LSC 3-3049 outlines the facility post-allegation protective custody. The detainee would be placed in the least restrictive and supportive environment subject to the requirements of 115.43. The detainee would not be held for more than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. Intake and Mental Health Staff confirmed that if a detainee were held in this manner, the detainee would be reassessed utilizing the initial screening tools, before being returned to the general population. The policy further states that the ICE FOD will be notified within 72 hours if a detainee was placed in protective custody under these circumstances. The PREA Coordinator understood the requirements for housing detainees under these circumstances; she further confirmed they had not had a detainee in post allegation protective custody within the past 12 months. The Intake Staff and PREA Coordinator both confirmed that if they needed to place a detainee in protective custody of this nature, they would utilize the medical unit, which is a smaller unit and under direct supervision by staff. A memo from the Jail Administrator confirmed the facility has not housed any detainees under these circumstances.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions

§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:

Documentation Reviewed:

- LSC 3-3049
- ICE Policy 11062.2 Sexual Assault and Abuse Prevention and Intervention
- Investigation File

(a)(b): Policy LSC 3-3049 outlines the facility investigators responsibility to conduct prompt, thorough, and objective administrative investigations into alleged sexual assault allegations. Policy 11062.2 outlines OPR's responsibility to conduct prompt, thorough, and objective administrative investigations into alleged sexual assault allegations. The facility has trained all supervisors to conduct the administrative investigations. The criminal investigations are conducted by the Johnson County Sheriff's Department's trained investigators. The PREA Coordinator stated that all allegations are responded to immediately and ICE is notified. If the allegation is criminal, the facility will stop the administrative investigation and let OIG, or the Johnson County Sheriff's Department conduct the criminal investigation. This is done to protect the integrity of the criminal investigation, if the administrative investigation was allowed to continue, statements taken under Garrity warnings could not be used in any criminal prosecution. The Auditor confirmed with the investigators that if a criminal investigation was either unsubstantiated or substantiated, they would still conduct an administrative investigation. The PREA Coordinator and the facility investigators confirmed the administrative investigations would take place following the criminal investigation and only after the investigators and PREA Coordinator were consulted about the outcome, or consulted with OIG, if OIG conducted the investigation. The reviewed investigative report confirmed that no criminal investigation was completed, and the administrative investigation was conducted after consultation between the facility investigator and PREA Coordinator. OPR conducted also conducted an administrative investigation of the incident.

(c): Policy LSC 3-3049 and Policy 11062.2 outlines the investigative procedure for administrative investigations. This policy provides provisions for the following:

- Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interviewing alleged victims, suspected perpetrators and witnesses;
- Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator;
- Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph;
- An effort to determine whether actions or failures to act at the facility contributed to the abuse;
- Documentation of each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years
- The procedures in the policy govern the coordination of the administrative and criminal investigation, procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation.

During the interviews with the facility investigators, the Auditor confirmed that they conduct interviews with victims, the alleged perpetrator, and witnesses. Physical evidence would be collected by the Johnson County Sheriff's Department. They also confirmed that they review all information available to them relating to the victim, alleged perpetrator, or witnesses; and conduct an impartial credibility assessment on anyone involved. All administrative investigations are documented in a written report outlining the investigative procedure, evidence collection, and if any actions or failure to act contributed to the incident. The PREA Coordinator confirmed that the investigative reports are kept indefinitely. The Auditor reviewed the one closed investigation and found that the investigation was conducted in accordance with policy by facility's trained investigators.

(e)(f): Policy LSC 3-3049 states that the investigation will not be terminated if the alleged abuser or victim leaves employment or control of the facility or agency. The PREA Coordinator and Jail Administrator confirmed that the investigation would be conducted, even if the alleged abuser or victim left control of the facility, or employment. The PREA Coordinator stated that she stays in constant contact with the facility investigators and Johnson County Sheriff's Department either in person or through email during the investigative process. The PREA Coordinator stated she stays in contact with ICE and/or OIG, if that agency is conducting the investigation, for updates. During the review of the one investigative file the Auditor reviewed emails between the PREA Coordinator and OPR. The PSA Compliance Manager stated the investigation was closed while the detainee was still housed at the facility.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06
- Investigative file

Policy LSC 3-3049 states that during an administrative investigation, the investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The facility investigators stated that they do not impose any higher of a standard this was further confirmed during the review of the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.73 - Reporting to detainees.

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

Notes:

Documentation Reviewed

- Policy: LSC 3-3049
- Investigative file

Policy LSC 3-3049 outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed in writing, where the detainee will sign for a copy of the notification. The detainee would keep a copy and the original is placed in the investigative file. The PREA Coordinator confirmed this procedure; it was further confirmed by reviewing the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy: LSC 3-3049
- Memo to Auditor from the Jail Administrator

(a)(b)(c)(d): Policy LSC 3-3049 outlines the facility's response to staff discipline of a substantiated allegation of violating agency or facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and from Federal service. Removal from their position is the presumptive discipline for a violation of the policy. The Jail Administrator confirmed that the presumptive discipline for any violation of this policy is termination. The PREA Coordinator confirmed that the facility would report all removals or resignations for violations of agency or facility sexual abuse policies to the OIG and the facility investigators, and confirmed if the staff member were licensed, the licensing body would be notified. They further confirmed that they would notify the Johnson County Sheriffs Office of all removals or resignations in lieu of removal unless clearly not criminal. The facility provided the Auditor with a memo stating that no staff members have been disciplined, nor licensing bodies notified within the last 12 months.

Policy LSC 3-3049 has been approved by the agency.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy: LSC 3-3049
- Memo to Auditor from the Jail Administrator

(a): Policy LSC 3-3049 addresses any contractor or volunteer who has engaged in sexual abuse. The policy directs the facility to prohibit the contractor or volunteer from having any contact with detainees. The facility will also make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. These incidents, if criminal, will also be reported to the Johnson County Sheriff's Department.

(b)(c): The PREA Coordinator and Jail Administrator confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. They further confirmed that as per policy LSC 3-3049 the facility would take appropriate remedial measures such as training; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards. The Jail Administrator confirmed if a contractor or volunteer violated any provisions of the standards their security clearance would be immediately revoked, pending the outcome of the investigation.

The facility did not have any incidents of contractor or volunteer corrective action for the past 12 months. This was confirmed through interviews and a memo from the Jail Administrator.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy LSC 3-3049
- Policy LC SFD 030301 Inmate/Detainee Discipline
- Investigative file

(a)(b)(c)(d): Policy LSC 3-3049 addresses the facility disciplinary sanctions following an administrative or criminal investigation that a detainee engaged in sexual abuse. The disciplinary process outlined in policy LC SFD 030301 ensures that the discipline is commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform to rules and regulations in the future. The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure. It was confirmed during the interview with the PREA Coordinator and Jail Administrator that this discipline process would be utilized for disciplining any detainee that was found to have engaged in sexual abuse. During the interviews with medical and mental health staff, they confirmed any detainee involved in an incident, whether victim or offender, would be evaluated. The PREA Coordinator confirmed, as per policy, they would consider any mental disabilities or mental illness that may have contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility had one unfounded detainee on detainee sexual abuse investigation during the past 12 months. There was no discipline from this incident. Auditor confirmed with the PREA Coordinator and Jail Administrator that no detainees have been disciplined within the past 12 months.

(e)(f): The PREA Coordinator and Jail Administrator stated that the facility would follow policy LSC 3-3049 for detainee discipline, which states that the facility will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. They also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This is further outlined in policy LSC 3-3049.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

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

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

Notes:

Documentation Reviewed

- Policy LSC 3-3049
- Medical and Mental health evaluation

(a)(b)(c): Policy LSC 3-3049 outlines the medical and mental health screenings for a history of sexual abuse. If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, the medical staff would task a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but no later than 2 working days, the detainee would be brought directly to medical for evaluation, and the mental health evaluation will occur within 72 hours. The detainees at the facility are screened under 115.41 by an Intake Officer and undergo a second screening with medical personnel. If they experienced prior sexual victimization or perpetrated sexual abuse, they would receive any immediate medical attention as deemed necessary. If mental health staff were available, they would see the detainee immediately, if not they would task mental health staff with seeing the detainee within 72 hours. This process was confirmed during the interviews with medical and mental health staff. They also confirmed that they would notify the PREA Coordinator. The facility provided the Auditor a memo that stated they had screened one detainee within the past 12 months who reported past victimization or abusiveness during the medical and mental health screening. The Auditor reviewed this detainee's medical file and verified he was seen by mental health within 72 hours.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy LSC 3-3049
- MOU with Family Crisis Center of Johnson County dated 5/22/19

(a)(b): Policy LSC 3-3049 states that a detainee who is a victim of sexual abuse will have timely, unimpeded access to emergency medical treatment and crisis intervention services, which include emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care. The services would be conducted at the John Peter Smith Hospital and any follow up care would be provided by the facility providers. The services are provided to the detainee without financial cost and regardless of whether they name the abuser or cooperate with any investigation arising out of the incident. The Auditor confirmed with the facility medical staff that the above procedures would be followed. The facility has a MOU agreement with Family Crisis Center of Johnson County for victim advocacy and a SANE at John Peter Smith Hospital would conduct the sexual assault examination. The Auditor confirmed the services at both the Family Crisis Center of Johnson County and John Peter Smith Hospital by contacting a supervisor at each agency.

The services of the Family Crisis Center of Johnson County were offered to the victim in the unfounded investigation. During the PREA Coordinator and medical staff interviews, as well as, the investigative file review, the Auditor confirmed victim advocacy was offered during the investigation, but the victim did not want to utilize the services. It was confirmed he was seen by medical at the facility by reviewing the medical records. He did not receive any emergency medical treatment.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy LSC 3-3049
- Investigation file
- Medical record review

(a)(b)(c)(d)(e)(f)(g): Policy LSC 3-3049 outlines ongoing medical and mental health care following a sexual abuse allegation regardless of whether the victim names the abuser or cooperates with any investigation of the incident. The medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include 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 Health Service Administrator confirmed that the medical and mental health services offered at the facility are consistent with the community level of care. They have 21 total staff which includes physicians, nurses, and clinical staff. The detainee would be offered tests for sexually transmitted infections; and all of the treatment services are offered at no cost to the detainee. If vaginal penetration occurs a pregnancy test will be offered. If pregnancy results, the detainee will receive timely and comprehensive access and information about lawful pregnancy related medical services, this treatment will also be at no cost to the detainee. The Health Services Administrator confirmed that the detainee would return from the hospital and all testing for sexually transmitted infections, pregnancy tests, or follow up treatment would be provided by the facility medical providers. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse. The process was confirmed during the interviews with the PREA Coordinator and medical and mental health staff.

During the investigative file and medical records review, the Auditor confirmed medical and mental health services were provided for the detainee on the one unfounded investigation. These services were provided to the alleged victim, the alleged abusers were unknown. The detainee in the aforementioned incident was offered mental health but refused. This was documented in the detainee's medical record and investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy LSC 3-3049
- 2018 Annual Review of Sexual Abuse Investigations and Corrective Actions
- Investigative file with incident review

(a)(b): The facility conducts an incident review at the conclusion of every investigation of sexual abuse within 30 days; these investigations include substantiated, unsubstantiated, and unfounded. During the past 12 months, the facility had one unfounded investigation involving a detainee. The review team consists of the upper-level management, the PREA Coordinator, medical and mental health practitioners, as well as, Jail Administrator. The review is documented in a PREA After Action Review Report. The report is submitted to the Jail Administrator and ICE PSA Coordinator. This report indicates if any changes need to be made in policy or practice that could better prevent, detect, or respond to sexual abuse. The Auditor confirmed with the Jail Administrator and PREA Coordinator that recommendations for improvement would be made, and if the improvements could not be made, they would document the reason why. The review considers whether the incident or allegation was motivated by race, ethnicity, or gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The Auditor reviewed the incident review conducted, this review was conducted within 30 days of the conclusion of the investigation, and no recommendations were made.

(c): The facility provided the Auditor with the 2018 annual tracking log, which compares the facility data from 2017 and 2018. The review indicated no corrective actions to be taken. The 2018 Annual Review of Sexual Abuse Investigations and Corrective Actions report was submitted to the Jail Administrator; this process is also outlined in policy LSC 3-3049, The PREA Coordinator confirmed that the report is also forwarded to ICE.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.87 - Data collection.

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

Notes:

Documentation Reviewed
• Policy LSC 3-3049

(a): Policy LSC 3-3049 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by the PREA Coordinator. The PREA Coordinator collects and retains all data including case records associated with claims of sexual abuse; including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Coordinator stated that she is responsible for compiling data collected on sexual activity and sexual abuse incidents. She forwards the DHS Monthly PREA Incident Tracking Log to ICE. The Auditor reviewed the tracking logs for the auditing period, and found they were completed and forwarded. She also creates and submits a PREA Survey through the PREA Portal for every allegation of sexual abuse and sexual activity. During her interview, the PREA Coordinator indicated that all information is held in her office. The PREA Coordinator's office is secure and all information related to any PREA Allegation is stored in a locked filing cabinet within the office. This was confirmed by the Auditor during the PREA Coordinators interview, which took place in her office. The established facility retention schedule is ten years for these files.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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) During the audit tour, the facility provided the Auditor full access to all areas of the facility and the ability to ensure policies and procedures were in daily practice.

(e) Before the audit, during the on-site audit, and during the post-audit phase all relevant documentation was made available through the ICE ERAU SharePoint. Additional documentation was requested by the Auditor which was provided promptly.

(i) The Auditor was permitted to conduct private interviews with the detainees and staff. These interviews were conducted in various offices throughout the facility.

(j) PREA Auditor Notifications were posted throughout the facility providing the Auditor contact information. The Auditor received one letter. Interviewed staff and detainees confirmed the PREA Auditor Notifications were posted well before the audit, but they could not recall the date.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	1
Number of standards met:	33
Number of standards not met:	5
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Patrick J. Zirpeli
Auditor's Signature & Date

11/17/2019

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

1/8/2020

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Margaret L. Capel	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	479-521-(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:	Dallas Field Office
Field Office Director:	Marc J. Moore
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Johnson County Corrections Center		
Physical address:	1800 Ridgemar Drive, Cleburne, TX 76031		
Mailing address: (if different from above)			
Telephone number:	817-645-2916		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-645-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PREA Coordinator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-556-(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.

On August 6–8, 2019, the Prison Rape Elimination Act (PREA) on-site audit of the Johnson County Corrections Center (JCCC) in Cleburne, Texas was conducted by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA auditor, Patrick J. Zipoli for Creative Corrections, LLC. The purpose of the audit was to determine compliance with the DHS PREA Standards. The PREA audit was the first one for the (JCCC). JCCC is operated by LaSalle Corrections who offers a diverse spectrum of corrections industry services to local, state, and federal law enforcement agencies. The U.S. Immigration and Customs Enforcement (ICE) contracts with the JCCC for the housing of male detainees. The audit period covered August 6, 2018, to August 6, 2019. The Auditor was provided guidance and review during the audit report writing, and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C), a DOJ, and DHS certified PREA Auditor. The Program Manager's role is to provide oversight to the ICE PREA Audit process and liaison with the ICE External Reviews and Analyst Unit (ERAU) during the audit report review process. The Program Manager completed the final version of the report due to unforeseen circumstances. The Corrective Action Period (CAP) documentation was reviewed and audited by (b) (6), (b) (7)(C), a certified (DOJ) and (DHS) PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance during the CAP audit report writing and review process by the ICE PREA Program Manager and ICE PREA Assistant Program Manager, (b) (6), (b) (7)(C), who is also a DOJ and DHS certified PREA Auditor.

Of the 41 standards reviewed, the Auditor found one standard (115.35 Specialized Training: Medical and Mental Health Care) exceeded the requirements of the standard; two standards were not applicable (115.14 Juvenile and Family Detainees; 115.18 Upgrades to Facilities and Technologies); five standards did not meet the requirements of the standard (115.16 Accommodating detainees with disabilities and detainees who are limited English proficient; 115.17 Hiring and promotion decisions; 115.32 Other training; 115.33 Detainee education; and 115.41 Assessment for risk of victimization and abusiveness); the remaining 33 standards complied with the requirements of the standards.

On 02/27/2020, the Auditor received ICE PREA Corrective Action Plan (CAP) from the ERAU Team Lead, (b) (6), (b) (7)(C) for JCCC. The ERO developed the CAP with the facility and the plan addressed the five standards that did not meet compliance during the PREA audit site visit and documentation review. The Auditor reviewed the CAP and concurred with the proposed recommendations for achieving compliance with the deficient standards. Throughout the CAP, the Auditor received, and reviewed documentation provided January 27 through January 25, 2020 to establish compliance with the deficient standards. The Auditor has determined the facility has met full compliance with the standards (115.16, 115.17, 115.32, 115.33, 115.41).

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. 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) Policy LSC 3-3049 outlines the facility's procedures to ensure disabled detainees have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. During the intake staff interviews, the Auditor confirmed the steps taken to effectively communicate with disabled detainees. Detainees who are deaf or hard of hearing would be provided the facility and the ICE National Detainee handbooks, and if needed, sign language translation would be provided through video conference or the Text Telephone (TTY) Device would be utilized. A detainee with limited reading skills, cognitive disability, or blind would have the materials read to them, and explained in depth so they understood. Medical staff evaluates every detainee upon intake, and would identify any disability, and ensure the materials are provided effectively, accurately, and impartially. The Auditor found that during the intake process, the detainee would be initially placed in a large holding cell, a television would be brought into the cell. During this time, a video will be played that provides the PREA information in two languages, English and Spanish. The Auditor viewed the video and found that it was created in 2005 and was meant to be shown by a facilitator who would need to stop the video and explain certain aspects and how it pertained to the facility. The Auditor confirmed that this was not happening; the video would play from start to finish. There was no process for LEP detainees, deaf, visually impaired, or otherwise disabled, as well as, detainees who have limited reading skills to detainees have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse.

Does Not Meet (a): The facility is not providing meaningful access to PREA education in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to disabled detainees per interviews with staff and review of the PREA video. The facility needs to incorporate an educational system that addresses detainees with disabilities when needed. The facility needs to update the video provided to the detainees to incorporate facility material to provide specific facility information or have staff provide the information during the showing of the video and/or provide the facility specific information in other methods.

Corrective Action Taken (a):

The facility provided an addendum to Policy LSC 3-3049 to address this standard. The new policy states should a detainee who comes in deaf or blind, then additional translation services will be utilized for them to include utilizing the TTY telephone, utilizing the Video Relay Service for American Sign Language (ASL) translation and contacting the supervisor for any additional services needed. The policy also requires staff to determine the detainee's language prior to providing written or video material. The detainee is shown the ISpeak poster and points to their language. The detainee's language is documented in Odyssey, the facility's electronic data base system. Staff are instructed to ensure detainees do not sign acknowledging receipt of the PREA education until the information is presented in a language the detainee understands. Furthermore, staff are to document when interpretation services are used, on the Interpreter Form which documents the language interpreted, the Interpreter ID and the information interpreted. Initially, the facility provided several completed examples of forms used in intake that were translated in Spanish. There were no examples provided in which translation materials were used. The facility policy did not address how information will be presented to detainees with limited reading skills, cognitive, psychological, or developmental disabilities. The facility then revised the current policy to include detailed instructions for providing PREA education to detainees who may have limited reading skills, cognitive, psychological, or developmental disabilities and provided documentation that staff has been trained in these new procedures. A detainee with limited reading skills, cognitive disability, or blind would have the materials read to them, and explained in depth so they understood. Medical staff evaluates every detainee upon intake, and would identify any disability, and ensure the materials are provided effectively, accurately, and impartially. Staff are required to document if interpretation services are provided through TTY, or other interpreter services used on the facility's Interpreter Form which documents the service provided i.e. TTY, sign language, or another interpretive service, the interpreter's name and/or identification number and the information interpreted. The facility reported they have not received detainees who speak a language other than English or Spanish; therefore, the facility could not provide facility specific information for documentation review. The facility complies with this section of the standard.

(b) Policy LSC 3-3049 outlines the procedure to ensure all limited English proficient (LEP) detainees have meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. The Auditor found that during the intake process, the detainee would be initially placed in a large holding cell, a television would be brought into the cell. During this time, a video will be played that provides the PREA information in two languages, English and Spanish. The Auditor viewed the video and found that it was created in 2005 and was meant to be shown by a facilitator who would need to stop the video and explain certain aspects and how it pertained to the facility. The Auditor confirmed that this was not happening; the video would play from start to finish. The Auditor also confirmed that the only educational information provided was in English and Spanish. The facility needs to incorporate an educational system that addresses other languages when needed. During the intake staff interviews, they confirmed that they had not encountered a detainee they could not communicate with. They will utilize a language line for interpretation if needed to explain the intake process to them. The interviewed intake staff confirmed that they were not providing the PREA education information to all detainees and were having them acknowledge receiving the information when it was not provided in a language they could understand. They further confirmed that they are not utilizing any verbal translation to educate the detainees. DHS/ICE PREA posters were observed on the housing units, these posters were in English and Spanish and several other languages. The posters did not represent all languages spoken at the facility.

Does Not Meet (b): The facility was not providing meaningful access to PREA education in all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to LEP detainees per interviews with staff and review of the PREA video. The facility was required to incorporate an educational system that addresses other languages when needed. The Auditor recommended a written document that provides the PREA educational information along with the reporting avenues in the language of the detainee either through written materials or the translation services. The facility needs to update the video provided to the detainees to incorporate specific facility material or provide the facility specific information in another method.

Corrective Action Taken (b): The facility provided a facility specific handout for detainees that notifies the detainee of the facility's zero tolerance policy towards all forms of sexual abuse or harassment and against retaliation for reporting sexual abuse or harassment. This form also provides the detainee with several avenues for reporting sexual abuse or harassment. This form was translated into the languages most commonly spoken by detainees: English, Spanish, Arabic, French, Romanian, Urdu, Chinese, Lao, Nepali, Kurdish, Japanese, Portuguese, and Punjabi. The facility provided verification that all staff had been trained concerning the new facility specific information for detainees. If the detainee speaks a language other than those listed, interpreter services are provided and documented on the facility's Interpreter Form which includes the language interpreted, the interpreter name and/or identification number and the information interpreted. The facility complies with this section of the standard.

§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)(c)(d) Policy LSC 3-3049 outlines the facility's hiring and promotion process. The facility does not utilize the ICE Personnel Security Unit (PSU) to conduct the background investigations for the staff, contractors, and volunteers; the facility's Human Resources Department conducts the background investigations. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who 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 who has been civilly or administratively adjudicated to have engaged in such activity. During the initial hiring process, and during interviews for promotions, the applicants are asked about this type of conduct. The questions are asked in a written form during the initial staff hiring process, and contractor and volunteer services agreements. During the promotion process, they are asked by the promotion board; and documented by the interviewer in their notes. The Auditor confirmed this process with the Human Resources Department and during the personnel file review. The Auditor randomly pulled 40 personnel files, which included staff, volunteers and contractors, and ensured the documentation is contained in the files. Policy LSC 3-3049 imposes upon employees a continuing affirmative duty to disclose any such misconduct. During Human Resources interviews the Auditor confirmed that all prior institutional employers of an applicant for employment are contacted to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. The background investigation process includes a determination of suitability for hire and a criminal history background check, this is documented in the personnel files. Through review of Executive Order 10450 Security Requirements for Government Employment and the Office of Personal Management Section Part 731 Suitability; and ICE Policy system Directive Title ICE Personnel Security and Suitability Program, it was determined that the agency has established a system of conducting criminal background checks for new ICE employees, contractors, and volunteers who have contact with detainees to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. Through a previous interview with the Unit Chief of Personnel Security Unit (PSU) stated that all new employees are required to answer the three questions to ensure that they have not: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; and have not been civilly or administratively adjudicated to have engaged in the activity described within the standard. He indicated this is completed on the job application form and at the front of the interview. This is also reviewed as part of the background process. The standard addresses the utilization of this process in the promotional system, after reviewing the above policies, if any employee or contractor were involved in any misconduct of this nature, they would not be employed or contracted by DHS. Employees also have a continuing affirmative duty to report. The Unit Chief of Personnel stated staff are required to report any misconduct to their supervisor and to the Joint Intake Center (JIC) managed by ICE. This requirement is shared with staff in the PREA training. If the agency receives an arrest notification, this will be forwarded to OPR Investigation Unit and ICE Labor Relations. Background checks of ICE employees are conducted through the PSU prior to an ICE employee or contractor being approved for hire or a volunteer approved to provide services. The agency conducts personnel security reviews on everyone that works for ICE by ensuring they are suitable for the position selected and they maintain a high level of character. During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard, these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. The background check consists of a National Agency Check (NAC), education checks, residence checks, personal reference checks, and fingerprint check. The background coverage period is five years. The previous interview with the Unit Chief of PSU stated that contractors are background checked by their company and asked the three questions during the application process. The agency also conducts background checks on the contractors. The background coverage period is determined by the risk of the position. Low or moderate risk positions have background checks completed every ten years. Positions that are considered high risk have background checks every five years. The background check for a contractor consists of NAC, personal subject interview, employment checks, education checks, residence checks, credit checks, fingerprint check, and law enforcement check. The Auditor completed a request through PSU for background information on the one ICE facility staff member. The Auditor confirmed the background investigation for the ICE staff member at the facility, it was within the specified time limit of five years from the date of entry or the initiation of PREA.

Does Not Meet (c): The facility was not able to provide documentation indicating the criminal history background check has been conducted every five years. The personnel files contained the initial criminal history background check, and no other. The facility was required to immediately conduct a background investigation/criminal history on all employees, contractors, and volunteers who have been at the facility for five years or more. The facility was required to create a tracking system to ensure the five-year background check requirements of the standard are conducted and maintained.

Corrective Action Taken:

The facility provided an addendum to their PREA policy which states, Johnson County Corrections Center conducts background checks on an annual basis. Background checks are conducted by the Human Resource Department at Johnson County. The Human Resource Department maintains a spreadsheet that enables them to track and ensure accuracy of these checks. The facility provided training verification that employees had received this training. The facility also provided a copy of Standards Operations Procedures (SOP) – 21 Employee Background Checks which states, prior to employment, LaSalle Corrections will perform an extensive background check on each prospective employee. If the candidate successfully meets the requirements for employment, they will then be considered for the available position. Every consecutive year following the employee's original hire date, another background check will be performed to ensure the employee has maintained a professional life style. The results of any and all background checks will be documented and presented to the Warden by the Human Resource Office for initial employment opportunities and continued employment opportunities. The facility provided verification that employees had received training regarding SOP – 21. The facility also provided a roster of employees showing the employee's date of hire and last criminal background check. All criminal background checks were current according to this roster. The facility has met the requirements of this standard.

§115. 32 - Other training

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

Notes:

(a)(b)(c): The facility has not trained all contractors and volunteers who may have contact with detainees on their responsibility under the facility's zero-tolerance policy. Policy LSC 3-3049 outlines their responsibility to train the contractors and volunteers who may have contact with the detainees. The facility has recently started utilizing a detainee workforce to work in the facility kitchen. The Auditor interviewed the contracted kitchen staff and found that they had not been trained on PREA and had not signed any acknowledgement form recognizing the facility zero tolerance policy. The Auditor had the PREA Coordinator immediately train the contracted kitchen staff during the on-site audit.

Does Not Meet: The contracted kitchen staff had not been trained on PREA and had not signed any acknowledgment form recognizing the facility zero-tolerance policy. The facility was required to create a system to identify all contractors and volunteers who need training on the zero-tolerance policy, and what level of training they need. This training must be completed before any detainee contact, documented, and acknowledged by the attendee.

Corrective Action Taken:

Since the site visit, the kitchen staff are no longer contract employees. Kitchen staff are now LaSalle employees. The facility developed a process to track pre-service and annual training. The Training Coordinator is responsible for maintaining a spreadsheet of all pre-service and annual training. Training documentation is maintained in the PREA Coordinator's office as well as the training department. The facility provided documentation that all kitchen staff have received the initial PREA training and signed the Zero-Tolerance Acknowledgement forms. The facility complies with this standard.

§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) Policy LSC 3-3049 outlines the facility intake process that ensures all detainees are notified of the agency's and the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators, definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual activity. They also inform the detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC, prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Upon initial intake, all detainees view an old edition of a PREA Video which was created to be utilized by a facilitator. The video is general and needs to be stopped so the facilitator can explain the facility specific information. This was not occurring. The detainees would be placed in a large room, the video would be played in English and Spanish, from start to finish. The detainee would then sign a form indicating they watched the video. All detainees were given a copy of the ICE National Detainee Handbook which is translated into 10 languages and the Facility Supplemental Handbook. The interviews with intake staff confirmed this process. There was no process for LEP detainees, deaf, visually impaired, or otherwise disabled, as well as, to detainees who have limited reading skills. The video at intake is utilized for PREA education, the video does not provide to the detainees understanding of the zero-tolerance policy and facility specific PREA information.

Does Not Meet (a)(b): All detainees were shown an old edition of a PREA Video which was created to be utilized by a facilitator. There was not a facilitator to explain facility specific educational information. The facility was required to develop an education process for all detainees enumerated in the standard that also covers PREA education and facility specific information. They were required to ensure the detainees understand the zero-tolerance policy and the PREA information.

Corrective Action Taken:

The facility provided an addendum to Policy LSC 3-3049 that require staff to show each detainee the ISpeak poster to determine the detainee's language before presenting any written or video orientation training. The detainee is then provided written information in a language they understand. The detainee is then shown the PREA video. If the video is not presented in a language the detainee can

understand, interpretation services are utilized to provide the PREA information. Following the video, the officer will answer any questions from the detainees. If interpretation services were utilized, this is documented on the facility's Interpreter Form which includes the language interpreted, the interpreter's name and/or identification number, and the information interpreted. The PREA video was updated to provide subtitles in the Hmong language. The facility reported they have not received detainees who speak a language other than English or Spanish; therefore, the facility did not provide facility specific information for documentation review or have staff provide the information during the showing of the video and/or provide the facility specific information in other methods.

The facility then provided further documentation that demonstrated a facility specific handout for detainees that notifies the detainee of the facility's zero tolerance policy for all forms of sexual abuse or harassment and for retaliation for reporting sexual abuse or harassment. This form also provides the detainee with several avenues for reporting sexual abuse or harassment. This form was translated into the following languages: English, Spanish, Arabic, French, Romanian, Urdu, Chinese, Lao, Nepali, Kurdish, Japanese, Portuguese, and Punjabi. If the detainee does not speak one of the above languages, interpreter services are utilized and documented on the facility's Interpreter form. The facility provided verification that all staff had been trained concerning the new facility specific information for detainees. The facility complies with this section of the standard.

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

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

Notes:

(a)(b)(c)(d): Policy LSC 3-3049 outlines the process utilized to assess a detainee's risk of victimization or abusiveness. The facility screens all detainees upon arrival at the facility utilizing the PREA Risk Assessment. This assessment identifies those likely to be sexual aggressors or sexual victims and enables the facility to house detainees appropriately to prevent sexual abuse and mitigate any such danger. The process is to have the detainee screened by classification upon arrival at the facility. The PREA Risk Assessment tool takes into consideration the following:

- Whether the detainee has a mental, physical, or developmental disability;
- The age of the detainee;
- The physical build and appearance of the detainee;
- Whether the detainee has previously been incarcerated;
- The nature of the detainee's criminal history;
- Whether the detainee has any convictions for sex offenses against an adult or child;
- Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the detainee has self-identified as having previously experienced sexual victimization; and
- The detainee's concerns about his or her physical safety.

They also take into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. The Auditor observed twenty detainees going through the intake process and being assessed by the Intake Officers utilizing the assessment tool. This assessment takes place prior to the detainee being placed in general population and is completed within 12 hours of arrival. The detainees are placed in a large open room in full view of all of the intake staff until the assessment takes place. The Auditor reviewed 30 detainee files and found that all initial assessments took place within 12 hours of arrival.

Does Not Meet: The facility has not been conducting any reassessments on a regular basis. The detainee files reviewed found that most of the 60-90-day reassessments were not conducted. The facility needs to create a tracking system to identify any detainee at the facility between 60 and 90 days and ensure a reassessment to conducted and documented.

Corrective Action Taken:

The facility provided an addendum to policy LSC 3-3049 which reads, a facility manifest is generated daily by the Classification Supervisor. This spreadsheet calculates the days the detainees has been detained in the facility. Once a week the PSA Manager reviews the manifest and determines who has been in the facility for 60-90 days and then conducts reviews as appropriate. The reassessments are then documented on the PREA forms by the PSA Manager or ICE intake staff. Documentation is maintained by the PSA Manager on the manifest highlighting those receiving reassessments and date the reassessment are completed. The facility provided documentation that employees were trained in this policy addendum. The facility provided a copy of a manifest that shows the date the detainee was admitted and the number of days the detainee has been detained at the facility. The policy addendum became effective September 11, 2019 and detainees requiring reassessments on or after this date have completed reassessments. The facility provided copies of completed 60-90 day reassessments. The facility complies with this standard.

§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.

Margaret L. Capel
Auditor's Signature & Date

September 2, 2020

(b) (6), (b) (7)(C) _____
Assistant Program Manager Signature & Date

September 3, 2020

(b) (6), (b) (7)(C) _____
Program Manager Signature & Date

September 3, 2020