

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



**Homeland
Security**

AUDITOR INFORMATION

Name of Auditor:	Robin M. Bruck	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	New Orleans Field Office
Field Office Director:	Melissa Harper
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C) SDDO
Field Office HQ physical address:	1250 Poydras Street, 3rd Floor, New Orleans, LA 70113
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INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pickens County Detention Center
Physical address:	188 Cemetery Street, Carrollton, Alabama 35447
Mailing address: (if different from above)	Same as above
Telephone number:	205-367-2000
Facility type:	IGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	205-367-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	205-367-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found Pickens County Detention Center met 17 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 22 non-compliant standards. As a result of the facility being out of compliance with 22 standards, the facility entered into a 180-day corrective action period which began on August 25, 2023, and ended on February 21, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Not Met: 22

§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.81 Medical and mental health assessments; history of sexual abuse
§115.86 Sexual abuse incident reviews

The facility submitted documentation, through the Agency, for the CAP on September 24, 2023, through February 19, 2024. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on February 29, 2024. In a review of the submitted documentation to demonstrate compliance with the deficient standards, the Auditor determined compliance with one of the standards and found that 21 of the standards continue to be non-compliant based on the submitted documentation or lack thereof.

Number of Standards Met: 1

§115.54 Third-party reporting

Number of Standards Not Met: 21

§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
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§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.81 Medical and mental health assessments; history of sexual abuse
§115.86 Sexual abuse incident reviews

PROVISIONS

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

§115. 13 - Detainee supervision and monitoring

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): An interview with the JA/PSA Compliance Manager indicated that the facility does not have sufficient staffing levels to adequately monitor detainees. The JA/PSA Compliance Manager further indicated there are three security line staff assigned to the facility during each shift which includes one assigned to the control center, one assigned to the Annex, and one to monitor the additional eight housing units. The facility provided the Auditor the May 2023 calendar which indicates staff assignments for each workday. The review of the calendar indicated there are two security line staff scheduled for the 6:00 am – 6:00 pm and an additional three security line staff scheduled to work the 6:00 p.m. to 6:00 a.m. shift. The facility did not provide an addition staffing plan or documentation to confirm the facility took into consideration generally accepted detention practices; any judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and any other relevant factors, including but not limited to the length of time detainees spend in facility custody, when determining adequate levels of detainee supervision or the need for video monitoring. During the on-site audit, the Auditor did not observe sufficient staff to protect detainees against sexual abuse. At the conclusion of the on-site audit, the JA/PSA Compliance Manager presented the Auditor with the comprehensive security guidelines which were located in his office; however, the Auditor did not observe comprehensive detainee supervision guidelines on the housing units, nor could facility security line staff confirm or locate the guidelines when interviewed by the Auditor.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. An interview with the JA/PSA Compliance Manager confirmed the facility does not have sufficient staffing levels to adequately monitor detainees and during the on-site audit, the Auditor did not observe sufficient staff to protect detainees against sexual abuse. In addition, the facility did not provide a staffing plan that confirms all elements of subsection (c) were considered when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor did not observe comprehensive detainee supervision guidelines. During the exit brief, the JA/PSA Compliance manager indicated the facility has comprehensive detainee supervision guidelines; however, security line staff could not confirm the supervision guidelines were available for their use. To become compliant, the facility must provide documentation to confirm the facility considered generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody, when determining adequate staffing levels and the need for video monitoring. In addition, the facility must submit documentation that the facility comprehensive security guidelines were reviewed by facility management for the year 2023 and that staff are aware of their responsibilities as outlined in the guidelines.

Corrective Action Taken (a)(b)(c): The facility submitted three photographs of the PCDC handbook regarding security checks at the facility; however, the handbook pages provided did not confirm the facility has considered all elements required by subsection (c) the standard when determining adequate staffing levels or the need for video monitoring. The facility submitted updated comprehensive security guidelines; however, no documentation was provided to confirm the updated comprehensive security guidelines have been reviewed by facility management. The facility submitted an email with a read receipt to indicate staff were made aware of the requirement to conduct unannounced security inspections to identify and deter sexual abuse. However, the corrective action imposed required the facility submit documentation to confirm when determining adequate staffing levels and the need for video monitoring the facility considered generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody. In addition, the corrective action imposed required the facility submit documentation which confirms the facility comprehensive security guidelines were reviewed by facility management for the year 2023. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. During the on-site audit, the Auditor observed the unannounced security inspection notebook where unannounced rounds are documented. A review of the entries indicated that the unannounced security inspections are occurring every day on every shift; however, the securing inspections are occurring during the same time each day; and therefore, are not unannounced. To become compliant, the facility must ensure that unannounced security inspections are occurring on different days, different times, and different shifts to ensure a pattern cannot be detected by staff or detainees of when the inspections are occurring. Once implemented, the facility must provide the Auditor with documentation of unannounced security inspections that occur for two months during the corrective action plan (CAP) period.

Corrective Action Taken (d): The facility submitted three photographs of the PCDC handbook regarding security checks at the facility; however, the handbook pages provided do not confirm unannounced security inspections are occurring on different days, different times, and different shifts to ensure a pattern cannot be detected by staff or detainees of when the inspections are occurring. The facility submitted Post Order Shift – Leader Duties which confirms Shift Leaders are required to visit each detention post and sign the Post Log-Book in red ink and tour all parts of the facility periodically throughout the shift; however, a review of Post Order Shift – Leader Duties confirms it does not require Shift Leaders conduct unannounced security inspections every day on every shift at different times to ensure a pattern cannot be detected by staff or detainees of when the inspections are occurring. The facility submitted security checks; however, a review of the submitted security checks confirms unannounced security inspections are not occurring daily on every shift as required by the standard. The facility submitted an email with a read receipt to indicate staff were made aware of the requirement to conduct unannounced security inspections to identify and deter sexual abuse. However, the corrective action imposed required the facility for two months during the CAP period submit documentation to confirm unannounced security inspections are occurring daily on every shift and at different times to ensure a pattern cannot be detected by staff or detainees of when the inspections are occurring. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (d) of the standard.

§115. 15 - Limits to cross-gender viewing and searches

Outcome: Does not Meet Standard

Notes:

(g): PCDC policy, PREA, states, "Pickens County Detention will implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures will require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." During the on-site audit, the Auditor observed signs on the doors of all housing units, which is a reminder that all opposite gender staff must announce themselves upon entering the units. In addition, the Auditor observed the announcement being made during the on-site audit. Interviews with three security line staff indicated they generally do not enter a housing unit of the opposite gender; however, if there was a reason to enter, they would be accompanied by a staff member of the same gender as the detainees on the housing unit and would announce themselves upon entering. Interviews with three detainees, indicated that none of them had been at the facility long enough to know if opposite gender staff does or does not announce themselves when entering the housing unit. During the on-site audit, the Auditor observed the detainee toilet and shower areas. The toilets had a barrier to prevent viewing the detainee; however, the barrier did not provide privacy for the last toilet. The shower area in both the male and female housing units had shower curtains that were high up and went all the way to the floor, creating a (b) (7)(E); however, shower curtains which allowed visual access to heads and feet were replaced in the male housing units, while the Auditor was on-site. The detainee's area to dress was just outside of the shower and was not blocked in any way to prevent viewing from anybody walking past the housing unit or from the (b) (7)(E). In addition, while reviewing (b) (7)(E) the Auditor observed a female inmate utilizing the toilet located in the holding cell in the (b) (7)(E).

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor observed the detainee toilet and shower areas and confirmed the toilets had a barrier to prevent viewing the detainee while performing bodily functions; however, the barrier did not provide privacy for the last toilet. The female housing units had shower curtains that were high up and went all the way to the floor, creating a (b) (7)(E). In addition, during the on-site audit the Auditor was able to observe a detainee's area to dress was just outside of the shower and was not blocked in any way to prevent viewing from anybody walking past the housing unit or from the (b) (7)(E) of those (b) (7)(E). During a review of the (b) (7)(E), the Auditor observed a female inmate utilizing the toilet, in the holding cell in the (b) (7)(E). To become compliant, the facility must ensure detainees are able to perform bodily functions, shower, and dress and change clothing without being viewed by

staff of the opposite gender. Once implemented the facility must submit documentation to the Auditor that confirms the facility's cross-gender viewing issues are no longer a concern.

Corrective Action Taken (g): During the on-site audit the Auditor observed the detainee toilet and shower areas and confirmed barriers in the area did not provide privacy for the last toilet. The Auditor further observed the female housing units had shower curtains that were high up and went all the way to the floor, creating a (b) (7)(E), and the detainee's dressing area was just outside of the shower and was not blocked to prevent viewing from anybody walking past the housing unit or from the (b) (7)(E). The facility submitted an image which confirms the view from the (b) (7)(E) of a toilet in the (b) (7)(E) did not indicate cross gender viewing issues; however, no documentation was submitted to confirm all cross-gender viewing areas were brought into compliance with subsection (g) of the standard. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (g) of the standard.

(i)(j): PCDC policy, PREA, states, "Pickens County Detention will not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. Pickens County Detention will train officers in proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. All pat-down searches will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and U.S. Immigration and Custom Enforcement's policy, including consideration of officer safety." The Auditor reviewed PCDC policy, Control of Contraband-Inmate Searches, which is the curriculum used to provide the staff training and confirmed the curriculum does not include the proper procedures for conducting searches of transgender and intersex detainees. Interviews with three security line staff indicated they all have received training in conducting pat-down searches including cross-gender pat-down searches and that a detainee could not be physically examined to determine the detainee's genital characteristics. However, the staff could not articulate, who should, or how to conduct a pat-down search of a transgender or intersex detainee. During the on-site audit, the Auditor observed a male officer conduct a pat-down search on a male detainee and confirmed the pat-down search was conducted in a professional and respectful manner, and in the least intrusive manner possible; however, the search was not conducted in a way that would deter the detainee from securing facility contraband.

Does Not Meet (j): The Facility is not in compliance with subsection (j) of the standard. The Auditor reviewed PCDC policy, Control of Contraband-Inmate Searches, the curriculum used to provide the staff training, and confirmed the curriculum does not include the proper procedures for conducting searches of transgender and intersex detainees. In addition, interviews with three security line staff confirmed they could not articulate, who should, or how to conduct a pat-down search of a transgender or intersex detainee. To become compliant, the facility must develop a pat-down search training curriculum that includes proper procedures for conducting pat-down searches on transgender and intersex detainees. Once developed, the facility must submit to the Auditor documentation that all security line-staff have received the required training.

Corrective Action Taken (j): The facility submitted an image which confirms (b) (7)(E) does not indicate cross gender viewing issues. The facility submitted the facility Prison Rape Elimination Act – Staff, Contractor and Volunteer Development and Training PowerPoint which had been developed with the use of the PREA Resource Center tools. The Auditor reviewed the PowerPoint and confirmed the PowerPoint included a video depicting the proper procedures for conducting pat-down searches of transgender and intersex detainees. In addition, the facility submitted a sample quiz for staff; however, the facility did not provide documentation to confirm any staff had taken the sample quiz. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (j) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Does not Meet Standard

Notes:

(a)(b): PCDC policy, PREA, states, "Pickens County Detention will take appropriate steps to ensure that Detainees with disabilities (including, for example, Detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of Pickens County Detention's efforts to prevent, detect, and respond to sexual abuse and sexual assault. Such steps will include, when necessary to ensure effective communication with Detainees who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively,

using any necessary specialized vocabulary. In addition, Pickens County Detention will ensure that written materials are provided in formats or through methods that ensure effective communication with Detainees with disabilities, including Detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Pickens County Detention is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Pickens County Detention will take reasonable steps to ensure meaningful access to all aspects of Pickens County Detention's efforts to prevent, detect, and respond to sexual abuse and sexual assault to Detainees who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." During the on-site audit, the Auditor observed the facility Handbook, in English, Spanish, and Chinese, and the ICE National Detainee Handbook, in English and Spanish, in the intake area. However, the ICE National Detainee Handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The JA/PSA Compliance Manager further indicated that the facility had recently received the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE specifically, English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. However, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. The facility PREA Coordinator indicated that the facility handbook and all PREA information is translated into any language with the use of Microsoft 360 or Google Translate. During an interview with an Intake Officer, it was indicated when a detainee arrives at the facility, he/she is provided the facility handbook and the ICE National Detainee Handbook. The Intake Officer further indicated the detainee is instructed to watch a PREA video with closed captioning for the deaf, available in English and Spanish, that is played on a monitor for the detainees. In an interview with the facility PREA Coordinator it was indicated the PowerPoint of the video can also be translated in any language as needed. During interviews with the facility Intake Officer and three security line staff, it was indicated they would establish effective communication with the detainee to provide PREA information. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The interview with the Intake Officer further indicated if the detainee was blind or had limited sight, the PREA information would be read to them. In addition, the Intake Officer indicated staff would utilize the ERO Language Services contract to provide the information to detainees who are limited English proficient (LEP) and if the facility received a detainee who had intellectual, psychiatric, speech disabilities, or were limited in their reading skills the staff would speak slowly and use a vocabulary that would be easier for the detainee to understand. The Intake Officer further stated, if necessary, staff would repeat the information to ensure the detainee understood. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. The Auditor observed the ICE National Detainee Handbook in English and Spanish in the intake area; however, the handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE and the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE; however, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in

any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must develop a practice to provide PREA information to detainees who are deaf, or hard of hearing in a manner that all can understand. In addition, the facility must provide all detainees access to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse including written materials related to sexual abuse; specifically, the updated version of the ICE National Detainee Handbook and the DHS- prescribed SAA Information pamphlet. Once implemented, the facility must provide the Auditor, if applicable, 10 detainee files, consisting of detainees who are LEP, and or deaf or hard of hearing, to confirm the new process.

Corrective Action Taken (a)(b): The facility submitted an email addressed to staff advising them they may use another detainee to interpret unless the detainee does not want another detainee to interpret. If the detainee does not want another detainee to interpret, they must call the hotline number. However, the corrective action imposed requires the facility provide all detainees access to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse including written materials related to sexual abuse; specifically, the updated version of the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Upon review of all documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

(c): PCDC policy, PREA, states, "Pickens County Detention will not rely on Detainee interpreters, Detainee readers, or other types of Detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Detainee's safety, the performance of first-response duties under §115.64, or the investigation of the Detainee's allegations." During interviews with three security line staff, it was confirmed they would not allow a detainee to provide interpretation under any circumstances even if the detainee victim expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. During interviews with three security line staff, it was confirmed they would not allow a detainee to provide interpretation under any circumstances even if the detainee victim expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. To become compliant, the facility must implement the practice of allowing the use of another detainee to interpret in matters related to sexual abuse should the detainee victim express a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. Once implemented, the facility must provide to the Auditor documentation that confirms all security line staff, and supervisors, were trained on the updated practice.

Corrective Action Taken (c): The facility submitted an email addressed to staff advising them they may use another detainee to interpret unless the detainee does not want another detainee to interpret. If the detainee does not want another detainee to interpret, they must call the hotline number;" however, the standard requires allowing the use of another detainee to interpret in matters related to sexual abuse should the detainee victim express a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. In addition, the standard requires the facility must not utilize minors, alleged abusers, detainees who witnessed the sexual abuse, and detainees who have significant relationship with the alleged abuser. The facility submitted an email addressed to all staff, which states "Detainees are allowed to use another detainee to interpret in matters related to sexual abuse should the detainee express a preference for another detainee to provide interpretation and Pickens County will determine that such interpretation is appropriate and consistent with DHS policy." However, the standard requires the Agency (ICE) must make the determination the request is consistent with DHS policy. In addition, the standard requires the facility must not utilize minors, alleged abusers, detainees who witnessed the sexual abuse, and detainees who have significant relationship with the alleged abuser. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (c) of the standard.

§115. 17 - Hiring and promotion decisions

Outcome: Does not Meet Standard

Notes:

(a)(b): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal

misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. PCDC policy, PREA, states, "Pickens County Detention will not hire or promote anyone who may have contact with detainees, and will not enlist the services of any contractor who may have contact with detainees, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Pickens County Detention will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees." During an interview with the JA/HRM it was confirmed the facility recently began utilizing a form that asks each applicant about the behaviors required by subsection (a) of the standard. The JA/PSA Compliance Manager further confirmed the newly developed form instructs the staff of their continuing duty to disclose sexual misconduct; however, the form was not provided to the Auditor for review. During the on-site audit, the Auditor reviewed employment records for 12 staff, 1 staff contractor, and 2 volunteers and confirmed none of the files contained documentation that confirmed staff, or the staff contractor, had been asked, "have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section." In addition, a review of employment records for 12 staff could not confirm the facility imposes a continuing duty to report sexual misconduct as required by the standard. Interviews with three security line staff indicated they were aware they must immediately report any law enforcement contact while employed at the facility; however, they could not articulate that they had a continuing duty to report sexual misconduct. An interview with the AFOD confirmed he had been promoted during the audit period; however, he stated he had not been asked about previous misconduct during an interview and no documentation was provided to the Auditor to confirm he was asked about previous sexual misconduct on a written application.

Does Not Meet (a)(b): The Agency and facility is not in compliance with subsections (a) and (b) of the standard. During an interview with the JA/HRM he indicated that the facility recently began utilizing a form that asks each applicant about the behaviors required by subsection (a) of the standard. During the on-site audit, the Auditor reviewed employment records for 12 staff, 1 staff contractor, and 2 volunteers and confirmed none of the files contained documentation that confirmed staff, the staff contractor, or volunteers had been asked, "have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section." Interviews with three security line staff indicated they were aware they must immediately report any law enforcement contact while employed at the facility; however, they could not articulate that they had a continuing duty to report sexual misconduct. A review of 12 staff employment records could not confirm the facility imposes a continuing duty to report sexual misconduct as required by the standard. An interview with the AFOD confirmed he had been promoted during the audit period; however, he stated he had not been asked about previous misconduct during an interview and no documentation was provided to the Auditor to confirm he was asked about previous sexual misconduct on a written application. To become compliant, the facility must develop a process that ensures the facility does not hire or promote anyone who may have contact with detainees or shall not enlist the services of any contractor or volunteer who may have contact with detainees who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Once implemented the facility must submit documentation that all human resource staff were trained on the new process. In addition, the facility must inquire from all current staff, staff contractors, and volunteers about the behaviors described above. The facility must submit documentation to the Auditor that confirms all staff have been informed of their continuing duty to disclose any misconduct related to sexual abuse. In addition, if applicable, documentation must be submitted to the Auditor that confirms each newly hired employee, staff contractor, and volunteer who has recurring contact with detainees has not participated in conduct as described in subsection (a) of the

standard. If applicable, the facility must submit to the Auditor any employment records of staff that were promoted during the CAP period. The facility must submit to the Auditor 10 staff employment records to confirm the facility has imposed upon the employee a continuing duty to report sexual misconduct. In addition, the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse in an interview or through a written application prior to being promoted as required by subsection (b) of the standard.

Corrective Action Taken (a)(b): The Agency submitted documentation to confirm one ICE staff employee had been asked questions regarding sexual abuse as required by subsection (b) of the standard following the promotion and not before; however, the Agency provided a memorandum from the Acting Agency PSAC which confirms the Agency is in the process of correcting the deficiency to bring the Agency into compliance and the Agency PSAC will secure an update at the end of September; and therefore, the Auditor accepts the Agency is moving towards complete compliance with subsection (b) of the standard. The facility submitted updated Pickens County Detention Prison Rape Elimination Action Employee Questionnaire which confirms the form includes (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in questions 1 through 3 above. A review of the form further indicates staff are notified should the answers change at any time they understand they are responsible for immediately reporting the information to the Jail Administrator. The facility submitted eight samples of the Pickens County Detention Prison Rape Elimination Action Employee Questionnaire completed by facility staff members confirming staff have been asked about the prohibited behaviors and were informed of their duty to disclose any misconduct related to sexual abuse; however, the Auditor could not confirm if the samples included new hires, existing staff, or recently promoted staff. The facility submitted a memo "To whom it may concern" indicating two employees received a background check prior to their hiring date; however, the corrective action imposed required the facility submit documentation to confirm all human resource staff were trained on the new process. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

(c)(d): PCDC policy, PREA, states, "Before hiring new employees who may have contact with detainees, Pickens County Detention will: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Pickens County Detention will also perform a criminal background record check before enlisting the services of any contractor who may have contact with detainees." In an interview with the facility JA/HRM it was indicated that criminal background checks are completed for all new hirers, staff contractors, and volunteers. However, during the on-site audit, the Auditor reviewed employment records for 12 staff and one staff contractor and confirmed none of the files contained documentation that indicated a criminal background check had been completed prior to being hired at the facility. The Auditor submitted two ICE employee names to PSO to verify the background check process; all were compliant.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. In an interview with the facility JA/HRM it was indicated that criminal backgrounds are completed for all new hirers, contractors, and volunteers. However, during the on-site audit, the Auditor reviewed employment records for 12 staff and one contractor file and confirmed none of the files contained documentation that confirmed a criminal background check had been completed prior to be hired at the facility. To become compliant, the facility must develop and implement a practice to conduct a background investigation prior to hiring new staff, who may have contact with detainees, to determine whether the candidate for hire is suitable for employment with the facility. In addition, the facility must implement a practice that ensures background checks are conducted on all staff contractors as required by subsection (d) of the standard. Once implemented the facility shall train all human resource staff of the new practices. If applicable, the facility must submit to the Auditor documentation of all background investigations conducted during the CAP period.

Corrective Action Taken (c)(d): The facility submitted two memos to "Whom it May Concern" which indicated background checks were completed on 11 employees; however, a review of the submitted documentation could not confirm the sample forms provided included new hires, existing staff, or recently promoted staff or the background investigations were conducted prior to hiring. The facility did not submit documentation to confirm background checks are conducted on all staff contractors as required by subsection (d) of the standard. In addition, the facility did not submit documentation to confirm human resource staff have received training on the new practices implemented by the facility. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (c) and (d) of the standard.

(e)(f): PCDC policy, PREA, states, "Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination. Unless prohibited by law, Pickens County Detention will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." An interview with the facility JA/HRM indicated the facility had recently implemented a process to ensure potential staff are informed that material omissions or providing false information are grounds for termination or withdrawal of an offer of employment; however, the facility did not provide documentation to confirm the new process was implemented. In addition, the facility JA/HRM indicated the facility would provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from another institution.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. An interview with the facility JA/HRM indicated the facility recently implemented a process to ensure potential staff are informed that material omissions or providing false information are grounds for termination or withdrawal of an offer of employment; however, no documentation was provided to the Auditor to demonstrate compliance. To become compliant, the facility must implement a process to inform potential employees that material omissions regarding sexual misconduct or providing false information, shall be grounds for termination or withdrawal of an offer of employment. In addition, if applicable, the facility must provide to the Auditor with staff employment records of all staff hired during the CAP period.

Corrective Action Taken (e): The facility submitted an updated Pickens County Detention Prison Rape Elimination Action Employee Questionnaire which confirms the form requires "understanding a knowing and willful false response may result in a negative finding regarding my fitness as an Employee, contract employee, or volunteer at Pickens County Detention Center"; however, the standard requires the facility inform potential employees material omissions regarding sexual misconduct or providing false information, shall be grounds for termination or withdrawal of an offer of employment. The facility submitted 8 updated Pickens County Detention Prison Rape Elimination Action Employee Questionnaires; however, the questionnaire is not compliant with subsection (e) of the standard and the Auditor could not confirm staff who completed the questionnaire were hired during the CAP period. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (e) of the standard.

§115. 21 - Evidence protocols and forensic medical examinations

Outcome: Does not Meet Standard

Notes:

(e): PCDC policy, PREA, states, "To the extent Pickens County Detention itself is not responsible for investigating allegations of sexual abuse, Pickens County Detention will request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section." An interview with the JA/PSA Compliance Manager indicated a criminal allegation of detainee-on-detainee sexual abuse would be investigated by the PCSO and a criminal allegation of staff-on-detainee sexual abuse would be investigated by an investigator from the Pickens County District Attorney's Office. The Auditor could not confirm through interviews or documentation that the facility has requested the Pickens's County District Attorney's Office follow the requirements of subsections (a) – (e) of the standard.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. An interview with the JA/PSA Compliance Manager indicated a criminal allegation of staff-on-detainee sexual abuse would be investigated by an investigator with the Pickens County District Attorney's Office; however, the Auditor could not confirm through interviews or documentation that the facility has requested the District Attorney's Office follow the requirements of subsections (a) – (e) of this standard. To become compliant, the facility must provide documentation to the Auditor that the facility made a request to the Pickens County District Attorney's Office to follow all requirements of subsections (a) – (e) of this standard.

Corrective Action taken (e): The facility submitted a copy of the facility evidence protocol; however, the corrective action imposed requires the facility provide documentation to the Auditor which confirms the facility made a request to the Pickens County District Attorney's Office to follow all requirements of subsections (a) – (e) of this standard. The facility submitted an email to annaruth.bailey@24thdao.net requesting the recipient to follow subsections (a) – (f) of the investigative protocol; however, subsections requested are included in 115.22 and not 115.21 (a) – (f) as required by the standard. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (e) of the standard.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Does not Meet Standard

Notes:

(c): The Auditor's review of the PCSO website (<https://www.pcsosal.org>) confirmed the website does not include the facility's investigative protocol. In addition, the Auditor reviewed the ICE website, (<https://www.ice.gov/prea>) and confirmed the required Agency protocol was posted.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of the facility website (<https://www.pcsosal.org>) confirms it does not include the facility investigative protocol. To become compliant, the facility must place the facility investigative protocol, PCDC policy, PREA, on the facility website.

Corrective Action Taken (c): The facility submitted a photograph to confirm the facility has posted the investigative protocol in the front lobby of the facility; however, the standard requires if the facility has a website the investigative protocol must be posted on the website. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (c) of the standard.

§115. 31 - Staff training

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): The Agency's policy 11062.5.2 states, "The Agency shall document that all ICE personnel who may have contact with individuals in ICE custody have completed training." PCDC policy, PREA, states, "Pickens County Detention will train, or require the training of, all employees who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities under this part, including training on: (1) Pickens County Detention's and the facility's zero-tolerance policies for all forms of sexual abuse; (2) The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; (3) Definitions and examples of prohibited and illegal sexual behavior; (4) Recognition of situations where sexual abuse may occur; (5) Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; (6) How to avoid inappropriate relationships with detainees; (7) How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; (8) Procedures for reporting knowledge or suspicion of sexual abuse; and (9) The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The Auditor reviewed the ICE and the facility PREA training curriculums, and confirmed all elements required in subsection (a) are included in the training. An interview with the AFOD indicated ICE employees are required to complete PREA training every two years. The Auditor reviewed 2023 training certificates for two ICE employees, who have reoccurring contact with detainees at PCDC, and confirmed they have received PREA training for the year 2023; however, although requested, the facility did not provide documentation to confirm ICE staff received PREA refresher training in the year 2021. An interview with the JA/PSA Compliance Manager indicated all employees at the facility have completed PREA training. Staff are required to complete the PCDC Prison Rape Elimination Act form, which indicates employees acknowledge that they have received, read, and watched all training video(s) provided and that they understand the content and will abide by the PCSO's zero-tolerance policy. In addition, the form informs the staff member any violations of the policy could result in termination or criminal proceedings. During interviews with three security line staff, it was indicated training is required every year and they confirmed their knowledge of PREA to include, but not limited to, how to recognize the signs of sexual abuse, how to avoid an inappropriate relationship and their requirements to report any knowledge or suspicions they may have. The Auditor reviewed 12 staff training records and confirmed all 12 employees have received PREA training for 2023, however, although requested, no documentation was submitted to confirm PCDC employees had received PREA refresher training in the year 2021. An interview with the facility RN, contracted through QCHC, confirmed she has not received PREA training, and although requested the facility did not provide to the Auditor additional documentation to confirm she received PREA training as required by the standard.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. The Auditor reviewed 2023 training certificates for two ICE employees and 12 facility employees, who have reoccurring contact with detainees at PCDC and confirmed they have received the required PREA training for the year 2023; however, although requested, neither ICE staff or facility staff submitted documentation to confirm staff received PREA refresher training in the year 2021, and therefore, the Auditor could not confirm PREA refresher training is received every two years as required by subsection (b) of the standard. In an interview with the facility RN, contracted through QCHC, it was confirmed she has not received PREA training and although requested the facility did not provide to the Auditor additional documentation to confirm she received the training as required by the standard. To become compliant, both the Agency and facility must submit documentation that confirms all staff has received refresher PREA training for the year 2023/2024 during the corrective action plan (CAP)

period. In addition, the facility must submit documentation that confirms all contract employees has received the required PREA training.

Corrective Action Taken (a)(b): During the CAP period the facility did not submit documentation to confirm compliance with subsections (a) and (b) of the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 33 - Detainee education

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): PCDC policy, PREA, states, "During the intake process, Immigration and Custom Enforcement shall ensure that the detainee orientation program notifies and informs detainees about Pickens County Detention's Immigration and Custom Enforcement's zero-tolerance policies for all forms of sexual abuse and includes (at a minimum) instruction on: (1) Prevention and intervention strategies; (2) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (3) Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; (4) Information about self-protection and indicators of sexual abuse; (5) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and (6) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." During the on-site audit, the Auditor observed in the housing units and in the intake area, the DHS-prescribed sexual assault awareness notice, in English and Spanish, which included the name of the PSA Compliance Manger, contact information for DHS Office of the Inspector General (OIG), the ICE Detention and Reporting and Information Line (DRIL), instructions for contacting the consular office, and a flyer for TSC with a phone number and address. During the on-site audit, the Auditor observed the facility Handbook, in English, Spanish, and Chinese, and the ICE National Detainee Handbook, in English and Spanish, in the intake area. However, the ICE National Detainee Handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The JA/PSA Compliance Manager further indicated that the facility had recently received the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE specifically, English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. However, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. The facility PREA Coordinator indicated that the facility handbook and all PREA information is translated into any language with the use of Microsoft 360 or Google Translate. During an interview with an Intake Officer, it was indicated when a detainee arrives at the facility, he/she is provided the facility handbook and the ICE National Detainee Handbook. The Intake Officer further indicated the detainee is instructed to watch a PREA video with closed captioning for the deaf, available in English and Spanish, that is played on a monitor for the detainees. In an interview with the facility PREA Coordinator it was indicated the PowerPoint of the video can also be translated in any language as needed. During interviews with the facility Intake Officer and three security line staff, it was indicated they would establish effective communication with the detainee to provide PREA information. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The interview with the Intake Officer further indicated if the detainee was blind or had limited sight, the PREA information would be read to them. In addition, the Intake Officer indicated staff would utilize the ERO Language Services contract to provide the information to detainees who are limited English proficient (LEP) and if the facility received a detainee who had intellectual, psychiatric, speech disabilities, or were limited in their reading skills the staff would speak slowly and use a vocabulary that would be easier for the detainee to understand. The Intake Officer further stated, if necessary, staff would repeat the information to ensure the detainee understood speak slowly and use a vocabulary that would be easier for them to understand, and they would repeat the information to ensure the detainee understood. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS- prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. The Auditor attempted to conduct an interview

with the detainee; however, the detainee indicated he was sick; and therefore, was unavailable to interview. The Auditor reviewed six detainee files and confirmed each file contained documentation, in the detainee's preferred language, that confirmed the detainee's participation in the intake process orientation. However, the detainees received the 2016 ICE National Detainee Handbook which is not in compliance with the standards. In addition, a review of six detainee files could not confirm the detainees received the DHS-prescribed SAA Information pamphlet. The Auditor reviewed the ICE Detainee Handbook available on-site and confirmed it did not include the most current information about reporting sexual abuse.

Does Not Meet (a)(b)(e)(f): The facility is not in compliance with subsections (a), (b), (e), and (f) of the standard. The Auditor observed the ICE National Detainee Handbook in English and Spanish in the intake area; however, the handbook was the 2016 version and did not include the most current information about reporting sexual abuse. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE and the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE; however, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS- prescribed SAA pamphlets in the intake area during the on-site audit. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must develop a practice to provide PREA orientation to detainees who are deaf, or hard of hearing in a manner that all can understand. In addition, the facility must provide all detainees access to the Agency's most current information about reporting sexual abuse including written materials related to sexual abuse; specifically, the updated version of the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Once implemented, the facility must provide the Auditor, if applicable, 10 detainee files, consisting of detainees who are LEP, and or deaf or hard of hearing, to confirm the new orientation process.

Corrective Action Taken (a)(b)(e)(f): During the CAP period the facility did not submit documentation to confirm compliance with subsections (a), (b), (e) and (f) of the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a), (b), (e), and (f) of the standard.

§115. 34 - Specialized training: Investigations

Outcome: Does not Meet Standard

Notes:

(a)(b): Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review, this documentation is in accordance with the standard's requirements. PCDC policy, PREA, states, "In addition to the general training provided to all facility staff and employees pursuant to §115.31, Pickens County Detention and Pickens County Sheriff will provide specialized training on sexual abuse and effective cross-agency coordination to Pickens County Sheriff Department's investigators, respectively, who conduct investigations into allegations of sexual abuse at immigration Jail facilities. All investigations into alleged sexual abuse must be conducted by qualified investigators." A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the facility JA/Investigator indicated that he would conduct administrative investigations into allegations of sexual abuse. Criminal investigations for detainee-on-detainee sexual abuse would be assigned to an investigator with the PCSO and criminal investigations for staff-on-detainee cases would be investigated by an investigator from the Pickens's County District Attorney's Office. The Auditor reviewed the training documentation which confirmed the JA/Investigator had received general PREA training as required in §115.31;

however, no documentation was provided to confirm the JA/Investigator has received specialized training on sexual abuse and effective cross-agency coordination as required by the standard. In addition, the JA/Investigator confirmed he has not received the required training.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. An interview with the facility JA/Investigator indicated that he would conduct administrative investigations into allegations of sexual abuse; however, the JA/Investigator confirmed he has not received the required specialized training. To become compliant, the facility must submit documentation that confirms the facility investigator has received specialized training on sexual abuse and effective cross-agency coordination as required by the standard.

Corrective Action Taken (a)(b): The facility submitted a training certificate confirming an investigator had completed the PREA: Coordinators' Roles and Responsibilities through the National Institute of Corrections. The Auditor reviewed the training curriculum and confirmed the training does not include specialized training on sexual abuse or effective cross-agency coordination as required by the standard. Upon review of all available documentation, or lack thereof, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 35 - Specialized training: Medical and mental health care

Outcome: Does not Meet Standard

Notes:

(b)(c): PCDC policy, PREA, states, "Pickens County Detention will ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual assault; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual assault; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual assault. (5) If medical staff employed by Pickens County Detention conduct forensic examinations, such medical staff will receive the appropriate training to conduct such examinations. (6) Pickens County Detention will maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from Pickens County Detention or elsewhere. (7) Medical and mental health care practitioners will also receive the training mandated for employees under §115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at Pickens County Detention." In an interview with the facility RN, it was confirmed she has not received general PREA training required by §115.31 and has not received specialized training. The mental health clinician was not at the facility during the on-site audit; and therefore, the Auditor could not conduct an interview. An interview with the AFOD confirmed PCDC, policy, PREA has been reviewed and approved by the Agency.

Does not meet (b): The facility is not in compliance with subsection (b) of the standard. In an interview with the facility RN, it was confirmed she has not received general PREA training as required by §115.31 and has not received the required specialized training. The mental health clinician was not at the facility during the on-site audit; and therefore, the Auditor could not conduct an interview. To become compliant, the facility must provide to the Auditor documentation that confirms all medical and mental health staff have received the general PREA training required by §115.31 and specialized training that includes the topics of 1) how to detect and assess signs of sexual abuse; 2) how to respond effectively and professionally to victims of sexual abuse; 3) how and to whom to report allegations or suspicions of sexual abuse; and 4) how to preserve physical evidence of sexual abuse.

Corrective Action Taken (b): The facility submitted an email thread from a medical staff member to the NIC information center requesting access to her certificate to confirm completion of training on the topics of 1) how to detect and assess signs of sexual abuse; 2) how to respond effectively and professionally to victims of sexual abuse; 3) how and to whom to report allegations or suspicions of sexual abuse; and 4) how to preserve physical evidence of sexual abuse. After review of the email, the Auditor accepted the medical staff member could not obtain her certificate as the NIC website is undergoing maintenance; however, the facility did not submit documentation to confirm the Mental Health clinician had received the required training. In addition, the facility did not submit documentation which confirms all medical and mental health staff have received the general PREA training required by §115.31. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (b) of the standard.

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

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. (b) The initial classification process and initial housing assignment should be completed within

twelve hours of admission to the facility. (c) Pickens County Detention will also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses against an adult or child; (7) Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee has self-identified as having previously experienced sexual victimization; and (9) The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Pickens County Detention, in assessing detainees for risk of being sexually abusive." The Auditor reviewed the US Immigration and Custom Enforcement PREA Classification form. The facility utilizes this form to assess all detainees upon intake. The form includes all elements required by subsections (c) and (d). Interviews with the JA/PSA Compliance Manager and an Intake Officer indicated upon intake, the form is provided to the detainee in their preferred language. The Auditor observed the form readily available in English and Spanish. In an interview with the PREA Coordinator it was indicated if an additional language is needed, she will utilize Microsoft 360 or Google Translation to translate the form into a detainee's preferred language. In addition, the PREA Coordinator and the Intake Officer indicated they could utilize the ERO Language Line contract to read the questions to the detainee. The Auditor reviewed six detainee files and confirmed four of the files included a Spanish version of the form completed by the detainee within 12 hours of the detainee's intake; however, two of the files did not contain any documentation that confirmed a risk assessment had been conducted. During the on-site audit, the Auditor confirmed the facility had the ability to translate the assessment in the detainee's preferred language; however, the Auditor observed an intake of a Spanish speaking detainee and confirmed the detainee had limited ability to speak English. As the detainee was completing the PREA assessment form, he expressed to staff he was having difficulty completing the form; however, the Intake staff did not provide the detainee access to the interpretation line or a staff member affluent in Spanish to help complete the form. The Auditor's review of the detainee's file confirmed he was classified by ICE as high risk prior to being transported to the facility. The detainee's criminal history indicated he was a potential predator, as he had multiple convictions for sex crimes, which included sex crimes against a child. However, a review of the detainee risk assessment, confirmed he circled "no" to question #6, "have you had a current or previous conviction for sexual assault/abuse of a child or adult." In addition, interviews with the JA/PSA Compliance Manager and the Intake Officer could not confirm the facility utilizes the information gathered through the risk assessment to confirm the information is considered when determining the detainee's risk of sexual victimization. The detainee stated he was sick and had visible signs of an illness; and therefore, the Auditor could not interview him. An interview with an Intake Officer indicated once the detainee has completed the first page of the assessment, staff will complete the second page, section "Staff Observations/File Review" which states, "After interviewing the detainee and recording observations and findings from the file review, indicate the following: Predator- check here if detainee answer yes to question 8, potential predator – check here if answering yes to both questions 9 and 10 and Not applicable- check here if detainee has no known predatory history/risk." In addition, staff are to answer the following: 1) detainee appears to be physically, developmentally, or mentally disabled; 2) detainee has a small build or appears to be vulnerable; 3) detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender, intersex; 4) detainee has a youthful or elderly appearance which may contribute to vulnerability and 5) detainee has only non-violent or non-sexual offenses. In an interview with the Intake Officer, it was indicated the form is placed into the detainee file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. Auditor observations, confirmed, the facility houses the male detainees in two housing units, one for high-risk detainees and one for low-risk detainees and they are not comingled with the general population; however, female detainees are housed in the Annex and are comingled with general population. The Auditor conducted interviews with three LEP detainees and confirmed each detainee was provided the risk assessment form to complete in their preferred language.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. The Auditor reviewed six detainee files and confirmed four of the files included a Spanish version of the form completed by the detainee, within 12 hours of the detainee's intake; however, two of the files did not contain any documentation that confirmed a risk assessment was conducted. During the on-site audit, the Auditor confirmed the facility had the ability to translate the assessment in the detainee's preferred language; however, the Auditor observed an intake of a Spanish speaking detainee and confirmed the detainee had limited ability to speak English. As the detainee was completing the PREA assessment form, he expressed to staff he was having difficulty completing the form; however, the Intake staff did not provide the detainee access to the interpretation line or a staff member affluent in Spanish to help complete the form. The Auditor reviewed the detainee's file and confirmed he was classified by ICE as high risk, prior to being transported to the facility. The detainee's criminal history indicated he was a potential predator, as he had multiple convictions for sex crimes, which included sex crimes against a child. However, a review of the detainee assessment, indicated he circled "no" to question #6, "have you had a current or previous conviction for sexual assault/abuse of a child or adult." In an interview with the Intake Officer, it

was indicated the form is placed into the detainee's file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. To become compliant the facility must implement a practice that requires staff to utilize proper interpretation options when conducting the initial risk assessment. In addition, the facility must consider the information gathered from the risk assessment, as outlined in subsections (c) and (d) of the standard, to mitigate the dangers of sexual abuse when housing detainees. Once implemented the facility must submit documentation that confirms all applicable staff have been trained on the new procedures. In addition, the facility must provide the Auditor with 10 LEP detainee files to confirm appropriate interpretation services were rendered and the detainees were properly assessed to identify those likely to be sexual aggressors or sexual abuse victims when determining housing to mitigate all danger of being sexually abused.

Corrective Action Taken (c)(d): During the corrective action period the facility did not submit documentation to confirm compliance with subsections (c) and (d) of the standard; therefore, the Auditor continues to find the facility does not meet subsections (c) and (d) of the standard.

§115. 42 - Use of assessment information

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): PCDC PREA states, "Pickens County Detention will use the information from the risk assessment under § 115.41 of this part to inform assignment of detainees to housing, recreation and other activities, and voluntary work. Pickens County Detention will make individualized determinations about how to ensure the safety of each detainee. When making assessment and housing decisions for a transgender or intersex detainee, Pickens County Detention will consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. Pickens County Detention will consult a medical or mental health professional as soon as practicable on this assessment. Pickens County Detention will not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Pickens County Detention's placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of Pickens County Detention, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. When operationally feasible, transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." Interviews with an Intake Officer and the JA/Classification Officer indicated housing is determined based on the detainee's classification score determined by ICE which considers criminal history, convictions, assaults, or any holds the detainee may have and the US Immigration and Custom Enforcement PREA Classification form, utilized as the facility risk assessment, is not considered. In an interview with the Intake Officer, it was indicated the form is placed into the detainee's file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. During the on-site audit the Auditor confirmed the detainee is housed based on their classification as high-risk or low-risk and not based on the information gathered from the facility risk assessment. An interview with the JA/PSA Compliance Manager indicated that if the detainee self-identifies as transgender, intersex, or gender non-conforming the placement would not solely be based on the detainee anatomy and the facility will consult with medical and mental health staff to consider the effects a housing assignment may have on the health and safety of the detainee. The JA/PSA Compliance Manager further stated transgender and intersex detainees would be assessed at least twice a year to review any threats to safety that may be experienced by the detainee. Interviews with three security line staff, the JA/PSA Compliance Manager, and Auditor observations, confirmed transgender or intersex detainees are given an opportunity to shower separately from other detainees as all showers were individual. The Auditor reviewed six detainee files and could not confirm information gathered during the initial risk assessment was utilized to determine the detainee's housing, recreation and other activities, and voluntary work.

Does Not Meet (a) and (b): The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with an Intake Officer and the JA/Classification Officer indicated housing is determined based on the detainee's classification score determined by ICE which considers criminal history, convictions, assaults, or any holds they may have. During the on-site audit the Auditor confirmed the detainee is housed based on their classification as high-risk or low-risk and not based on the information gathered from the facility risk assessment. To become compliant, the facility must establish and implement a procedure to ensure that all elements in 115.41 are considered in determining the detainees initial housing, recreation and other activities, and voluntary programs. Once implemented, the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must submit 10 detainee files to confirm information

gained from the initial risk assessment was considered in determining the detainee's housing, recreation and other activities, and voluntary work program.

Corrective Action Taken (a)(b): During the corrective action period the facility did not submit documentation to confirm compliance with subsections (a) and (b) of the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

§115. 51 - Detainee reporting

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): PCDC policy, PREA states, "Pickens County Detention and US Immigration and Customs Enforcement will develop policies and procedures to ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Pickens County Detention and US Immigration and Customs Enforcement will also provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Pickens County Detention will also inform the detainees of, at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. Pickens County Detention's policies and procedures will include provisions for staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports." A review of PCDC policy, PREA, confirms it does not include a provision for staff to accept reports made verbally, in writing, anonymously or from a third party. The PCDC Inmate/Detainee handbook states, "The Pickens County Corrections provides for confidential disclosure of incidents of Inmate/Detainee rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment to a detention center employee either verbally or in writing by use of an Inmate/Detainee request form. Inmate/Detainees may also file a sexual misconduct complaint through the grievance process. An Inmate/Detainee who reports an incident of rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment may request to be treated as an anonymous informant. You may also report any type of Inmate/Detainee rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment to an outside agency, such as Pickens County Mental Health or the Medical Department here at PICKENS COUNTY DETENTION." During the on-site audit, the Auditor observed instructions for detainees to contact their consular official, the DHS Office of the Inspector General (OIG), the ICE DRIL and phone numbers to report sexual abuse to the PSA Compliance Manager. However, the Auditor attempted to place a call utilizing the numbers provided and confirmed the facility phones did not allow the calls to be completed using the provided phone numbers. Interviews with three security line staff indicated staff are required to accept reports made verbally, in writing, anonymously and from third parties. Interviews with three detainees indicated the detainees could not remember if they received information on the multiple ways to report sexual abuse during the intake process. In addition, interviews with three detainees confirmed they could not articulate how to report an incident of sexual abuse.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. A review of PCDC policy, PREA, confirms it does not include a provision for staff to accept reports made verbally, in writing, anonymously or from third parties and to promptly document any verbal reports. The Auditor attempted to place a call utilizing the numbers provided and confirmed the facility phones did not allow the calls to be completed using the provided phone numbers. To become compliant, the facility must update PCDC policy, PREA, to include a provision for staff to accept reports made verbally, in writing, anonymously or from third parties, and to promptly document any verbal reports. In addition, the facility must submit documentation that confirms all PREA reporting numbers provided to the detainees can be accessed from the detainee telephones.

Corrective Action Taken (a)(b)(c): The facility submitted an email to all staff, which advised staff they could report an allegation of sexual abuse outside the chain of command; however, the corrective action was to revise the PCDC policy to include a provision for staff to accept reports made verbally, in writing, anonymously or from third parties, and to promptly document any verbal reports. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

§115. 52 - Grievances

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): PCDC policy, PREA, states, "OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT Pickens County Detention will permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. Pickens County Detention will not impose a time limit on when a detainee may

submit a grievance regarding an allegation of sexual abuse. Pickens County Detention will implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Pickens County Detention's staff will bring medical emergencies to the immediate attention of proper medical personnel for further assessment. Pickens County Detention will issue a decision on the grievance within five days of receipt and will respond to an appeal of the grievance decision within 30 days. Pickens County Sheriff's Office will send all grievances related to sexual abuse and Pickens County Detention's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other Pickens County Detention staff, family members, or legal representatives. Staff will take reasonable steps to expedite requests for assistance from these other parties." During an interview with the JA/GO it was indicated the facility does not impose time limits in which a detainee can file a sexual abuse grievance. Decisions on grievances are completed within five days and detainee can file an appeal to the Sheriff. The JA/GO further indicated detainees can request assistance with filing a grievance and he would take reasonable efforts to expedite the request. In addition, the JA/GO indicated any sexual abuse grievances, and the facility decision, would be forwarded to the FOD at the completion of the grievance.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. PCDC policy, PREA, states, "Pickens County Detention will implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse; "however, 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, were not provided to the Auditor to confirm compliance. To become compliant, the facility must develop and implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Once implemented, the facility must submit documentation that all applicable staff were trained on the updated procedure.

Corrective Action Taken (c): The facility submitted a single page from the facility detainee handbook which advised detainees of facility inspection procedures. The facility submitted an email sent to all staff with read receipts which confirms staff have received training on not imposing a time limit on grievances alleging sexual abuse; however, the corrective action imposed requires the facility develop and implement written procedures for identifying and handling time sensitive grievances which involve an immediate threat to detainee health, safety, or welfare related to sexual abuse and once implemented submit documentation to confirm all applicable staff have received training on the updated procedure. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsection (c) of the standard.

§115. 53 - Detainee access to outside confidential support services

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. Pickens County Detention will maintain or attempt to enter into memoranda of understanding or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. Pickens County Detention's written policies shall establish procedures to include outside agencies in the facility's sexual abuse prevention and intervention protocols, if such resources are available. Pickens County Detention and US Immigration and Customs Enforcement will make available to detainees' information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If no such local organizations exist, Pickens County Detention will make available the same information about national organizations. Pickens County Detention will enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. Pickens County Detention and US Immigration and Customs Enforcement will inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Auditor reviewed a Medical Service Agreement (MSA) between TSC and the PCSO and confirmed the facility has entered into the agreement. In an interview with the JA/PSA Compliance Manager it was indicated the facility does provide detainee victims of sexual abuse access to TSC. During the on-site audit, the Auditor observed the TSC flyer in the housing units and confirmed it included a telephone number and the verbiage phone calls will not be monitored; however, the flyer did not include the services TSC may provide to a victim of sexual abuse, the TSC mailing address, or information regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility Inmate/Detainee handbook confirmed it does not contain information regarding TSC and the services they provide. In an interview with the TSC ED, the Auditor confirmed TSC provides valuable expertise and support in the areas of crisis intervention, counseling, investigation,

and the prosecution of sexual abuse perpetrators to most appropriately address' victim's needs. The TSC ED further confirmed if a detainee calls the TSC number, it will be answered by an answering service, who will take information provided by the detainee for a call back by a victim advocate who would call the facility and arrange to speak with the detainee. During the on-site audit the Auditor attempted to call the number provided for the TSC from a detainee phone located in the housing units. The call was answered; however, was immediately rejected. Following the rejected call, the Auditor contacted the TSC ED, who indicated, she had received notification of the call through an email from the answering service; however, the email indicated the call from PCDC was flagged as a telemarketer; and therefore, was rejected. The TSC ED further indicated she believed the issue lied with the facility telephones.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c) and (d) of the standard. During the on-site audit, the Auditor observed the TSC flyer in the housing units and confirmed it included a telephone number and the verbiage phone calls will not be monitored; however, the flyer did not include the services TSC may provide to a victim of sexual abuse, the TSC mailing address, or information regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility Inmate/Detainee handbook confirmed it does not contain information regarding TSC and the services they provide. In an interview with the TSC ED, the Auditor confirmed TSC provides valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address' victim's needs. The TSC ED further confirmed if a detainee calls the TSC number, it will be answered by an answering service, who will take information provided by the detainee for a call back by a victim advocate who would call the facility and arrange to speak with the detainee. During the on-site audit the Auditor attempted to call the number provided for the TSC from a detainee phone located in the housing units. The call was answered; however, was immediately rejected. Following the rejected call, the Auditor contacted the TSC ED, who indicated, she had received notification of the call through an email from the answering service; however, the email indicated the call from PCDC was flagged as a telemarketer; and therefore, was rejected. The TSC ED further indicated she believed the issue lied with the facility telephones. To become compliant, the facility must submit documentation that the information regarding TSC was updated in a manner all detainees can understand, to include services offered, mailing addresses, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, the facility must provide documentation to the Auditor that confirms the telephone number provided to contact the TSC is in good working order.

Corrective Action Taken (a)(b)(c)(d): During the corrective action period the facility did not submit documentation to confirm compliance with subsections (a), (b) (c), and (d) of the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a), (b), (c), and (d) of the standard.

§115. 54 - Third-party reporting

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

Notes:

PCDC policy, PREA, states, "Pickens County Detention will establish a method to receive third-party reports of sexual abuse and sexual assault and will distribute publicly information on how to report sexual abuse and sexual assault on behalf of a Detainee." During the on-site audit the Auditor toured all areas available to the public and confirmed third party reporting information was not posted. In addition, the JA/PSA Compliance Manager could not articulate the established method to receive third party reports. In addition, the JA/PSA Compliance Manager indicated that the PCSO has been unable to access the facility website in order to make changes or additions to the site. The Auditor reviewed the facility website (<https://www.pcoal.org/>) and confirmed there is no information provided to the public for reporting an allegation of sexual abuse of a detainee.

Does Not Meet: The facility is not in compliance with the standard. During the on-site audit the Auditor tour all areas of the facility and confirmed third party reporting information was not posted. In addition, the Auditor reviewed the facility website (<https://www.pcoal.org/>) and confirmed there is no information provided to the public for reporting an allegation of sexual abuse of a detainee. To become compliant, the facility must submit documentation that PCDC has established a method to receive third-party reports of sexual abuse and sexual assault on behalf of a detainee and distributed the method to the public.

Corrective Action Taken: The facility submitted a photograph of signage posted in the front lobby of the facility advising the public how to make a third-party report of sexual abuse of a detainee. Upon review of the submitted documentation, the Auditor now finds the facility in compliance with standard 115.54.

§115. 61 - Staff reporting duties

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual assault that occurred in a facility, whether or not it is part of Pickens County Detention; 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." A review of PCDC policy, PREA, confirms it does not include a method for staff to report outside the chain of command as required by subsection (a) of the standard. In addition, a review of PCDC policy, PREA, confirmed it does not include if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Interviews with three security line staff indicated they are aware of their responsibilities to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with three security line staff confirmed staff are aware of the requirement to not reveal any information related to a sexual abuse report to anyone other than those who need to know; however, the security line staff could not articulate a method by which they could report outside of their chain of command. An interview with the JA/PSA Compliance Manager confirmed staff are required to immediately report sexual abuse. However, the JA/PSA Compliance Manager could not articulate the requirement that an allegation of sexual abuse against a vulnerable adult must be reported to the designated State or local agency under the applicable mandatory report laws. In an interview with the AFOD it was confirmed PCDC policy, PREA, had been submitted and approved by the Agency. The facility does not house juveniles.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of PCDC policy, PREA, confirms it does not include a method for staff to report outside the chain of command as required by subsection (a) of the standard. In addition, a review of PCDC policy, PREA, confirmed it does not include if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. In interviews with three security line staff, it was confirmed the security line staff could not articulate a method by which they could report outside of their chain of command. An interview with the JA/PSA Compliance Manager confirmed he could not articulate the requirement if the alleged victim is considered a vulnerable adult under a State of local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. To become compliant, the facility must update PCDC policy, PREA, to include a method for staff to report outside the chain of command as required by subsection (a) of the standard and to include the verbiage if the alleged victim is considered a vulnerable adult under a State of local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Once updated the facility must resubmit PCDC policy, PREA, to the Agency for review and approval. In addition, the facility must train all facility staff on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a vulnerable adult that occur during the CAP period.

Corrective Action Taken (a)(d): The facility submitted a sample of the Prison Rape Elimination Act – Staff, Contractors and Volunteer Development and Training PowerPoint which states, "If at any time you do not feel comfortable reporting a sexual abuse/assault incident using the chain of command. You can contact the Office of Inspector General (OIG) at...."; however, subsection (a) of the standard requires the facility include the requirement in a facility policy. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a) and (d) the standard.

§115. 65 - Coordinated response

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will develop a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Pickens County Detention and US Immigration and Customs Enforcement will use a coordinated, multidisciplinary team approach to responding to sexual abuse." PCDC policy, PREA, further states, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." A review of PCDC policy, PREA, confirms it does not include a written

institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition to PCDC policy, PREA, the facility submitted a PREA Response Checklist as their coordinated response plan. The Auditor reviewed the facility PREA Response Checklist and confirmed the checklist includes the actions taken by first responders, both security and non-security, actions to be taken by the Administrator, Chief of Security, OIG, Medical, Mental Health, facility PCM, and the date, time, and where a detainee was taken for a SANE exam. However, the checklist did not include the requirements of subsections (c) and (d) of the standard. Interviews with the RN and the JA/PSA Compliance Manager confirmed they were not aware of the requirements contained in subsections (c) and (d) of the standard. There were no reported sexual abuse allegations at the PCDC during the reporting period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of PCDC policy, PREA, confirms it does not include a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition to PCDC policy, PREA, the facility submitted a PREA Response Checklist as their coordinated response plan. The Auditor reviewed the facility PREA Response Checklist and confirmed the checklist includes the actions taken by first responders, both security and non-security, actions to be taken by the Administrator, Chief of Security, OIG, Medical, Mental Health, facility PCM, and the date, time, and where a detainee was taken for a SANE exam. However, the checklist did not include the requirements of subsections (c) and (d) of the standard. Interviews with the RN and the JA/PSA Compliance Manager indicated that they were not aware of the requirements contained in subsections (c) and (d) of the standard and the facility policy. To become compliant, the facility must develop and implement a coordinated response plan that includes all elements of the standard. Once developed the facility must submit documentation that all applicable staff have received training on the implemented plan. If applicable, the facility must submit all sexual abuse allegation investigation files that occur during the CAP period.

Corrective Action Taken (a)(b)(c): The facility submitted photos of a flyer displayed at the facility which include first responder duties. In addition, the facility submitted an email addressed to all line staff instructing them to read the flyers; however, the corrective action required the facility to update the coordinated response plan to include subsections (c) and (d) of the standard and once implemented train all applicable staff, including medical, on the updated coordinated response plan. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (a), (c), and (d) of the standard.

§115. 67 - Agency protection against retaliation

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Staff, contractors, and volunteers, and immigration detention facility 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. Pickens County Detention will employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. For at least 90 days following a report of sexual abuse, Pickens County Detention and US Immigration and Customs Enforcement will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and will act promptly to remedy any such retaliation. Items Pickens County Detention should monitor include any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. US Immigration and Customs Enforcement will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." An interview with the JA/PSA Compliance Manager indicated the facility would monitor for retaliation; however, he could not articulate the protection measures that would be utilized for detainees and staff to ensure protection against retaliation. There were no allegations of sexual abuse reported at PCDC during the audit period.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. An interview with the JA/PSA Compliance Manager indicated the facility would monitor for retaliation; however, he could not articulate the protection measures that would be utilized for detainees and staff to ensure protection against retaliation. To become compliant, the facility must submit documentation that all applicable staff have received training on the protection measures that would be utilized for detainees and staff to ensure protection against retaliation.

Corrective Action Taken (b)(c): The facility submitted an email addressed to all staff advising them of the standard's requirement not to retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse 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. However, the corrective action

imposed required the facility train all applicable staff on the protection measures to be utilized for detainees and staff to ensure protection against retaliation. Upon review of all submitted documentation; or lack thereof, the Auditor continues to find the facility does not meet subsections (b) and (c) of the standard.

§115. 71 - Criminal and administrative investigations

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(e)(f): PCDC policy, PREA, states, "Pickens County Detention is responsible for investigating allegations of sexual abuse, all investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation will be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, Pickens County Detention will review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations will be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Pickens County Detention will develop written procedures for administrative investigations, including provisions requiring: 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 Pickens County Detention contributed to the abuse; and Documentation of each investigation by written report, which will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by Pickens County Detention and Pickens County Sheriff's Department, plus five years. The departure of the alleged abuser or victim from the employment or control of Pickens County Detention and/or Pickens County Sheriff's Department will not provide a basis for terminating an investigation." The facility did not provide the Auditor the written procedures for administrative investigations to determine compliance. A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/Investigator indicated he has not received the specialized training required by §115.34. The JA/Investigator stated a detainee-on-detainee allegation of sexual abuse would be investigated by PCDC; however, he did not believe any of the PCDC investigators have received the training required. The JA/Investigator further indicated, if the allegation included a staff-on-detainee, the allegation would be referred to the Pickens's County District Attorney's Office for investigation. In addition, the JA/Investigator indicated the facility will conduct an administrative investigation on all allegations of sexual abuse and he would cooperate with a criminal investigator as needed. The JA/Investigator further indicated he would remain informed of the status of the criminal case to ensure it is not compromised. In addition, the JA/Investigator indicated, investigations would be completed promptly, thoroughly, and objectively, and would be completed even if the detainee victim was no longer housed at the facility. There have been no sexual abuse allegations reported at PCDC during the audit period.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. A review of PCDC policy, PREA, confirms it does not include the written procedures for administrative investigations as required by subsection (c) of the standard. A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/Investigator indicated he has not received the specialized training required by §115.34. In an interview with the JA/Investigator it was indicated a detainee-on-detainee allegation of sexual abuse would be investigated by PCDC; however, he did not believe any of the PCDC investigators have received the training required. To become compliant, the facility must update PCDC policy, PREA, to include all elements of subsection (c) of the standard and shall train all investigative staff on the updated PCDC policy, PREA, requirements of subsections (c). In addition, the facility must submit documentation that all facility investigators have received specialized training in conducting sexual abuse allegation investigations as required in §115.34. If applicable, the facility must submit all sexual abuse allegation investigations that occur during the CAP period.

Corrective Action Taken (a)(c): During the corrective action period the facility did not submit documentation to confirm compliance with subsections (a) and (c) of the standard; and therefore, the Auditor continues to find the facility does not meet subsections (a) and (c) of the standard.

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

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): PCDC policy, PREA, states, "If the assessment pursuant to §115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff will, as appropriate, ensure that the detainee is immediately referred

to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee will receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee will receive a mental health evaluation no later than 72 hours after the referral." An interview with an Intake Officer indicated once the detainee has completed the first page of the US Immigration and Custom Enforcement PREA Classification form, the facility's risk assessment, staff will complete the second page, section "Staff Observations/File Review" which states, "After interviewing the detainee and recording observations and findings from the file review, indicate the following: Predator- check here if detainee answer yes to question 8, potential predator – check here if answering yes to both questions 9 and 10 and Not applicable- check here if detainee has no known predatory history/risk." In addition, staff are to answer the following: 1) detainee appears to be physically, developmentally, or mentally disabled; 2) detainee has a small build or appears to be vulnerable; 3) detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender, intersex; 4) detainee has a youthful or elderly appearance which may contribute to vulnerability and 5) detainee has only non-violent or non-sexual offenses. However, in an interview with the Intake Officer, it was further indicated the form is placed into the detainee's file and no further action would be taken should the form indicate a detainee has experienced sexual victimization or perpetrated sexual abuse. An interview with the facility RN indicated she would notify mental health if a detainee reported a history of sexual abuse or perpetrated sexual abuse; however, she could not articulate or confirm how she would get the information. The facility RN further indicated if there is a referral for medical follow-up, the detainee would be seen within 24 hours, and she would initiate a referral for a mental health evaluation which would be handled by a mental health clinician within 24 hours of the referral.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. An interview with an Intake Officer indicated once the detainee has completed the first page of the US Immigration and Custom Enforcement PREA Classification form, the facility's risk assessment, staff will complete the second page, section "Staff Observations/File Review." However, in an interview with the Intake Officer, it was further indicated the form is placed into the detainee's file and no further action would be taken should the form indicate a detainee has experienced sexual victimization or perpetrated sexual abuse. An interview with the facility RN indicated she would notify mental health if a detainee reported a history of sexual abuse or perpetrated sexual abuse; however, she could not articulate or confirm how she would get the information. To become compliant, the facility must train all Intake and Classification staff to utilize the information gained during the initial risk assessment to ensure all detainees who indicate a history or sexual victimization or perpetrated sexual abuse are immediately referred to a qualified medical or mental health practitioner for medical/or mental health follow-up as appropriate. If applicable, the facility must submit to the Auditor all detainee files and corresponding medical and mental health files of all detainees who are identified to have a history of sexual victimization or perpetrated sexual abuse.

Corrective Action Taken (a): During the corrective action period the facility did not submit documentation to confirm compliance with subsection (a) of the standard; and therefore, the Auditor continues to find the facility does not meet subsection (a) of the standard.

§115. 86 - Sexual abuse incident reviews

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Pickens County Detention conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. Pickens County Detention will implement the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and response will be forwarded to Pickens County Detention PSA Coordinator." In an interview with the facility JA/PSA Compliance Manager it was indicated the facility would utilize the Sexual Abuse Incident Review form to conduct a review at the conclusion of every investigation of sexual abuse. In an interview with the JA/PSA Compliance Manager it was further indicated the review would be conducted within 30 days. The Auditor reviewed the Sexual Abuse Incident Review form and confirmed the facility's multidisciplinary review team considers if the incident was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification; status, or perceived status, gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility. A review of the form further confirms the review team considers, recommends, implements recommendations, or documents the reasons for not implementing the recommendations, if applicable, of any changes to policy or practice that could better prevent, detect, or respond to sexual abuse within the facility. An interview with the facility PREA Coordinator, indicated the committee would include the JA/PSA Compliance Manager, the PREA Coordinator, medical, and mental health staff. In an interview with the facility JA/PSA Compliance Manager, it was indicated the facility prepares a written report by utilizing the Sexual Abuse Incident Review form. The Auditor reviewed the form and confirmed it states, "Pickens County Detention will conduct an annual review of all sexual abuse investigations and resulting incidents reviews to assess and improve sexual abuse intervention, prevention,

and response efforts. If Pickens County Detention has not had any reports of sexual abuse during the annual reporting period, then Pickens County Detention will prepare a negative report. The results and findings of the annual review will be provided to Pickens County Detention's Administrator, Field Director or his designee, and Pickens County Detention's PSA Coordinator." A review of the Sexual Abuse Incident Review form further confirms the form does not include the annual report will be submitted to the Agency PSA Coordinator. During the on-site audit, the Auditor requested a copy of the facility annual negative report for 2022; however, the report was not provided.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of the Sexual Abuse Incident Review form confirms the annual review will be provided to Pickens County Detention's Administrator, Field Director or his designee, and Pickens County Detention's PSA Coordinator; however, the form does not include the annual report will be submitted to the Agency PSA Coordinator. During the on-site audit, the Auditor requested a copy of the facility annual negative report for 2022; however, the report was not provided. To become compliant, the facility must provide the Auditor with documentation that confirms the annual negative report for 2022 was submitted to the facility JA, the FOD or his or her designee, and the Agency PSA Coordinator.

Corrective Action Taken (c): During the corrective action period the facility did not submit documentation to confirm compliance with subsection (c) of the standard; and therefore, the Auditor continues to find the facility does not meet subsection (c) of the standard.

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.

Robin Brock

March 12, 2024

Auditor's Signature & Date

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

March 12, 2024

Assistant Program Manager's Signature & Date

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

March 14, 2024

Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	6/27/2023	To:	6/28/2023
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AUDITOR INFORMATION

Name of auditor:	Robin M. Bruck	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	New Orleans Field Office
Field Office Director:	Melissa Harper
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C) SDDO
Field Office HQ physical address:	1250 Poydras Street, 3 rd Floor, New Orleans, LA 70113
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pickens County Detention Center
Physical address:	188 Cemetery Street, Carrollton, Alabama 35447
Mailing address: (if different from above)	Same as above
Telephone number:	205-367-2000
Facility type:	IGSA
PREA Incorporation Date:	7/01/2020

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	205-367-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Jail Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	205-367-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	01/06/2023
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.

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Pickens County Detention Center (PCDC) was conducted June 27, 2023, through June 29, 2023, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Contract Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility's compliance with the DHS PREA Standards. PCDC is a county facility operated by the Pickens County Sheriff's Office (PCSO) and is under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). PCDC is in Carrollton, Alabama. This audit is the first audit for PCDC. The audit period is between July 1, 2020, through June 27, 2023.

The PCDC houses adult male and female detainees with low, medium, and high custody levels whose immigration cases have been decided by the court system and the detainee is pending deportation. The designed capacity for the facility is 202 and is comprised of County, State, and federal inmates/detainees. The total ICE detainees booked into the facility in the last 12 months was 1141. The ICE detainee population on the first day of the audit was 25 (24 male and 1 female); however, on the first day of the audit, all 25 detainees were in the process of being transported out of the facility. The average length of stay is three days. The top three nationalities of the facility population are Mexico, Guatemala, and Honduras.

Approximate two weeks prior to the on-site audit, ERAU Inspections and Compliance Specialist (ICS) and Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility's policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. The main policy that governs PCDC's PREA Program is the Pickens County Detention Prison Rape Elimination Act Policies and Procedures (PCDPREP). All documentation, policies, and the facility PAQ's were reviewed by the Auditor. In addition, the Auditor reviewed the Agency website (www.ice.gov/prea) and the facility website (<https://www.pcsoal.org/>).

On Tuesday, June 27, 2023, at 8:15 a.m. an entrance briefing was conducted in the facility training room. The ICE ERAU TL opened the briefing and introduced the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICE/OPR/ ERAU, ICS
(b) (6), (b) (7)(C) PREA Coordinator, PCDC
(b) (6), (b) (7)(C) Jail Administrator (JA)/PSA Compliance Manager, PCDC
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO
Robin Bruck, DOJ/DHS certified PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures, but also to determine whether such policies and procedures are reflected in the knowledge of staff of all levels and detainees housed at PCDC. The Auditor further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations during the on-site audit, documentation review, and interviews with staff and detainees.

At the conclusion of the entrance briefing, an on-site tour of the facility was conducted by the Auditor, TL, and key PCDC staff. The Auditor observed all housing units utilized by the detainees, recreation areas, the sally port, booking/intake, and the medical and mental health areas. In addition, the Auditor observed the control center. The Auditor made visual observations of the housing unit, which included examination of the detainee bathrooms and shower areas, officer post sight lines, and camera locations. Sight lines were closely examined, as were areas with a potential for blind spots. During the on-site audit, the Auditor randomly spoke with staff regarding their knowledge of PREA and the facility procedures. In addition, the Auditor tested phone lines and numbers provided to the detainee to access services or for reporting an incident of sexual abuse to confirm if they were in working order. The Auditor observed the "Notice of Audit" in all areas of the facility. No correspondence had been received from staff, detainees, or family members.

The facility consists of two buildings which include nine housing units where detainees are housed in three of the housing units. There is a high-risk unit, which is comprised of single occupancy cells, a low-risk unit, which is an open bay dorm setting, and an Annex, which is used to house female detainees. Male detainees housed in the single occupancy cells and the open bay dorm are not comingled; however, the female detainees are comingled with the facility general population. The Annex is an open bay dorm with

some single occupancy cells. The intake area has one holding cell with an additional room that is utilized for detainees to change clothing when entering the facility. The facility medical area consists of a very small exam room and the Registered Nurse's (RN) office. There are no medical holding cells.

PCDC has (b) (7)(E) located throughout the facility to assist with detainee monitoring. The cameras operate 24/7 and are monitored in the (b) (7)(E). In addition, the (b) (7)(E). Video cameras do not have the ability to record sound or to pan or tilt but can zoom a slight distance before distortion occurs. Video footage can be retained for up to (b) (7)(E) before deletion; however, if needed, the facility can store footage on a (b) (7)(E). During the on-site audit, the Auditor observed all (b) (7)(E), to determine the level of privacy provided to the detainees while performing bodily functions, showering, or changing their clothing and was able to confirm there are cross-gender viewing concerns when viewing into (b) (7)(E) located in (b) (7)(E).

The PCDC PAQ reported security staff is comprised of 12 employees (6 males and 6 females) who have recurring contact with detainees. Staff work in two 12-hour shifts from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. – 6:00 a.m. In addition, the facility contracts with Quality Corrections Health Care (QCHC) which provides one RN and one on call mental health clinician. Medical and Mental Health services are not provided 24/7. The RN is on call and can be called into the facility, if needed, during the overnight hours or on the weekends. The mental health clinician is called into the facility when services are warranted. The facility does not have assigned ICE staff at the facility; however, ICE staff come into the facility several times during the week. Food service staff do not have contact with detainees. Meals are prepared and security line-staff will pick up and take the meals to the housing units. The PAQ reported there were no volunteers at the facility; however, an interview with the facility PREA Coordinator indicated the facility does have volunteers who provide religious services to the detainees. During the on-site audit, the Auditor interviewed six staff consisting of the JA Administrator, who acts in the capacity of the PSA Compliance Manager, Investigator, Human Resource Manager (HRM), Classification Officer (CO), and Grievance Officer (GO), PREA Coordinator, Intake Officer; and three security line staff. In addition, the Auditor interviewed one RN contracted through QCHC. There were no mental health staff on-site during the audit. During the on-site audit the facility received four detainees. The Auditor was able to interview only three detainees as one detainee was sick; and therefore, unavailable to interview.

A review of the facility PREA Allegation Spreadsheet and the PAQ confirmed there were no detainee allegations of sexual abuse reported at PCDC during the audit period.

An exit briefing was conducted on Wednesday, June 28, 2023, at 12:15 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

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

(b) (6), (b) (7)(C), JA, PSA Compliance Manager, PCDC

(b) (6), (b) (7)(C), Sheriff, PSCO

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

Robin Bruck, DOJ/DHS certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present that it was too early in the process to formalize a determination of compliance on each standard. The Auditor would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 2

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

Number of Standards Met: 17

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.32 Other training
§115.43 Protective custody
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.66 Protection of detainees from contact with alleged abusers
§115.68 Post-allegation protective custody
§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
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.87 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 22

§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.31 Staff training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.81 Medical and mental health assessments; history of sexual abuse
§115.86 Sexual abuse incident reviews

PROVISIONS

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

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

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

Notes:

(c): PCDC policy, PREA, states, "Pickens County Detention has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual assault and outlining Pickens County Detention's approach to preventing, detecting, and responding to such conduct." The Auditor reviewed PCDC policy, PREA, and confirmed it includes definitions of sexual abuse and general PREA definitions. In addition, a review of PCDC policy, PREA, confirms it outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. Interviews with three security line staff confirmed their knowledge of the Agency's and facilities zero tolerance policies. An interview with the AFOD confirmed PCDC policy, PREA, has been reviewed and approved by the Agency.

(d): PCDC policy, PREA, states, "Pickens County Corrections has designated a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who will serve as Pickens County Corrections point of contact for Pickens County Detention PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with Pickens County Corrections Sexual Abuse Prevention and Intervention policies and procedures." An interview with the facility JA/PSA Compliance Manager indicated he is the liaison and the point of contact for the Agency PSA Coordinator. The JA/PSA Compliance Manager indicated he had sufficient authority to oversee the facility efforts to comply with the sexual abuse policies and procedures. The JA/PSA Compliance Manager further indicated he does not have sufficient time to oversee the program; however, it is manageable with the addition of the PREA Coordinator. The Auditor reviewed two memorandums and confirmed the facility has appointed both a PREA Coordinator and a PSA Compliance Manager who share PREA responsibilities within the facility.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): An interview with the JA/PSA Compliance Manager indicated that the facility does not have sufficient staffing levels to adequately monitor detainees. The JA/PSA Compliance Manager further indicated there are three security line staff assigned to the facility during each shift which includes one assigned to the (b) (7)(E), one assigned to the (b) (7)(E) and one to (b) (7)(E) additional (b) (7)(E). The facility provided the Auditor the May 2023 calendar which indicates staff assignments for each workday. The review of the calendar indicated there are two security line staff scheduled for the 6:00 am – 6:00 pm and an additional three security line staff scheduled to work the 6:00 p.m. to 6:00 a.m. shift. The facility did not provide an addition staffing plan or documentation to confirm the facility took into consideration generally accepted detention practices; any judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and any other relevant factors, including but not limited to the length of time detainees spend in facility custody, when determining adequate levels of detainee supervision or the need for video monitoring. During the on-site audit, the Auditor did not observe sufficient staff to protect detainees against sexual abuse. At the conclusion of the on-site audit, the JA/PSA Compliance Manager presented the Auditor with the comprehensive security guidelines which were located in his office; however, the Auditor did not observe comprehensive detainee supervision guidelines on the housing units, nor could facility security line staff confirm or locate the guidelines when interviewed by the Auditor.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. An interview with the JA/PSA Compliance Manager confirmed the facility does not have sufficient staffing levels to adequately monitor detainees and during the on-site audit, the Auditor did not observe sufficient staff to protect detainees against sexual abuse. In addition, the facility did not provide a staffing plan that confirms all elements of subsection (c) were considered when determining adequate levels of detainee supervision or the need for video monitoring. The Auditor did not observe comprehensive detainee supervision guidelines. During the exit brief, the JA/PSA Compliance manager indicated the facility has comprehensive detainee supervision guidelines; however, security line staff could not confirm the supervision guidelines were available for their use. To become compliant, the facility must provide documentation to confirm the facility considered generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, or any other relevant factors including, but not limited to, the length of time detainees spend in Agency custody, when determining adequate staffing levels and the need for video monitoring. In addition, the facility must submit documentation that the facility comprehensive security guidelines were reviewed by facility management for the year 2023 and that staff are aware of their responsibilities as outlined in the guidelines.

(d): PCDC policy, PREA, states, "Pickens County Detention will conduct frequent unannounced security inspections to identify and deter sexual abuse of detainees. Such inspections will be implemented for night, as well as, day shifts. Pickens County Detention will prohibit staff from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." An interview with the JA/PSA Compliance Manager indicated the facility does conduct unannounced security inspections. During the on-site audit, the Auditor observed the unannounced security inspection notebook. All unannounced rounds are documented in this book. A review of the entries indicated that the unannounced security inspections are occurring every day on every shift; however, the securing inspections are occurring during the same time each day; and therefore, are not unannounced as required by subsection (d) of the standard. In addition, in an interview with the JA/PSA Compliance Manager and three security line staff it was indicated staff are prohibited from alerting others the unannounced inspections are occurring.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. During the on-site audit, the Auditor observed the unannounced security inspection notebook where unannounced rounds are documented. A review of the entries indicated that the unannounced security inspections are occurring every day on every shift; however, the securing inspections are occurring during the same time each day; and therefore, are not unannounced. To become compliant, the facility must ensure that unannounced security inspections are occurring on different days, different times, and different shifts to ensure a pattern cannot be detected by staff or detainees of when the inspections are occurring. Once implemented, the facility must provide the Auditor with documentation of unannounced security inspections that occur for two months during the corrective action plan (CAP) period.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): PCDC, policy, PREA, states "Pickens County Detention does not house Juveniles and/or family Detainees." Interviews with the JA/PSA Compliance Manager and three security line staff confirmed the facility does not house juveniles or family detainees; and therefore, standard 115.14 does not apply.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will not conduct cross-gender pat-down searches of male detainees, unless after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Pickens County Detention Cross-gender pat-down searches of male and female detainees will not be conducted unless in exigent circumstances. Pickens County Detention will document cross-gender pat-down searches." PCDC policy, Control of Contraband-Inmate Searches, states, "A frisk or pat-down search will be conducted on every inmate brought into the Pickens County Jail. Female inmates must be searched by Female Detention Officers." The Auditor reviewed the PCDC Cross Gender Pat Down Search log, which confirms the facility will document all cross-gender pat-down searches. An interview with the facility JA/PSA Compliance Manager indicated pat-down searches are conducted by staff of the same gender as the detainee. During interviews with three security line staff, it was confirmed they were aware cross-gender pat-down searches could not be conducted; however, if one were to occur due to an exigent circumstance, they must be documented. During the on-site audit, the Auditor observed a pat-down search of a male detainee. The search was conducted by a male security officer. The Auditor interviewed three male detainees, who confirmed they had all received a pat-down search during intake, and all were conducted by a male security line staff.

(e)(f): PCDC policy, PREA, states, "Pickens County Detention will not conduct Cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Pickens County Detention will document all strip searches and visual body cavity searches." PCDC policy, Control of Contraband-Inmate Searches, states, "Visual Body Cavity Inspections are conducted "only" when there is a reasonable belief that the inmates is carrying contraband other than prohibited material. License Medical staff shall conduct these searches." PCDC policy, Control of Contraband-Inmate Searches, further states, "A strip search will be conducted for every inmate before being admitted to housing area. Female inmates will be searched by female Detention Officers. At no time, will a male Detention Officer search or strip-search a female inmate. Male inmates will be searched by male Detention Officers. At no time, will female Detention Officer strip-search a male inmate." The Auditor reviewed a memorandum to the file which states, "Pickens County Detention has not performed any strip searches and does not perform visual body cavity searches, during the audit period." The Auditor reviewed the PCDC Strip and Viewing Search log which indicates the facility will document all strip and body cavity searches, including any that are conducted by cross-gender staff. Interviews with three security line staff indicated they do not conduct strip searches, cross-gender strip searches or visual body cavity searches of detainees; however, if there were one conducted due to exigent circumstances, it would be documented on the strip and viewing search log.

Recommendation: The Auditor recommends the facility update PDCD policy, Control of Contraband-Inmate Searches, to include procedures for pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches of detainees.

(g): PCDC policy, PREA, states, "Pickens County Detention will implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Such policies and procedures will require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." During the on-site

audit, the Auditor observed signs on the doors of all housing units, which is a reminder that all opposite gender staff must announce themselves upon entering the units. In addition, the Auditor observed the announcement being made during the on-site audit. Interviews with three security line staff indicated they generally do not enter a housing unit of the opposite gender; however, if there was a reason to enter, they would be accompanied by a staff member of the same gender as the detainees on the housing unit and would announce themselves upon entering. Interviews with three detainees, indicated that none of them had been at the facility long enough to know if opposite gender staff does or does not announce themselves when entering the housing unit. During the on-site audit, the Auditor observed the detainee toilet and shower areas. The toilets had a barrier to prevent viewing the detainee; however, the barrier did not provide privacy for the last toilet. The shower area in both the male and female housing units had shower curtains that were high up and went all the way to the floor, creating a (b) (7)(E); however, shower curtains which allowed visual access to heads and feet were replaced in the male housing units, while the Auditor was on-site. The detainee's area to dress was just outside of the shower and was not blocked in any way to prevent viewing from anybody walking past the housing unit or from the (b) (7)(E) (b) (7)(E). In addition, while reviewing (b) (7)(E) (b) (7)(E) the Auditor observed a female inmate utilizing the toilet located in the holding cell in the (b) (7)(E).

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor observed the detainee toilet and shower areas and confirmed the toilets had a barrier to prevent viewing the detainee while performing bodily functions; however, the barrier did not provide privacy for the last toilet. The female housing units had shower curtains that were high up and went all the way to the floor, creating a (b) (7)(E). In addition, during the on-site audit the Auditor was able to observe a detainee's area to dress was just outside of the shower and was not blocked in any way to prevent viewing from anybody walking past the housing unit or from the (b) (7)(E) of those (b) (7)(E). During a review of the (b) (7)(E), the Auditor observed a female inmate utilizing the toilet, in the holding cell in the (b) (7)(E). To become compliant, the facility must ensure detainees are able to perform bodily functions, shower, and dress and change clothing without being viewed by staff of the opposite gender. Once implemented the facility must submit documentation to the Auditor that confirms the facility's cross-gender viewing issues are no longer a concern.

(h): PCDC is not designated as a Family Residential Center; and therefore, provision (h) is not applicable.

(i)(j): PCDC policy, PREA, states, "Pickens County Detention will not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. Pickens County Detention will train officers in proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. All pat-down searches will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and U.S. Immigration and Custom Enforcement's policy, including consideration of officer safety." The Auditor reviewed PCDC policy, Control of Contraband-Inmate Searches, which is the curriculum used to provide the staff training and confirmed the curriculum does not include the proper procedures for conducting searches of transgender and intersex detainees. Interviews with three security line staff indicated they all have received training in conducting pat-down searches including cross-gender pat-down searches and that a detainee could not be physically examined to determine the detainee's genital characteristics. However, the staff could not articulate, who should, or how to conduct a pat-down search of a transgender or intersex detainee. During the on-site audit, the Auditor observed a male officer conduct a pat-down search on a male detainee and confirmed the pat-down search was conducted in a professional and respectful manner, and in the least intrusive manner possible; however, the search was not conducted in a way that would deter the detainee from securing facility contraband.

Does Not Meet (j): The Facility is not in compliance with subsection (j) of the standard. The Auditor reviewed PCDC policy, Control of Contraband-Inmate Searches, the curriculum used to provide the staff training, and confirmed the curriculum does not include the proper procedures for conducting searches of transgender and intersex detainees. In addition, interviews with three security line staff confirmed they could not articulate, who should, or how to conduct a pat-down search of a transgender or intersex detainee. To become compliant, the facility must develop a pat-down search training curriculum that includes proper procedures for conducting pat-down searches on transgender and intersex detainees. Once developed, the facility must submit to the Auditor documentation that all security line-staff have received the required training.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): PCDC policy, PREA, states, "Pickens County Detention will take appropriate steps to ensure that Detainees with disabilities (including, for example, Detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of Pickens County Detention's efforts to prevent, detect, and respond to sexual abuse and sexual assault. Such steps will include, when necessary to ensure effective communication with Detainees who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Pickens County Detention will ensure that written materials are provided in formats or through methods that ensure effective communication with Detainees with disabilities, including Detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Pickens County Detention is not required to take actions that it can demonstrate would result in a

fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Pickens County Detention will take reasonable steps to ensure meaningful access to all aspects of Pickens County Detention's efforts to prevent, detect, and respond to sexual abuse and sexual assault to Detainees who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." During the on-site audit, the Auditor observed the facility Handbook, in English, Spanish, and Chinese, and the ICE National Detainee Handbook, in English and Spanish, in the intake area. However, the ICE National Detainee Handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The JA/PSA Compliance Manager further indicated that the facility had recently received the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE specifically, English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. However, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. The facility PREA Coordinator indicated that the facility handbook and all PREA information is translated into any language with the use of Microsoft 360 or Google Translate. During an interview with an Intake Officer, it was indicated when a detainee arrives at the facility, he/she is provided the facility handbook and the ICE National Detainee Handbook. The Intake Officer further indicated the detainee is instructed to watch a PREA video with closed captioning for the deaf, available in English and Spanish, that is played on a monitor for the detainees. In an interview with the facility PREA Coordinator it was indicated the PowerPoint of the video can also be translated in any language as needed. During interviews with the facility Intake Officer and three security line staff, it was indicated they would establish effective communication with the detainee to provide PREA information. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The interview with the Intake Officer further indicated if the detainee was blind or had limited sight, the PREA information would be read to them. In addition, the Intake Officer indicated staff would utilize the ERO Language Services contract to provide the information to detainees who are limited English proficient (LEP) and if the facility received a detainee who had intellectual, psychiatric, speech disabilities, or were limited in their reading skills the staff would speak slowly and use a vocabulary that would be easier for the detainee to understand. The Intake Officer further stated, if necessary, staff would repeat the information to ensure the detainee understood. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. The Auditor observed the ICE National Detainee Handbook in English and Spanish in the intake area; however, the handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE and the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE; however, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must develop a practice to provide PREA information to detainees who are deaf, or hard of hearing in a manner that all can understand. In addition, the facility must provide all detainees access to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse including written materials related to sexual abuse; specifically, the updated version of the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Once implemented, the facility must provide the Auditor, if applicable, 10 detainee files, consisting of detainees who are LEP, and or deaf or hard of hearing, to confirm the new process.

(c): PCDC policy, PREA, states, "Pickens County Detention will not rely on Detainee interpreters, Detainee readers, or other types of Detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Detainee's safety, the performance of first-response duties under §115.64, or the investigation of the Detainee's allegations."

During interviews with three security line staff, it was confirmed they would not allow a detainee to provide interpretation under any circumstances even if the detainee victim expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. During interviews with three security line staff, it was confirmed they would not allow a detainee to provide interpretation under any circumstances even if the detainee victim expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. To become compliant, the facility must implement the practice of allowing the use of another detainee to interpret in matters related to sexual abuse should the detainee victim express a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. Once implemented, the facility must provide to the Auditor documentation that confirms all security line staff, and supervisors, were trained on the updated practice.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. PCDC policy, PREA, states, "Pickens County Detention will not hire or promote anyone who may have contact with detainees, and will not enlist the services of any contractor who may have contact with detainees, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Pickens County Detention will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees." During an interview with the JA/HRM it was confirmed the facility recently begun utilizing a form that asks each applicant about the behaviors required by subsection (a) of the standard. The JA/PSA Compliance Manager further confirmed the newly developed form instructs the staff of their continuing duty to disclose sexual misconduct; however, the form was not provided to the Auditor for review. During the on-site audit, the Auditor reviewed employment records for 12 staff, 1 staff contractor, and 2 volunteers and confirmed none of the files contained documentation that confirmed staff, or the staff contractor, had been asked, "have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section." In addition, a review of employment records for 12 staff could not confirm the facility imposes a continuing duty to report sexual misconduct as required by the standard. Interviews with three security line staff indicated they were aware they must immediately report any law enforcement contact while employed at the facility; however, they could not articulate that they had a continuing duty to report sexual misconduct. An interview with the AFOD confirmed he had been promoted during the audit period; however, he stated he had not been asked about previous misconduct during an interview and no documentation was provided to the Auditor to confirm he was asked about previous sexual misconduct on a written application.

Recommendation: The Auditor recommends the facility include volunteers in PCDC policy PREA.

Does Not Meet (a)(b): The Agency and facility is not in compliance with subsections (a) and (b) of the standard. During an interview with the JA/HRM he indicated that the facility recently began utilizing a form that asks each applicant about the behaviors required by subsection (a) of the standard. During the on-site audit, the Auditor reviewed employment records for 12 staff, 1 staff contractor, and 2 volunteers and confirmed none of the files contained documentation that confirmed staff, the staff contractor, or volunteers had been asked, "have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section." Interviews with three security line staff indicated they were aware they must immediately report any law enforcement contact while employed at the facility; however, they could not articulate that they had a continuing duty to report sexual misconduct. A review of 12 staff employment records could not confirm the facility imposes a continuing duty to report sexual misconduct as required by the standard. An interview with the AFOD confirmed he had been promoted during the audit period;

however, he stated he had not been asked about previous misconduct during an interview and no documentation was provided to the Auditor to confirm he was asked about previous sexual misconduct on a written application. To become compliant, the facility must develop a process that ensures the facility does not hire or promote anyone who may have contact with detainees or shall not enlist the services of any contractor or volunteer who may have contact with detainees who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Once implemented the facility must submit documentation that all human resource staff were trained on the new process. In addition, the facility must inquire from all current staff, staff contractors, and volunteers about the behaviors described above. The facility must submit documentation to the Auditor that confirms all staff have been informed of their continuing duty to disclose any misconduct related to sexual abuse. In addition, if applicable, documentation must be submitted to the Auditor that confirms each newly hired employee, staff contractor, and volunteer who has recurring contact with detainees has not participated in conduct as described in subsection (a) of the standard. If applicable, the facility must submit to the Auditor any employment records of staff that were promoted during the CAP period. The facility must submit to the Auditor 10 staff employment records to confirm the facility has imposed upon the employee a continuing duty to report sexual misconduct. In addition, the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse in an interview or through a written application prior to being promoted as required by subsection (b) of the standard.

(c)(d): PCDC policy, PREA, states, "Before hiring new employees who may have contact with detainees, Pickens County Detention will: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Pickens County Detention will also perform a criminal background record check before enlisting the services of any contractor who may have contact with detainees." In an interview with the facility JA/HRM it was indicated that criminal background checks are completed for all new hirers, staff contractors, and volunteers. However, during the on-site audit, the Auditor reviewed employment records for 12 staff and one staff contractor and confirmed none of the files contained documentation that indicated a criminal background check had been completed prior to being hired at the facility. The Auditor submitted two ICE employee names to PSO to verify the background check process; all were compliant.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. In an interview with the facility JA/HRM it was indicated that criminal backgrounds are completed for all new hirers, contractors, and volunteers. However, during the on-site audit, the Auditor reviewed employment records for 12 staff and one contractor file and confirmed none of the files contained documentation that confirmed a criminal background check had been completed prior to be hired at the facility. To become compliant, the facility must develop and implement a practice to conduct a background investigation prior to hiring new staff, who may have contact with detainees, to determine whether the candidate for hire is suitable for employment with the facility. In addition, the facility must implement a practice that ensures background checks are conducted on all staff contractors as required by subsection (d) of the standard. Once implemented the facility shall train all human resource staff of the new practices. If applicable, the facility must submit to the Auditor documentation of all background investigations conducted during the CAP period.

(e)(f): PCDC policy, PREA, states, "Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination. Unless prohibited by law, Pickens County Detention will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." An interview with the facility JA/HRM indicated the facility had recently implemented a process to ensure potential staff are informed that material omissions or providing false information are grounds for termination or withdrawal of an offer of employment; however, the facility did not provide documentation to confirm the new process was implemented. In addition, the facility JA/HRM indicated the facility would provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from another institution.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. An interview with the facility JA/HRM indicated the facility recently implemented a process to ensure potential staff are informed that material omissions or providing false information are grounds for termination or withdrawal of an offer of employment; however, no documentation was provided to the Auditor to demonstrate compliance. To become compliant, the facility must implement a process to inform potential employees that material omissions regarding sexual misconduct or providing false information, shall be grounds for termination or withdrawal of an offer of employment. In addition, if applicable, the facility must provide to the Auditor with staff employment records of all staff hired during the CAP period.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a): PCDC policy, PREA, states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Pickens County Detention will consider the effect of the design, acquisition, expansion, or modification upon Pickens County Detention's ability to protect Detainees from sexual abuse." An interview with the JA/PSA Compliance Manager, and review of the PAQ, confirmed the facility has not designed or acquired any new facility or has had any substantial expansions or modifications during the audit period.

(b): PCDC policy, PREA, states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Pickens County Detention will consider how such technology may enhance Pickens County Detention's ability to protect Detainees from sexual abuse." An interview with the facility JA/PSA Compliance Manager, and a review of the PAQ, confirmed the facility has not installed or updated the video monitoring system during the audit period.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." PCDC policy, PREA, states, "To the extent Pickens County Detention is responsible for investigating allegations of sexual abuse, Pickens County Detention will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Pickens County Detention will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, Pickens County Detention will make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies will document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b) (2)(C), to victims of sexual assault of all ages. Pickens County Detention may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services." PCDC policy, PREA, further states, "Pickens County Detention will offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Pickens County Detention will document its efforts to provide SAFEs or SANEs. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. To the extent Pickens County Detention itself is not responsible for investigating allegations of sexual abuse, Pickens County Detention will request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section." An interview with the facility RN indicated if a sexual abuse were to occur at the facility, emergency treatment if needed would be provided. The facility RN further stated, the victim would be transported to the DCH Regional Medical Center in Tuscaloosa, Alabama, for a SANE exam provided through the Tuscaloosa Safe Center (TSC). In addition, the facility RN indicated crisis intervention services and counseling would be offered to the victim through TSC, at no cost to the detainee. The Auditor reviewed a Medical Service Agreement (MSA) between TSC and the PCSO. The agreement indicates the TSC agrees to provide medically necessary and authorized SANE Services on an as needed basis for inmates and PCSO agrees to pay for the services upon receipt; however, the agreement does not include services TSC will provide in addition to the SANE exam such as crisis intervention and counseling. In an interview with the Executive Director (ED) of TSC it was confirmed crisis intervention and counseling and a victim advocate would be made available during a SANE exam. The TSC ED further indicated, the advocate would provide counseling and moral support to the victim during investigative interviews and court proceedings. An interview with the AFOD indicated PCDC policy, PREA, had been developed in conjunction with DHS. The facility does not house juveniles. There were no sexual abuse allegations reported at PCDC during the audit period.

(e): PCDC policy, PREA, states, "To the extent Pickens County Detention itself is not responsible for investigating allegations of sexual abuse, Pickens County Detention will request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section." An interview with the JA/PSA Compliance Manager indicated a criminal allegation of detainee-on-detainee sexual abuse would be investigated by the PCSO and a criminal allegation of staff-on-detainee sexual abuse would be investigated by an investigator from the Pickens County District Attorney's Office. The Auditor could not confirm through interviews or documentation that the facility has requested the Pickens's County District Attorney's Office follow the requirements of subsections (a) – (e) of the standard.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. An interview with the JA/PSA Compliance Manager indicated a criminal allegation of staff-on-detainee sexual abuse would be investigated by an investigator with the Pickens County District Attorney's Office; however, the Auditor could not confirm through interviews or documentation that the facility has requested the District Attorney's Office follow the requirements of subsections (a) – (e) of this standard. To become compliant, the facility must provide documentation to the Auditor that the facility made a request to the Pickens County District Attorney's Office to follow all requirements of subsections (a) – (e) of this standard.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." PCDC policy, PREA, states, "The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its web site or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, Pickens County Detention shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation." An interview with the facility JA/PSA Compliance Manager indicated all allegations will be investigated after consultation with DHS. If there is a detainee-on-detainee allegation of sexual abuse that appears to be a criminal act, the PCSO will investigate the allegation and a staff-on-detainee allegations that appears to be a criminal act, will be investigated by the Pickens's County District Attorney's Office. The facility JA/PSA Compliance Manager further indicated all sexual abuse allegation referrals and investigative reports would be retained. There were no allegations of sexual abuse reported at PCDC during the reporting period.

(c): The Auditor's review of the PCSO website (<https://www.pcoal.org>) confirmed the website does not include the facility's investigative protocol. In addition, the Auditor reviewed the ICE website, (<https://www.ice.gov/prea>) and confirmed the required Agency protocol was posted.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of the facility website (<https://www.pcoal.org>) confirms it does not include the facility investigative protocol. To become compliant, the facility must place the facility investigative protocol, PCDC policy, PREA, on the facility website.

§115.31 - Staff training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The Agency's policy 11062.5.2 states, "The Agency shall document that all ICE personnel who may have contact with individuals in ICE custody have completed training." PCDC policy, PREA, states, "Pickens County Detention will train, or require the training of, all employees who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities under this part, including training on: (1) Pickens County Detention's and the facility's zero-tolerance policies for all forms of sexual abuse; (2) The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; (3) Definitions and examples of prohibited and illegal sexual behavior; (4) Recognition of situations where sexual abuse may occur; (5) Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; (6) How to avoid inappropriate relationships with detainees; (7) How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; (8) Procedures for reporting knowledge or suspicion of sexual abuse; and (9) The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." The Auditor reviewed the ICE and the facility PREA training curriculums, and confirmed all elements required in subsection (a) are included in the training. An interview with the AFOD indicated ICE employees are required to complete PREA training every two years. The Auditor reviewed 2023 training certificates for two ICE employees, who have reoccurring contact with detainees at PCDC, and confirmed they have received PREA training for the year 2023; however, although requested, the facility did not provide documentation to confirm ICE staff received PREA refresher training in the year 2021. An interview with the JA/PSA Compliance Manager indicated all employees at the facility have completed PREA training. Staff are required to complete the PCDC Prison Rape Elimination Act form, which indicates employees acknowledge that they have received, read, and watched all training video(s) provided and that they understand the content and will abide by the PCSO's zero-tolerance policy. In addition, the form informs the staff member any violations of the policy could result in termination or criminal proceedings. During interviews with three security line staff, it was indicated training is required every year and they confirmed their knowledge of PREA to include, but not limited to, how to

recognize the signs of sexual abuse, how to avoid an inappropriate relationship and their requirements to report any knowledge or suspicions they may have. The Auditor reviewed 12 staff training records and confirmed all 12 employees have received PREA training for 2023, however, although requested, no documentation was submitted to confirm PCDC employees had received PREA refresher training in the year 2021. An interview with the facility RN, contracted through QCHC, confirmed she has not received PREA training, and although requested the facility did not provide to the Auditor additional documentation to confirm she received PREA training as required by the standard.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. The Auditor reviewed 2023 training certificates for two ICE employees and 12 facility employees, who have reoccurring contact with detainees at PCDC and confirmed they have received the required PREA training for the year 2023; however, although requested, neither ICE staff or facility staff submitted documentation to confirm staff received PREA refresher training in the year 2021, and therefore, the Auditor could not confirm PREA refresher training is received every two years as required by subsection (b) of the standard. In an interview with the facility RN, contracted through QCHC, it was confirmed she has not received PREA training and although requested the facility did not provide to the Auditor additional documentation to confirm she received the training as required by the standard. To become compliant, both the Agency and facility must submit documentation that confirms all staff has received refresher PREA training for the year 2023/2024 during the corrective action plan (CAP) period. In addition, the facility must submit documentation that confirms all contract employees has received the required PREA training.

§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): A review of the facility PAQ indicates the facility does not have volunteers; however, an interview with the facility PREA Coordinator confirmed the facility utilizes volunteers to provide religious services to detainees. The Auditor reviewed the facility PREA Training for Volunteers and Contractors. The curriculum mirrors the training provided to employees. In addition, volunteers and contractors are required to sign a PREA Volunteer Information form which includes the same PREA verbiage provided to employees. The Auditor reviewed documentation that confirmed two volunteers have received the training; however, the form did not indicate a date the training was conducted. In an interview with the facility JA/PSA Compliance Manager it was indicated PCDC does not utilize the services of "other contractors" as defined by the standard.

Recommendation: The Auditor recommends the facility include a date on the PREA Volunteer Information form to confirm the date volunteers complete the required training.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): PCDC policy, PREA, states, "During the intake process, Immigration and Custom Enforcement shall ensure that the detainee orientation program notifies and informs detainees about Pickens County Detention's Immigration and Custom Enforcement's zero-tolerance policies for all forms of sexual abuse and includes (at a minimum) instruction on: (1) Prevention and intervention strategies; (2) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (3) Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; (4) Information about self-protection and indicators of sexual abuse; (5) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and (6) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." During the on-site audit, the Auditor observed in the housing units and in the intake area, the DHS-prescribed sexual assault awareness notice, in English and Spanish, which included the name of the PSA Compliance Manger, contact information for DHS Office of the Inspector General (OIG), the ICE Detention and Reporting and Information Line (DRIL), instructions for contacting the consular office, and a flyer for TSC with a phone number and address. During the on-site audit, the Auditor observed the facility Handbook, in English, Spanish, and Chinese, and the ICE National Detainee Handbook, in English and Spanish, in the intake area. However, the ICE National Detainee Handbook was the 2016 version and did not include the proper reporting numbers or the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The JA/PSA Compliance Manager further indicated that the facility had recently received the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE specifically, English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. However, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. The facility PREA Coordinator indicated that the facility handbook and all PREA information is translated into any language with the use of Microsoft 360 or Google Translate. During an interview with an Intake Officer, it was indicated when a detainee arrives at the facility, he/she is provided the facility handbook and the ICE National Detainee Handbook. The Intake Officer further indicated the detainee is instructed to watch a PREA video with closed captioning for the deaf, available in English and Spanish, that is played on a monitor for the detainees. In an interview with the facility PREA Coordinator it was indicated the PowerPoint of the video can also be translated in any language as needed. During interviews with the facility Intake Officer and three security line staff, it was indicated they would establish effective communication with the detainee to provide PREA information. In an interview with an

Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The interview with the Intake Officer further indicated if the detainee was blind or had limited sight, the PREA information would be read to them. In addition, the Intake Officer indicated staff would utilize the ERO Language Services contract to provide the information to detainees who are limited English proficient (LEP) and if the facility received a detainee who had intellectual, psychiatric, speech disabilities, or were limited in their reading skills the staff would speak slowly and use a vocabulary that would be easier for the detainee to understand. The Intake Officer further stated, if necessary, staff would repeat the information to ensure the detainee understood speak slowly and use a vocabulary that would be easier for them to understand and they would repeat the information to ensure the detainee understood. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. The Auditor attempted to conduct an interview with the detainee; however, the detainee indicated he was sick; and therefore, was unavailable to interview. The Auditor reviewed six detainee files and confirmed each file contained documentation, in the detainee's preferred language, that confirmed the detainee's participation in the intake process orientation. However, the detainees received the 2016 ICE National Detainee Handbook which is not in compliance with the standards. In addition, a review of six detainee files could not confirm the detainees received the DHS-prescribed SAA Information pamphlet. The Auditor reviewed the ICE Detainee Handbook available on-site and confirmed it did not include the most current information about reporting sexual abuse.

Does Not Meet (a)(b)(e)(f): The facility is not in compliance with subsections (a), (b), (e), and (f) of the standard. The Auditor observed the ICE National Detainee Handbook in English and Spanish in the intake area; however, the handbook was the 2016 version and did not include the most current information about reporting sexual abuse. In an interview the facility JA/PSA Compliance Manager indicated the facility had just received boxes of the latest version of the ICE National Detainee Handbook in 14 of the most prevalent languages encountered by ICE and the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE; however, the Auditor did not observe the newly acquired ICE National Detainee Handbooks or the DHS-prescribed SAA pamphlets in the intake area during the on-site audit. In an interview with an Intake Officer, it was indicated for those detainees who are deaf or hard of hearing PREA information would be provided in a format the detainee could understand, including close captioning of the video; however, the Intake Officer could not articulate how a detainee who was deaf, or hard of hearing, would get the information if they could not read. The Auditor interviewed three LEP detainees whose preferred language was Spanish, with the assistance of the Language Service Associates, provided by Creative Corrections, LLC. All three detainees reported they watched the PREA video and were provided the facility handbook and the ICE National Detainee Handbook in their preferred language; however, they were not provided the DHS-prescribed SAA Information pamphlet in any format. The Auditor observed an intake of a detainee whose preferred language was Spanish and confirmed the detainee was given the facility handbook and the ICE National Detainee Handbook in his preferred language; however, the Auditor could not confirm the facility gave the detainee the updated version of the ICE National Detainee Handbook; and therefore, the Auditor could not confirm the detainee was given a copy of the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must develop a practice to provide PREA orientation to detainees who are deaf, or hard of hearing in a manner that all can understand. In addition, the facility must provide all detainees access to the Agency's most current information about reporting sexual abuse including written materials related to sexual abuse; specifically, the updated version of the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Once implemented, the facility must provide the Auditor, if applicable, 10 detainee files, consisting of detainees who are LEP, and or deaf or hard of hearing, to confirm the new orientation process.

§115.34 - Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review, this documentation is in accordance with the standard's requirements. PCDC policy, PREA, states, "In addition to the general training provided to all facility staff and employees pursuant to §115.31, Pickens County Detention and Pickens County Sheriff will provide specialized training on sexual abuse and effective cross-agency coordination to Pickens County Sheriff Department's investigators, respectively, who conduct investigations into allegations of sexual abuse at immigration Jail facilities. All investigations into alleged sexual abuse must be conducted by qualified investigators." A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the facility JA/Investigator indicated that he would conduct administrative

investigations into allegations of sexual abuse. Criminal investigations for detainee-on-detainee sexual abuse would be assigned to an investigator with the PCSO and criminal investigations for staff-on-detainee cases would be investigated by an investigator from the Pickens's County District Attorney's Office. The Auditor reviewed the training documentation which confirmed the JA/Investigator had received general PREA training as required in §115.31; however, no documentation was provided to confirm the JA/Investigator has received specialized training on sexual abuse and effective cross-agency coordination as required by the standard. In addition, the JA/Investigator confirmed he has not received the required training.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. An interview with the facility JA/Investigator indicated that he would conduct administrative investigations into allegations of sexual abuse; however, the JA/Investigator confirmed he has not received the required specialized training. To become compliant, the facility must submit documentation that confirms the facility investigator has received specialized training on sexual abuse and effective cross-agency coordination as required by the standard.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, subsection (a) of the standard is not applicable.

(b)(c): PCDC policy, PREA, states, "Pickens County Detention will ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual assault; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual assault; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual assault. (5) If medical staff employed by Pickens County Detention conduct forensic examinations, such medical staff will receive the appropriate training to conduct such examinations. (6) Pickens County Detention will maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from Pickens County Detention or elsewhere. (7) Medical and mental health care practitioners will also receive the training mandated for employees under §115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at Pickens County Detention." In an interview with the facility RN, it was confirmed she has not received general PREA training required by §115.31 and has not received specialized training. The mental health clinician was not at the facility during the on-site audit; and therefore, the Auditor could not conduct an interview. An interview with the AFOD confirmed PCDC, policy, PREA has been reviewed and approved by the Agency.

Does not meet (b): The facility is not in compliance with subsection (b) of the standard. In an interview with the facility RN, it was confirmed she has not received general PREA training as required by §115.31 and has not received the required specialized training. The mental health clinician was not at the facility during the on-site audit; and therefore, the Auditor could not conduct an interview. To become compliant, the facility must provide to the Auditor documentation that confirms all medical and mental health staff have received the general PREA training required by §115.31 and specialized training that includes the topics of 1) how to detect and assess signs of sexual abuse; 2) how to respond effectively and professionally to victims of sexual abuse; 3) how and to whom to report allegations or suspicions of sexual abuse; and 4) how to preserve physical evidence of sexual abuse.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. (b) The initial classification process and initial housing assignment should be completed within twelve hours of admission to the facility. (c) Pickens County Detention will also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses against an adult or child; (7) Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee has self-identified as having previously experienced sexual victimization; and (9) The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Pickens County Detention, in assessing detainees for risk of being sexually abusive." The Auditor reviewed the US Immigration and Custom Enforcement PREA Classification form. The facility utilizes this form to assess all detainees upon intake. The form includes all elements required by subsections (c) and (d). Interviews with the JA/PSA Compliance Manager and an Intake Officer indicated upon intake, the form is provided to the detainee in their preferred language. The Auditor observed the form readily available in English and Spanish. In an interview with the PREA Coordinator it was indicated if an additional language is needed, she will utilize Microsoft 360 or Google Translation to translate the form into a detainee's preferred language. In addition, the PREA Coordinator and the Intake Officer indicated they could utilize the ERO Language Line contract to read the questions to the detainee. The Auditor reviewed six detainee files and confirmed four of the files included a Spanish version of the form completed by the detainee within 12 hours of the detainee's intake; however, two of the files did not contain any documentation that confirmed a risk assessment had been conducted. During the on-site audit, the Auditor

confirmed the facility had the ability to translate the assessment in the detainee's preferred language; however, the Auditor observed an intake of a Spanish speaking detainee and confirmed the detainee had limited ability to speak English. As the detainee was completing the PREA assessment form, he expressed to staff he was having difficulty completing the form; however, the Intake staff did not provide the detainee access to the interpretation line or a staff member fluent in Spanish to help complete the form. The Auditor's review of the detainee's file confirmed he was classified by ICE as high risk prior to being transported to the facility. The detainee's criminal history indicated he was a potential predator, as he had multiple convictions for sex crimes, which included sex crimes against a child. However, a review of the detainee risk assessment, confirmed he circled "no" to question #6, "have you had a current or previous conviction for sexual assault/abuse of a child or adult." In addition, interviews with the JA/PSA Compliance Manager and the Intake Officer could not confirm the facility utilizes the information gathered through the risk assessment to confirm the information is considered when determining the detainee's risk of sexual victimization. The detainee stated he was sick and had visible signs of an illness; and therefore, the Auditor could not interview him. An interview with an Intake Officer indicated once the detainee has completed the first page of the assessment, staff will complete the second page, section "Staff Observations/File Review" which states, "After interviewing the detainee and recording observations and findings from the file review, indicate the following: Predator- check here if detainee answer yes to question 8, potential predator – check here if answering yes to both questions 9 and 10 and Not applicable- check here if detainee has no known predatory history/risk." In addition, staff are to answer the following: 1) detainee appears to be physically, developmentally, or mentally disabled; 2) detainee has a small build or appears to be vulnerable; 3) detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender, intersex; 4) detainee has a youthful or elderly appearance which may contribute to vulnerability and 5) detainee has only non-violent or non-sexual offenses. In an interview with the Intake Officer, it was indicated the form is placed into the detainee file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. Auditor observations, confirmed, the facility houses the male detainees in two housing units, one for high-risk detainees and one for low-risk detainees and they are not comingled with the general population; however, female detainees are housed in the Annex and are comingled with general population. The Auditor conducted interviews with three LEP detainees and confirmed each detainee was provided the risk assessment form to complete in their preferred language.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. The Auditor reviewed six detainee files and confirmed four of the files included a Spanish version of the form completed by the detainee, within 12 hours of the detainee's intake; however, two of the files did not contain any documentation that confirmed a risk assessment was conducted. During the on-site audit, the Auditor confirmed the facility had the ability to translate the assessment in the detainee's preferred language; however, the Auditor observed an intake of a Spanish speaking detainee and confirmed the detainee had limited ability to speak English. As the detainee was completing the PREA assessment form, he expressed to staff he was having difficulty completing the form; however, the Intake staff did not provide the detainee access to the interpretation line or a staff member fluent in Spanish to help complete the form. The Auditor reviewed the detainee's file and confirmed he was classified by ICE as high risk, prior to being transported to the facility. The detainee's criminal history indicated he was a potential predator, as he had multiple convictions for sex crimes, which included sex crimes against a child. However, a review of the detainee assessment, indicated he circled "no" to question #6, "have you had a current or previous conviction for sexual assault/abuse of a child or adult." In an interview with the Intake Officer, it was indicated the form is placed into the detainee's file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. To become compliant the facility must implement a practice that requires staff to utilize proper interpretation options when conducting the initial risk assessment. In addition, the facility must consider the information gathered from the risk assessment, as outlined in subsections (c) and (d) of the standard, to mitigate the dangers of sexual abuse when housing detainees. Once implemented the facility must submit documentation that confirms all applicable staff have been trained on the new procedures. In addition, the facility must provide the Auditor with 10 LEP detainee files to confirm appropriate interpretation services were rendered and the detainees were properly assessed to identify those likely to be sexual aggressors or sexual abuse victims when determining housing to mitigate all danger of being sexually abused.

(e): PCDC policy, PREA, states, "Pickens County Detention will reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." An interview with the JA/Classification Officer indicated the facility will conduct a reassessment of detainees between 60 and 90 days utilizing the US Immigration and Custom Enforcement PREA Classification form; however, there have been no detainees at the facility longer than five days during the audit period; and therefore, no reassessments have been completed. The JA/Classification Officer further indicated a reassessment would be completed following an incident of sexual abuse. The Auditor reviewed the US Immigration and Custom Enforcement PREA Classification form and confirmed it includes if the assessment is an initial, new information, or 60–90-day assessment. The Auditor reviewed six detainee files and confirmed no reassessments had been completed as each detainee had been transferred from the facility prior to 60 days. There were no sexual abuse allegations reported at PCDC during the audit period.

(f)(g): PCDC PREA states, "Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (c)(1), (c)(7), (c)(8), or (c)(9) of this section. Pickens County Detention will implement appropriate controls on the dissemination within Pickens County Detention of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or

Inmates.” Interviews with the JA/PSA Compliance Manager and an Intake Officer indicated that detainees are not disciplined for refusing to answer or for not disclosing information when completing the facility risk assessment. Interviews with the JA/PSA Compliance Manager and an Intake Officer further indicated staff will note on the risk assessment form the refusal if a detainee refuses to answer. The Auditor reviewed six detainee files and one of the files indicated the detainee had refused to answer the questions. The Auditor did not observe documentation that indicated the detainee had been disciplined. During the on-site audit the Auditor observed the detainee files in a locked drawer located in the intake area.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): PCDC PREA states, “Pickens County Detention will use the information from the risk assessment under § 115.41 of this part to inform assignment of detainees to housing, recreation and other activities, and voluntary work. Pickens County Detention will make individualized determinations about how to ensure the safety of each detainee. When making assessment and housing decisions for a transgender or intersex detainee, Pickens County Detention will consider the detainee’s gender self-identification and an assessment of the effects of placement on the detainee’s health and safety. Pickens County Detention will consult a medical or mental health professional as soon as practicable on this assessment. Pickens County Detention will not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee’s self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Pickens County Detention’s placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of Pickens County Detention, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. When operationally feasible, transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.” Interviews with an Intake Officer and the JA/Classification Officer indicated housing is determined based on the detainee’s classification score determined by ICE which considers criminal history, convictions, assaults, or any holds the detainee may have and the US Immigration and Custom Enforcement PREA Classification form, utilized as the facility risk assessment, is not considered. In an interview with the Intake Officer, it was indicated the form is placed into the detainee’s file and did not articulate further action would be taken should the form identify the detainee as a potential victim of sexual abuse or a potential predator. In addition, an interview with the JA/PSA Compliance Manager could not confirm, the facility takes necessary steps to mitigate any danger to the detainee who may be at high risk of sexual abuse. During the on-site audit the Auditor confirmed the detainee is housed based on their classification as high-risk or low-risk and not based on the information gathered from the facility risk assessment. An interview with the JA/PSA Compliance Manager indicated that if the detainee self-identifies as transgender, intersex, or gender non-conforming the placement would not solely be based on the detainee anatomy and the facility will consult with medical and mental health staff to consider the effects a housing assignment may have on the health and safety of the detainee. The JA/PSA Compliance Manager further stated transgender and intersex detainees would be assessed at least twice a year to review any threats to safety that may be experienced by the detainee. Interviews with three security line staff, the JA/PSA Compliance Manager, and Auditor observations, confirmed transgender or intersex detainees are given an opportunity to shower separately from other detainees as all showers were individual. The Auditor reviewed six detainee files and could not confirm information gathered during the initial risk assessment was utilized to determine the detainee’s housing, recreation and other activities, and voluntary work.

Does Not Meet (a) and (b): The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with an Intake Officer and the JA/Classification Officer indicated housing is determined based on the detainee’s classification score determined by ICE which considers criminal history, convictions, assaults, or any holds they may have. During the on-site audit the Auditor confirmed the detainee is housed based on their classification as high-risk or low-risk and not based on the information gathered from the facility risk assessment. To become compliant, the facility must establish and implement a procedure to ensure that all elements in 115.41 are considered in determining the detainees initial housing, recreation and other activities, and voluntary programs. Once implemented, the facility must submit documentation that all applicable staff have been trained on the new procedure. In addition, the facility must submit 10 detainee files to confirm information gained from the initial risk assessment was considered in determining the detainee’s housing, recreation and other activities, and voluntary work program.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e): PCDC policy, PREA states, “Pickens County Detention will develop and follow written procedures consistent with the standards in this subpart for each facility governing the management of its administrative segregation unit. These procedures, which should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for Pickens County Detention, must document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Use of administrative segregation by Pickens County Detention to protect detainees vulnerable to sexual abuse or assault will be restricted to those instances where reasonable efforts have been made to provide appropriate housing and will be made for the least amount of time practicable, and when no other viable housing options exist, as a

last resort. Pickens County Detention will assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. Pickens County Detention when placing vulnerable detainees in administrative segregation for protective custody will provide those detainees access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. (1) A supervisory staff member will conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and (2) A supervisory staff member will conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. Pickens County Detention will notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Upon receiving notification pursuant to paragraph (e) of this section, the ICE Field Office Director will review the placement and consider: (1) Whether continued placement in administrative segregation is warranted; (2) Whether any alternatives are available and appropriate, such as placing the detainee in a less restrictive housing option at another facility or other appropriate custodial options; and (3) Whether the placement is only as a last resort and when no other viable housing options exist." An interview with the JA/PSA Compliance Manager indicated a detainee vulnerable to sexual abuse would only be placed in administrative segregation as a last resort after reasonable efforts have been made to provide appropriate housing. The JA/PSA Compliance Manager further indicated the placement would be made for the least amount of time practicable and when no other viable housing options exist. In addition, the JA/PSA Compliance Manager indicated the reasons for the placement would be documented and detainees would be provided access to visitation, counsel, and other services detainees in general population can participate in. The JA/PSA Compliance Manager further indicated should there be a placement into administrative segregation the facility would immediately notify the FOD of the placement and the notification would be made no later than 72 hours after the initial placement and supervisor reviews would be conducted as required by the standard. In addition, the JA/PSA Compliance Manager indicated that there has not been a vulnerable detainee placed into administrative segregation based on vulnerability to sexual abuse or assault. An interview with the AFOD indicated PCDC policy, PREA, had been developed in conjunction with DHS.

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): PCDC policy, PREA states, "Pickens County Detention and US Immigration and Customs Enforcement will develop policies and procedures to ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Pickens County Detention and US Immigration and Customs Enforcement will also provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Pickens County Detention will also inform the detainees of, at least one way for detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. Pickens County Detention's policies and procedures will include provisions for staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports." A review of PCDC policy, PREA, confirms it does not include a provision for staff to accept reports made verbally, in writing, anonymously or from a third party. The PCDC Inmate/Detainee handbook states, "The Pickens County Corrections provides for confidential disclosure of incidents of Inmate/Detainee rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment to a detention center employee either verbally or in writing by use of an Inmate/Detainee request form. Inmate/Detainees may also file a sexual misconduct complaint through the grievance process. An Inmate/Detainee who reports an incident of rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment may request to be treated as an anonymous informant. You may also report any type of Inmate/Detainee rape, sexual assault, sexual misconduct, consensual sexual contact, sexual abuse and sexual harassment to an outside agency, such as Pickens County Mental Health or the Medical Department here at PICKENS COUNTY DETENTION." During the on-site audit, the Auditor observed instructions for detainees to contact their consular official, the DHS Office of the Inspector General (OIG), the ICE DRIL and phone numbers to report sexual abuse to the PSA Compliance Manager. However, the Auditor attempted to place a call utilizing the numbers provided and confirmed the facility phones did not allow the calls to be completed using the provided phone numbers. Interviews with three security line staff indicated staff are required to accept reports made verbally, in writing, anonymously and from third parties. Interviews with three detainees indicated the detainees could not remember if they received information on the multiple ways to report sexual abuse during the intake process. In addition, interviews with three detainees confirmed they could not articulate how to report an incident of sexual abuse.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b) and (c) of the standard. A review of PCDC policy, PREA, confirms it does not include a provision for staff to accept reports made verbally, in writing, anonymously or from third parties and to promptly document any verbal reports. The Auditor attempted to place a call utilizing the numbers provided and confirmed the facility phones did not allow the calls to be completed using the provided phone numbers. To become compliant, the facility must update PCDC policy, PREA, to include a provision for staff to accept reports made verbally, in writing, anonymously or from third parties, and to promptly document any verbal reports. In addition, the facility must submit documentation that confirms all PREA reporting numbers provided to the detainees can be accessed from the detainee telephones.

§115.52 - Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): PCDC policy, PREA, states, "OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT Pickens County Detention will permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. Pickens County Detention will not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Pickens County Detention will implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Pickens County Detention's staff will bring medical emergencies to the immediate attention of proper medical personnel for further assessment. Pickens County Detention will issue a decision on the grievance within five days of receipt and will respond to an appeal of the grievance decision within 30 days. Pickens County Sheriff's Office will send all grievances related to sexual abuse and Pickens County Detention's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other Pickens County Detention staff, family members, or legal representatives. Staff will take reasonable steps to expedite requests for assistance from these other parties." During an interview with the JA/GO it was indicated the facility does not impose time limits in which a detainee can file a sexual abuse grievance. Decisions on grievances are completed within five days and detainee can file an appeal to the Sheriff. The JA/GO further indicated detainees can request assistance with filing a grievance and he would take reasonable efforts to expedite the request. In addition, the JA/GO indicated any sexual abuse grievances, and the facility decision, would be forwarded to the FOD at the completion of the grievance.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. PCDC policy, PREA, states, "Pickens County Detention will implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse; "however, 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, were not provided to the Auditor to confirm compliance. To become compliant, the facility must develop and implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Once implemented, the facility must submit documentation that all applicable staff were trained on the updated procedure.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. Pickens County Detention will maintain or attempt to enter into memoranda of understanding or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. Pickens County Detention's written policies shall establish procedures to include outside agencies in the facility's sexual abuse prevention and intervention protocols, if such resources are available. Pickens County Detention and US Immigration and Customs Enforcement will make available to detainees' information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If no such local organizations exist, Pickens County Detention will make available the same information about national organizations. Pickens County Detention will enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. Pickens County Detention and US Immigration and Customs Enforcement will inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Auditor reviewed a Medical Service Agreement (MSA) between TSC and the PCSO and confirmed the facility has entered into the agreement. In an interview with the JA/PSA Compliance Manager it was indicated the facility does provide detainee victims of sexual abuse access to TSC. During the on-site audit, the Auditor observed the TSC flyer in the housing units and confirmed it included a telephone number and the verbiage phone calls will not be monitored; however, the flyer did not include the services TSC may provide to a victim of sexual abuse, the TSC mailing address, or information regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility Inmate/Detainee handbook confirmed it does not contain information regarding TSC and the services they provide. In an interview with the TSC ED, the Auditor confirmed TSC provides valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address' victim's needs. The TSC ED further confirmed if a detainee calls the TSC number, it will be answered by an answering service, who will take information provided by the detainee for a call back by a victim advocate who would call the facility and arrange to speak with the detainee. During the on-site audit the Auditor attempted to call the number provided for the TSC from a detainee phone located in the housing units. The call was answered; however, was immediately rejected. Following the rejected call, the Auditor contacted the TSC ED, who indicated, she had received notification of the call through an email from the answering service; however, the email indicated the call from PCDC was flagged as a telemarketer; and therefore, was rejected. The TSC ED further indicated she believed the issue lied with the facility telephones.

Does Not Meet (a)(b)(c)(d): The facility is not in compliance with subsections (a), (b), (c) and (d) of the standard. During the on-site audit, the Auditor observed the TSC flyer in the housing units and confirmed it included a telephone number and the verbiage phone calls will not be monitored; however, the flyer did not include the services TSC may provide to a victim of sexual abuse, the TSC mailing address, or information regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, a review of the facility Inmate/Detainee handbook confirmed it does not contain information regarding TSC and the services they provide. In an interview with the TSC ED, the Auditor confirmed TSC provides valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. The TSC ED further confirmed if a detainee calls the TSC number, it will be answered by an answering service, who will take information provided by the detainee for a call back by a victim advocate who would call the facility and arrange to speak with the detainee. During the on-site audit the Auditor attempted to call the number provided for the TSC from a detainee phone located in the housing units. The call was answered; however, was immediately rejected. Following the rejected call, the Auditor contacted the TSC ED, who indicated, she had received notification of the call through an email from the answering service; however, the email indicated the call from PCDC was flagged as a telemarketer; and therefore, was rejected. The TSC ED further indicated she believed the issue lied with the facility telephones. To become compliant, the facility must submit documentation that the information regarding TSC was updated in a manner all detainees can understand, to include services offered, mailing addresses, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, the facility must provide documentation to the Auditor that confirms the telephone number provided to contact the TSC is in good working order.

§115.54 - Third-party reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

PCDC policy, PREA, states, "Pickens County Detention will establish a method to receive third-party reports of sexual abuse and sexual assault and will distribute publicly information on how to report sexual abuse and sexual assault on behalf of a Detainee." During the on-site audit the Auditor toured all areas available to the public and confirmed third party reporting information was not posted. In addition, the JA/PSA Compliance Manager could not articulate the established method to receive third party reports. In addition, the JA/PSA Compliance Manager indicated that the PCSO has been unable to access the facility website in order to make changes or additions to the site. The Auditor reviewed the facility website (<https://www.pccoal.org/>) and confirmed there is no information provided to the public for reporting an allegation of sexual abuse of a detainee.

Does Not Meet: The facility is not in compliance with the standard. During the on-site audit the Auditor tour all areas of the facility and confirmed third party reporting information was not posted. In addition, the Auditor reviewed the facility website (<https://www.pccoal.org/>) and confirmed there is no information provided to the public for reporting an allegation of sexual abuse of a detainee. To become compliant, the facility must submit documentation that PCDC has established a method to receive third-party reports of sexual abuse and sexual assault on behalf of a detainee and distributed the method to the public.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual assault that occurred in a facility, whether or not it is part of Pickens County Detention; 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." A review of PCDC policy, PREA, confirms it does not include a method for staff to report outside the chain of command as required by subsection (a) of the standard. In addition, a review of PCDC policy, PREA, confirmed it does not include if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Interviews with three security line staff indicated they are aware of their responsibilities to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, interviews with three security line staff confirmed staff are aware of the requirement to not reveal any information related to a sexual abuse report to anyone other than those who need to know; however, the security line staff could not articulate a method by which they could report outside of their chain of command. An interview with the JA/PSA Compliance Manager confirmed staff are required to immediately report sexual abuse. However, the JA/PSA Compliance Manager could not articulate the requirement that an allegation of sexual abuse against a vulnerable adult must be reported to the designated State or local agency under the applicable mandatory report laws. In an interview with the AFOD it was confirmed PCDC policy, PREA, had been submitted and approved by the Agency. The facility does not house juveniles.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of PCDC policy, PREA, confirms it does not include a method for staff to report outside the chain of command as required by subsection (a) of the standard. In addition, a review of PCDC policy, PREA, confirmed it does not include if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. In interviews with three security line staff, it was confirmed the security line staff could not articulate a method by which they could report outside of their chain of command. An interview with the JA/PSA Compliance Manager confirmed he could not articulate the requirement if the alleged victim is considered a vulnerable adult under a State of local

vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. To become compliant, the facility must update PCDC policy, PREA, to include a method for staff to report outside the chain of command as required by subsection (a) of the standard and to include the verbiage if the alleged victim is considered a vulnerable adult under a State of local vulnerable persons statute, the Agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Once updated the facility must resubmit PCDC policy, PREA, to the Agency for review and approval. In addition, the facility must train all facility staff on the updated policy. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a vulnerable adult that occur during the CAP period.

§115.62 - Protection duties.

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

Notes:

PCDC policy, PREA, states, "When Pickens County Detention learns that a Detainee is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the Detainee." Interviews with three security line staff, indicated if they become aware a detainee is at substantial risk of sexual abuse, their first response would be the safety of the detainee at risk. The detainee would be separated and kept safe and notification would be made to the supervisor. The JA/PSA Compliance Manager confirmed all staff are required to take immediate action to separate any detainee who may be subject to a substantial risk of imminent sexual abuse.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Upon receiving an allegation that a detainee was sexually abused while confined at another facility, Pickens County Detention whose staff received the allegation will notify the appropriate office of Pickens County Detention or the administrator of the facility where the alleged abuse occurred." The Auditor reviewed the Reporting to other Confinement Facilities form and confirmed the form contains the name of the detainee, name of the facility where the detainee is located, name of the facility where the detainee states the alleged sexual abuse occurred, date and time the detainee reported the allegation at current facility, date and time notification was provided to the facility where the alleged sexual abuse occurred; signature of facility head who notified the facility where the allegation occurred, name of the facility head who received the notification of the allegation, ICE Field Officer Director notified and the date and time an investigator was notified. An interview with the facility JA/PSA Compliance Manager indicated if the facility received an allegation that a detainee was sexually abused while confined in another facility, he would notify the Administrator of the facility where the abuse occurred within 72 hours. The JA/PSA Compliance Manager further stated, if the facility received notification from another facility that a detainee was sexually abused while housed at PCDC, the allegation would immediately be referred for an investigation and notification would be made to the ICE Field Office. There were no sexual abuse allegations reported at PCDC during the audit period.

§115.64 - Responder duties.

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

Notes:

(a)(b): PCDC policy, PREA, states, "Upon learning of an allegation that a Detainee was sexually abused, the first security staff member to respond to the report will be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." In interviews with three security line staff, it was indicated they were knowledgeable in their duties as a first responder. Interviews with three security line staff further indicated if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, request the detainee victim and ensure the alleged abuser not take any actions that could destroy physical evidence, preserve the crime scene and notify their immediate supervisor. The Auditor interviewed one contractor and confirmed the contractor would call for back up, separate the detainees, ask them not to destroy evidence, and notify the supervisor. There were no reported allegations of sexual abuse at PCDC during the reporting period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will develop a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Pickens County Detention and US Immigration and Customs Enforcement will use a coordinated, multidisciplinary team approach to responding to sexual abuse." PCDC policy, PREA, further states, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim is transferred from a DHS immigration detention facility to a

facility not covered by paragraph (c) of this section, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." A review of PCDC policy, PREA, confirms it does not include a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition to PCDC policy, PREA, the facility submitted a PREA Response Checklist as their coordinated response plan. The Auditor reviewed the facility PREA Response Checklist and confirmed the checklist includes the actions taken by first responders, both security and non-security, actions to be taken by the Administrator, Chief of Security, OIG, Medical, Mental Health, facility PCM, and the date, time, and where a detainee was taken for a SANE exam. However, the checklist did not include the requirements of subsections (c) and (d) of the standard. Interviews with the RN and the JA/PSA Compliance Manager confirmed they were not aware of the requirements contained in subsections (c) and (d) of the standard. There were no reported sexual abuse allegations at the PCDC during the reporting period.

Does Not Meet (a)(c)(d): The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of PCDC policy, PREA, confirms it does not include a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. In addition to PCDC policy, PREA, the facility submitted a PREA Response Checklist as their coordinated response plan. The Auditor reviewed the facility PREA Response Checklist and confirmed the checklist includes the actions taken by first responders, both security and non-security, actions to be taken by the Administrator, Chief of Security, OIG, Medical, Mental Health, facility PCM, and the date, time, and where a detainee was taken for a SANE exam. However, the checklist did not include the requirements of subsections (c) and (d) of the standard. Interviews with the RN and the JA/PSA Compliance Manager indicated that they were not aware of the requirements contained in subsections (c) and (d) of the standard and the facility policy. To become compliant, the facility must develop and implement a coordinated response plan that includes all elements of the standard. Once developed the facility must submit documentation that all applicable staff have received training on the implemented plan. If applicable, the facility must submit all sexual abuse allegation investigation files that occur during the CAP period.

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

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

Notes:

PCDC policy, PREA, states, "Staff, contractors, and volunteers suspected of perpetrating sexual abuse will be removed from all duties requiring detainee contact pending the outcome of an investigation." An interview with the JA/PSA Compliance Manager indicated any staff person suspected of perpetuating sexual abuse would be placed on administrative leave pending the outcome of the investigation. In addition, the facility JA/PSA Compliance Manager indicated that any staff contractor or volunteer suspected of perpetuating sexual abuse would be removed from the facility pending the outcome of the investigation. There were no reported sexual abuse allegations at PCDC during the audit period.

§115.67 - Agency protection against retaliation.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Staff, contractors, and volunteers, and immigration detention facility 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. Pickens County Detention will employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. For at least 90 days following a report of sexual abuse, Pickens County Detention and US Immigration and Customs Enforcement will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and will act promptly to remedy any such retaliation. Items Pickens County Detention should monitor include any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. US Immigration and Customs Enforcement will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." An interview with the JA/PSA Compliance Manager indicated the facility would monitor for retaliation; however, he could not articulate the protection measures that would be utilized for detainees and staff to ensure protection against retaliation. There were no allegations of sexual abuse reported at PCDC during the audit period.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. An interview with the JA/PSA Compliance Manager indicated the facility would monitor for retaliation; however, he could not articulate the protection measures that would be utilize for detainees and staff to ensure protection against retaliation. To become compliant, the facility must submit documentation that all applicable staff have received training on the protection measures that would be utilized for detainees and staff to ensure protection against retaliation.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Pickens County Detention will take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of §115.43. Detainee victims will not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been

subjected to sexual abuse will not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Pickens County Detention will notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours. Upon receiving notification that a detainee victim has been held in administrative segregation, the ICE Field Office Director will review the placement and consider: (1) Whether the placement is only as a last resort and when no other viable housing options exist; and In cases where the detainee has been held in administrative segregation for longer than 5 days, whether the placement is justified by highly unusual circumstances or at the detainee's request." An interview with the JA/Classification Officer indicated a detainee victim of sexual abuse would only be placed in the most supportive environment that represents the least restrictive housing, for the least amount of time. The JA/Classification Officer further indicated, detainees are typically only at the facility for three days to five days; however, should the detainee be housed at the facility for over five days, placement into protective custody would not exceed five days. In addition, the JA/Classification Officer indicated a detainee victim of sexual abuse would not be placed in general population until the detainee has been reassessed for vulnerabilities as a result of the sexual abuse. The JA/Classification Officer further indicated, the FOD would be notified of the placement prior to doing so, and again, if the placement exceeded 72 hours. There were no allegations of sexual abuse reported at PCDC during the audit period.

§115.71 - Criminal and administrative investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(e)(f): PCDC policy, PREA, states, "Pickens County Detention is responsible for investigating allegations of sexual abuse, all investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation will be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, Pickens County Detention will review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations will be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Pickens County Detention will develop written procedures for administrative investigations, including provisions requiring: 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 Pickens County Detention contributed to the abuse; and Documentation of each investigation by written report, which will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by Pickens County Detention and Pickens County Sheriff's Department, plus five years. The departure of the alleged abuser or victim from the employment or control of Pickens County Detention and/or Pickens County Sheriff's Department will not provide a basis for terminating an investigation." The facility did not provide the Auditor the written procedures for administrative investigations to determine compliance. A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/Investigator indicated he has not received the specialized training required by §115.34. The JA/Investigator stated a detainee-on-detainee allegation of sexual abuse would be investigated by PCDC; however, he did not believe any of the PCDC investigators have received the training required. The JA/Investigator further indicated, if the allegation included a staff-on-detainee, the allegation would be referred to the Pickens's County District Attorney's Office for investigation. In addition, the JA/Investigator indicated the facility will conduct an administrative investigation on all allegations of sexual abuse and he would cooperate with a criminal investigator as needed. The JA/Investigator further indicated he would remain informed of the status of the criminal case to ensure it is not compromised. In addition, the JA/Investigator indicated, investigations would be completed promptly, thoroughly, and objectively, and would be completed even if the detainee victim was no longer housed at the facility. There have been no sexual abuse allegations reported at PCDC during the audit period.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. A review of PCDC policy, PREA, confirms it does not include the written procedures for administrative investigations as required by subsection (c) of the standard. A review of the facility PAQ indicates the facility does not have investigators who have received specialized training on sexual abuse and effective cross-agency coordination. An interview with the JA/Investigator indicated he has not received the specialized training required by §115.34. In an interview with the JA/Investigator it was indicated a detainee-on-detainee allegation of sexual abuse would be investigated by PCDC; however, he did not believe any of the PCDC investigators have received the training required. To become compliant, the facility must update PCDC policy, PREA, to include all elements of subsection (c) of the standard and shall train all investigative staff on the updated PCDC policy, PREA, requirements of subsections (c). In addition, the facility must submit documentation that all facility investigators have received specialized training in conducting sexual abuse allegation investigations as required in §115.34. If applicable, the facility must submit all sexual abuse allegation investigations that occur during the CAP period.

§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:

PCDC policy, PREA, states, "Pickens County Detention will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual assault are substantiated." In an interview with the JA/Investigator, it was indicated the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. There were no reported sexual abuse allegations at PCDC during the audit period.

§115.73 - Reporting to detainees.

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

Notes:

PCDC policy, PREA, states, "Pickens County Detention will, when the detainee is still in immigration Jail, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse, notify the detainee as to the result of the investigation and any responsive action taken." The JA/PSA Compliance Manager indicated that the facility would make efforts to notify a detainee of the results of an investigation and the responsive action taken by the facility. There were no sexual abuse allegations reported at PCDC during the audit period.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d): PCDC policy, PREA, states, "Staff will be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. Pickens County Detention Will review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and will ensure that Pickens County Detention's policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer, paragraphs (1)-(4) and (7)-(8) of the definition of "sexual abuse of a detainee by a staff member, contractor, or volunteer" in §115.6." In an interview with the facility JA/PSA Compliance Manager it was indicated that staff are subject to termination for a substantiated allegation of sexual abuse or for violating the facility sexual abuse policies and will be reported to law enforcement for criminal charges. The JA/PSA Compliance Manager further stated, the facility would ensure reasonable efforts to report removals or resignations in lieu of removal for violations of the Agency or facility policies to any relevant licensing bodies. In an interview with the AFOD it was confirmed PCDC policy, PREA, has been submitted and approved by the Agency. There were no reported sexual abuse allegations at PCDC during the audit period.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Any contractor or volunteer who has engaged in sexual abuse will be prohibited from contact with detainees. Pickens County Detention will make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies unless the activity was clearly not criminal. Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards." In an interview with the JA/PSA Compliance Manager, it was indicated that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact. The JA/PSA Compliance Manager further indicated, the allegation would be reported to law enforcement, the contractor's employer, and any other relative licensing bodies. There were no allegations of sexual abuse reported at PCDC during the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f): PCDC policy, PREA, states, "Detainees will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the Detainee engaged in Detainee-on-Detainee sexual abuse or following a criminal finding of guilt for Detainee-on-Detainee sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the Detainee's disciplinary history, and the sanctions imposed for comparable offenses by other Detainees with similar histories. The disciplinary process will consider whether a Detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Pickens County Detention may discipline a Detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." The Auditor reviewed the PCDC Inmate/Detainee handbook. The review confirmed the facility does have a disciplinary system with progressive levels of reviews, appeals, procedures and documentation procedures. An interview with the facility JA/PSA

Compliance Manager indicated that the facility would not discipline any detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. The JA/PSA Compliance Manager further indicated a detainee would not be disciplined for falsely reporting an incident or lying if he/she made a report of sexual abuse in good faith based on reasonable belief that the alleged conduct occurred. There were no allegations of sexual abuse reported at PCDC during the audit period.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): PCDC policy, PREA, states, "If the assessment pursuant to §115.41 indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff will, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee will receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee will receive a mental health evaluation no later than 72 hours after the referral." An interview with an Intake Officer indicated once the detainee has completed the first page of the US Immigration and Custom Enforcement PREA Classification form, the facility's risk assessment, staff will complete the second page, section "Staff Observations/File Review" which states, "After interviewing the detainee and recording observations and findings from the file review, indicate the following: Predator- check here if detainee answer yes to question 8, potential predator – check here if answering yes to both questions 9 and 10 and Not applicable- check here if detainee has no known predatory history/risk." In addition, staff are to answer the following: 1) detainee appears to be physically, developmentally, or mentally disabled; 2) detainee has a small build or appears to be vulnerable; 3) detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender, intersex; 4) detainee has a youthful or elderly appearance which may contribute to vulnerability and 5) detainee has only non-violent or non-sexual offenses. However, in an interview with the Intake Officer, it was further indicated the form is placed into the detainee's file and no further action would be taken should the form indicate a detainee has experienced sexual victimization or perpetrated sexual abuse. An interview with the facility RN indicated she would notify mental health if a detainee reported a history of sexual abuse or perpetrated sexual abuse; however, she could not articulate or confirm how she would get the information. The facility RN further indicated if there is a referral for medical follow-up, the detainee would be seen within 24 hours, and she would initiate a referral for a mental health evaluation which would be handled by a mental health clinician within 24 hours of the referral.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. An interview with an Intake Officer indicated once the detainee has completed the first page of the US Immigration and Custom Enforcement PREA Classification form, the facility's risk assessment, staff will complete the second page, section "Staff Observations/File Review." However, in an interview with the Intake Officer, it was further indicated the form is placed into the detainee's file and no further action would be taken should the form indicate a detainee has experienced sexual victimization or perpetrated sexual abuse. An interview with the facility RN indicated she would notify mental health if a detainee reported a history of sexual abuse or perpetrated sexual abuse; however, she could not articulate or confirm how she would get the information. To become compliant, the facility must train all Intake and Classification staff to utilize the information gained during the initial risk assessment to ensure all detainees who indicate a history or sexual victimization or perpetrated sexual abuse are immediately referred to a qualified medical or mental health practitioner for medical/or mental health follow-up as appropriate. If applicable, the facility must submit to the Auditor all detainee files and corresponding medical and mental health files of all detainees who are identified to have a history of sexual victimization or perpetrated sexual abuse.

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

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

Notes:

(a)(b): PCDC policy, PREA, states, "Detainee victims of sexual abuse will receive, within two working days and no later than 72 hours, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Interviews with the facility RN and the TSC ED, confirmed detainees would receive timely and unimpeded access to emergency medical treatment at DCH Regional Medical Center in Tuscaloosa, Alabama, to include emergency contraception and sexually transmitted prophylaxis, in accordance with professionally accepted standards of care without financial costs to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In an interview with the TSC ED it was further indicated detainee victims of sexual abuse would receive crisis intervention services through TSC. There were no allegations of sexual abuse reported at PCDC during the audit period.

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

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

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Pickens County Detention will offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Pickens County Detention will provide such victims with medical and mental health services consistent with the community level of care." In an interview with the facility RN, it was indicated detainees would receive timely emergency access to medical and mental health treatment that includes as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody in accordance with professionally accepted standards of care.

(d)(e)(f)(g): PCDC policy, PREA, states, "Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated will be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim will receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Pickens County Detention will attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." An interview with the TSC ED confirmed detainee victims of sexually abusive vaginal penetration by a male abuser would be offered a pregnancy test and will receive timely and comprehensive information about lawful pregnancy related medical services, and timely access to those services, if requested. The TSC ED further confirmed all detainee victims of sexual abuse are offered tests for sexually transmitted infections and the services are provided at no cost to the detainee regardless of the detainee victim naming the abuser or cooperating with an investigation. An interview with the facility RN, indicated that the facility would attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning about the sexual history and if they were at the facility long enough treatment would be offered. There were no allegations of sexual abuse reported at PCDC during the audit period.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): PCDC policy, PREA, states, "Pickens County Detention conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. Pickens County Detention will implement the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and response will be forwarded to Pickens County Detention PSA Coordinator." In an interview with the facility JA/PSA Compliance Manager it was indicated the facility would utilize the Sexual Abuse Incident Review form to conduct a review at the conclusion of every investigation of sexual abuse. In an interview with the JA/PSA Compliance Manager it was further indicated the review would be conducted within 30 days. The Auditor reviewed the Sexual Abuse Incident Review form and confirmed the facility's multidisciplinary review team considers if the incident was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification; status, or perceived status, gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility. A review of the form further confirms the review team considers, recommends, implements recommendations, or documents the reasons for not implementing the recommendations, if applicable, of any changes to policy or practice that could better prevent, detect, or respond to sexual abuse within the facility. An interview with the facility PREA Coordinator, indicated the committee would include the JA/PSA Compliance Manager, the PREA Coordinator, medical, and mental health staff. In an interview with the facility JA/PSA Compliance Manager, it was indicated the facility prepares a written report by utilizing the Sexual Abuse Incident Review form. The Auditor reviewed the form and confirmed it states, "Pickens County Detention will conduct an annual review of all sexual abuse investigations and resulting incidents reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If Pickens County Detention has not had any reports of sexual abuse during the annual reporting period, then Pickens County Detention will prepare a negative report. The results and findings of the annual review will be provided to Pickens County Detention's Administrator, Field Director or his designee, and Pickens County Detention's PSA Coordinator." A review of the Sexual Abuse Incident Review form further confirms the form does not include the annual report will be submitted to the Agency PSA Coordinator. During the on-site audit, the Auditor requested a copy of the facility annual negative report for 2022; however, the report was not provided.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. A review of the Sexual Abuse Incident Review form confirms the annual review will be provided to Pickens County Detention's Administrator, Field Director or his designee, and Pickens County Detention's PSA Coordinator; however, the form does not include the annual report will be submitted to the Agency PSA Coordinator. During the on-site audit, the Auditor requested a copy of the facility annual negative report for 2022; however, the report was not provided. To become compliant, the facility must provide the Auditor with documentation that confirms the annual negative report for 2022 was submitted to the facility JA, the FOD or his or her designee, and the Agency PSA Coordinator.

§115.87 - Data collection.

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

Notes:

(a): PCDC policy, PREA, states, "Pickens County Detention and Pickens County Sheriff's Department will maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with these standards and applicable agency policies, and in accordance with established schedules. The DHS Office of Inspector General will maintain the official investigative file related to claims of sexual abuse investigated by the DHS Office of Inspector General." During an interview with the facility JA/PSA Compliance Manager it was indicated the facility would maintain all case records associated with allegations of sexual abuse in a secure filing area within his office. During the on-site audit the Auditor toured the area and confirmed it was compliant with the standard's requirement. There has not been an allegation of sexual abuse reported at PCDC during the audit period.

§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)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available policies, memos, and other documentation required to make an assessment on PREA compliance. Interviews with detainees were conducted on-site, in private, and have remained confidential. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainee, outside entity, or staff correspondence was received prior to the on-site audit during the audit, or post-audit.

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:	0
Number of standards met:	17
Number of standards not met:	22
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.

Robin Bruck

7/28/2023

Auditor's Signature & Date

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

7/28/2023

Assistant Program Manager's Signature & Date

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

7/31/2023

Program Manager's Signature & Date