

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



# Homeland Security

## AUDITOR INFORMATION

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

## PROGRAM MANAGER INFORMATION

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

## AGENCY INFORMATION

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
------------------------	--

## FIELD OFFICE INFORMATION

<b>Name of Field Office:</b>	Boston Field Office
<b>Field Office Director:</b>	Todd Lyons
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1000 District Avenue Burlington, MA 01803
<b>Mailing address: (if different from above)</b>	

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	Plymouth County Correctional Facility
<b>Physical address:</b>	20 Long Pond Road Plymouth, MA 02360
<b>Mailing address: (if different from above)</b>	
<b>Telephone number:</b>	508-830-6200
<b>Facility type:</b>	IGSA

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Superintendent
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	508-830-(b) (6), (b) (7)(C)
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Deputy Superintendent
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	508-830-(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 Plymouth County Correctional Facility (PCCF) met 29 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 10 non-compliant standards. As a result of the facility being out of compliance with ten standards, the facility entered into a 180-day corrective action period which began on October 26, 2022, and ended on April 24, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance. Due to unforeseen circumstances, the CAP was reviewed, and final determination was completed by Sabina Kaplan, Assistant Program Manager (APM), who is a Department of Homeland Security (DHS) and Department of Justice (DOJ) certified Auditor, employed by Creative Corrections, LLC.

Number of Standards Initially Not Met: 10

§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

§115.34 Specialized training: Investigations

§115.43 Protective custody

§115.65 Coordinated response

§115.68 Post-allegation protective custody

§115.71 Criminal and administrative investigations

§115.86 Sexual abuse incident reviews

The facility submitted documentation, through the Agency, for the CAP on November 15, 2022, through April 19, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on April 23, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with all 10 of the standards. At the conclusion of the CAP period, the Auditor determined PCCF achieved full compliance with the DHS PREA Standards.

## PROVISIONS

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

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

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

**Notes:**

**Does Not Meet (c):** The facility is not compliant with subsection (c) of the standard. A review of PCSO Policy 268 confirms that "Pursuant to PCCF 482, the facility will utilize bilingual staff to interview inmates/detainees/safe keeps if the situation does not lend itself to the use of telephonic interpreter service during the course of an investigation." In an interview with the ADS, it was further confirmed PCCF staff do not use bilingual detainees to translate for other detainees. To become compliant the facility must implement the practice of allowing the use of another detainee in matters related to sexual abuse should the detainee 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 facility must train all security staff and security supervisors on the updated practice and provide training records to confirm the training was conducted during the CAP.

**Corrective Action Taken (c):** The Auditor accepted the existing policy, and therefore, waived the requirement to train all security staff. The facility provided a memo dated 12/19/2022 from the PREA Coordinator to all ADS staff entitled "Use of Interpreters Refresher." Upon review of all submitted documentation the Auditor now finds the facility compliant with subsection (c) of the standard.

### §115. 17 - Hiring and promotion decisions

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

**Notes:**

**Does Not Meet (b):** The Agency does not meet section (b) of the standard. During an interview with a recently promoted SDDO from a DO position, the SDDO did not recall being asked by the Agency to report any incidents of sexual misconduct prior to the promotion. While on-site, the SDDO signed a DHS 6 Code of Federal Regulation Part 115 form; however, the promotion had already occurred. To become compliant the Agency must develop a process that requires employees offered promotions to report an incident of sexual misconduct prior to the promotion.

**Corrective Action Taken (b):** The Agency PSAC confirmed the Agency deficiency stated in 115.17 (b) in a memo that stated, "Although the Agency employee in question was not directly asked about misconduct described in 115.17(a) prior to both promotions within the audit period, the employee underwent a periodic reinvestigation in 2020, and when promoted in 2021 (Supervisory Detention and Deportation Officer) and 2022 (Assistant Field Office Director), the employee received these selections via reciprocity. All security checks conducted by the Agency were favorable" and "although after the fact, the employee has provided an email attestation, which is attached to this memorandum. The Agency is reviewing the current hiring and promotion process in place to determine necessary amendments and ensure the Agency is meeting the intent of the regulation. In addition, the Agency submitted an email to the SDDO that states, "Your position has been designated as one that may require contact with detainees in the performance of your duties. As such, in accordance with 6 CFR Part 115 (Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities), Section 115.17/115.117 (a)(b), please answer the following questions." The Auditor reviewed the required questions and confirmed they include the elements of subsection (a) of the standard as required. Although the Auditor acknowledges that the SDDO was asked about previous sexual misconduct after receiving a promotion, the Auditor accepts the memo from the Agency PSAC that confirms the Agency is reviewing the current hiring and promotion process in place to determine necessary amendments and ensure the Agency is meeting the intent of the regulation for substantial compliance by the Agency. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

### §115. 21 - Evidence protocols and forensic medical examinations

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

**Notes:**

**Does Not Meet (b)(c)(d):** The facility is not in compliance with subsections (b), (c), and (d) of the standard. Per PCSO policy 268, the uniform evidence protocols are set out in PCSO Policy 513. The Auditor reviewed Policy 513 and confirmed it

does not contain the required elements listed in subsections (b), (c), and (d) of the standard. To become compliant, the facility must update a written PCSO Policy to include all elements of subsections (b), (c), and (d) of the standard.

**Corrective Action Taken:** The facility submitted updated policy 513. The Auditor reviewed the submitted policy 513 and confirms that it contains all elements of subsections (b), (c), and (d) of the standard. In addition, the facility submitted a memo dated 12/15/2022 from the AFOD confirming the updated policy 513 has been submitted to the Agency for review and approval. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b), (c) and (d) of the standard.

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

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

**Notes:**

**Does Not Meet (b)(e)(f):** The facility is not in compliance with subsections (b), (e), and (f) of the standard. A review of Policy 268 which serves as the facility's protocol, confirms it does not include a description of responsibilities of the agency, the facility, and any other investigating entities as required in subsection (b) of the standard. In addition, a review of Policy 268 confirms it does not ensure that when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (e) of the standard. Further, Policy 268 does not require that when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (f) of the standard. To become compliant, the facility must update a written PCSO Policy to contain all required elements of subsections (b), (e), and (f).

**Corrective Action Taken (b)(e)(f):** The facility submitted updated policy 268. The Auditor reviewed the updated policy 268 and confirmed it contains all elements of subsections (b), (e), and (f) of the standard. In addition, the Auditor reviewed the facility website and confirmed it contains the updated policy. The facility submitted a memo dated 12/16/2022 from the AFOD confirming updated policy 268 has been referred to the Agency for review and approval. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b), (e), and (f) of the standard.

#### **§115. 34 - Specialized training: Investigations**

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

**Notes:**

**Does Not Meet (a):** The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed the provided specialized training curriculum and confirmed it does not provide information about effective cross-agency coordination. In addition, the Auditor reviewed eight investigation files and due to no provided curriculums for the other trainings, could not confirm that the three investigators responsible for conducting the investigations during the audit period received training that included information about cross-agency coordination. To become compliant, the facility must provide specialized training to all facility investigators that includes information about cross-agency coordination. In addition, the facility must provide the training curriculum and document such training. The facility must provide the Auditor with any sexual abuse investigation files that occurred during the CAP period to verify the facility investigator conducting the investigation has been trained in accordance with subsection (a) of the standard.

**Corrective Action Taken (a):** The facility provided the training curriculum that confirms it includes Cross-Agency Coordination. In addition, the facility provided an attendance training roster sign-in sheet that confirms all facility investigators received the required cross-agency coordination training. The facility provided a sexual abuse investigation file that occurred during the CAP period that confirmed the facility investigator conducting the investigation had been trained in accordance with subsection (a) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

#### **§115. 43 - Protective custody**

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

**Notes:**

**Does Not Meet (a)(b)(c)(d):** The facility is not in compliance with subsections (a), (b), (c), and (d) of the standard. The facility must develop and follow written procedures consistent with the standards in this subpart for each facility governing the management of its administrative segregation unit and that the procedures should be developed in consultation with the ICE ERO FOD as required in subsection (a) of the standard. As the facility does not have written procedures, the requirements of subsections (b), (c), and (d) that require what is included in the protocol is also non-compliant. To become

compliant, the facility must develop written procedures governing the management of its administrative segregation unit that includes all elements of subsections (b), (c), and (d) of the standard. In addition, the facility must document that the written procedure was developed in consultation with the ICE ERO FOD and that all applicable staff have received documented training on the new procedure.

**Corrective Action Taken (a)(b)(c)(d):** The facility submitted updated policy 421. The Auditor reviewed the submitted policy 421 and confirmed it contains all elements of subsections (b), (c), and (d) of the standard. In addition, the facility provided a memo dated 12/15/2022 from the AFOD confirming that the updated policy 421 was developed in consultation with the ICE ERO FOD. The facility provided documentation to confirm all applicable staff were trained on updated policy 421. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), (c), and (d) of the standard.

#### **§115. 65 - Coordinated response**

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

**Notes:**

**Does Not Meet (c)(d):** The facility is not in compliance with subsections (c) and (d) of the standard. The Auditor reviewed the facility's coordinated response plan and confirmed it does not include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update the PCCF Coordinated Response Plan to include the language required by subsections (c) and (d) of the standard. The facility must also conduct documented training of all applicable staff on the change in the PCCF Coordinated Response Plan that includes notifying facilities as required by the standard.

**Corrective Action Taken (c)(d):** The facility updated the facility coordinated response protocol to include the language, "If a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise." In addition, the facility submitted documentation that all applicable staff, including medical, have been trained on the updated plan. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

#### **§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:**

**Does Not Meet (c):** The facility is not in compliance with subsection (c) of the standard. Policy 268 states, "The facility does not utilize administrative segregation for ICE Detainees. Transfers are utilized in the event an ICE Detainee cannot be housed safely in general population." However, in interviews with the PM/PCM and facility Superintendent it was indicated that the facility would use administrative segregation for ICE detainees until the detainee could be transferred out for safety and security. In an interview with the MHC, it could not be confirmed that a detainee victim of sexual abuse would be reassessed taking into account any increased vulnerability as a result of the sexual abuse prior to returning the detainee to general population. To become compliant, the facility must implement a process that requires all detainees placed into administrative segregation be reassess taking into account any increased vulnerability as a result of the sexual abuse prior to returning the detainee to general population. In addition, the facility must train all applicable staff on the new process. The facility must submit, if applicable, all sexual abuse allegation investigation files that resulted in a detainee being placed into administrative segregation due to an incident of sexual abuse that occur during the CAP to confirm implementation of the new process. In addition, the facility must submit, if applicable, documentation to support a proper reassessment was conducted of the detainee victim before placement back into general population.

**Corrective Action Taken (c):** The facility submitted updated policy 421. The Auditor reviewed the updated policy 421 and confirmed it is compliant with the requirements of subsection (c) of the standard. In addition, The facility submitted documentation that all applicable staff have been trained on updated policy 421. The facility submitted a memo to the Auditor that states, "There were no sexual abuse allegation investigation files that resulted in a detainee being placed into administrative segregation due to an incident of sexual abuse that occurred during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

#### **§115. 71 - Criminal and administrative investigations**

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

**Notes:**

**Does Not Meet (a)(b):** The facility is not in compliance with subsections (a) and (b) of the standard. Subsection (b) of the standard requires that upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity." Per Policy 513 the facility conducts administrative and criminal investigations concurrently and will ensure that the criminal investigation is not compromised by the administrative investigation. Additionally, the Auditor was not provided with copies of all training curriculums for investigative staff and therefore, could not confirm the investigators received training in effective cross-agency coordination as noted in 115.34. To become compliant, the facility must implement a practice that allows for criminal investigations to be completed and a determination made prior to conducting an administrative investigation after consultation within DHS. In addition, the facility must train all applicable staff on the new process. The facility must also provide documentation that all facility investigators received the required specialized training for investigators as required in 115.34. In addition, the facility must provide all allegations of sexual abuse investigation files that occur during the CAP period to confirm compliance.

**Corrective Action Taken (a)(b):** The facility submitted updated policy 513. The Auditor reviewed updated policy 513 and confirmed it no longer includes the requirement criminal and administrative investigations are completed concurrently. The facility provided the training curriculum that confirms it includes Cross-Agency Coordination. In addition, the facility provided an attendance training roster sign-in sheet that confirms all facility investigators received the required cross-agency coordination training. The facility submitted documentation that all applicable staff have been trained on updated Policy 513. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

#### **§115. 86 - Sexual abuse incident reviews**

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

**Notes:**

**Does Not Meet (a)(c):** The facility is not in compliance with subsections (a) and (c) of the standard. The PC/PCM provided a completed Sexual Abuse or Assault Incident Review Form, which included consideration of all elements required in provision (b), however, interviews with staff and the provided documentation did not confirm that the review form and the facility's response was forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard. The Auditor reviewed the PREA Annual Report dated January 27, 2022 and confirmed that the report included only the inmate population at PCCF. In addition, a review of the PREA Annual Report dated January 27, 2022, in addition to interviews with staff did not confirm it was forwarded to the ICE FOD and Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must implement a practice that requires the Agency PSA Coordinator receive a report of the incident review and a facility response regarding any recommendations for improvement or the reason why the improvements are not being made. In addition, the facility must submit a copy of the PREA Annual report for 2022 that includes detainees with confirmation that the report was sent to the ICE FOD and Agency PSA Coordinator.

**Corrective Action Taken (a)(c):** The facility submitted a copy of the 2022 annual report with an email addressed to the Asst. Field Office Director; with a request to "please disseminate to all relative parties." The facility submitted an incident review that required no changes and an email to the Agency PSA Coordinator that confirms the facility submitted the incident review to the PSA Coordinator. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (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.

Sabina Kaplan

May 8, 2023

**Auditor's Signature & Date**

Sabina Kaplan

May 8, 2023

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

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

May 9, 2023

**Program Manager's Signature & Date**

# PREA Audit: Subpart A

## DHS Immigration Detention Facilities

### Audit Report



# Homeland Security

#### AUDIT DATES

**From:** 8/23/2022 **To:** 8/25/2022

#### AUDITOR INFORMATION

**Name of auditor:** Marlean Ames **Organization:** Creative Corrections, LLC  
**Email address:** (b) (6), (b) (7)(C) **Telephone number:** 330-327-(b) (6), (b) (7)(C)

#### PROGRAM MANAGER INFORMATION

**Name of PM:** James McClelland **Organization:** Creative Corrections, LLC  
**Email address:** (b) (6), (b) (7)(C) **Telephone number:** 722-579-(b) (6), (b) (7)(C)

#### AGENCY INFORMATION

**Name of agency:** U.S. Immigration and Customs Enforcement (ICE)

#### FIELD OFFICE INFORMATION

**Name of Field Office:** Boston Field Office  
**Field Office Director:** Todd Lyons  
**ERO PREA Field Coordinator:** (b) (6), (b) (7)(C)  
**Field Office HQ physical address:** 1000 District Avenue Burlington, MA 01803  
**Mailing address: (if different from above)** Click or tap here to enter text.

#### INFORMATION ABOUT THE FACILITY BEING AUDITED

##### Basic Information About the Facility

**Name of facility:** Plymouth County Correctional Facility  
**Physical address:** 20 Long Pond Road Plymouth, MA 02360  
**Mailing address: (if different from above)** Click or tap here to enter text.  
**Telephone number:** 508-830-6200  
**Facility type:** IGSA  
**PREA Incorporation Date:** 2/11/2020

##### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Superintendent
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	508-830-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Deputy Superintendent (ADS)/PREA Manager (PM)/PREA Compliance Manager (PCM)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	508-830-(b) (6), (b) (7)(C)

#### ICE HQ USE ONLY

**Form Key:** 29  
**Revision Date:** 02/24/2020  
**Notes:** Click or tap here to enter text.



## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Plymouth County Correctional Facility (PCCF) was conducted on August 23, 2022, – August 25, 2022, by U.S. Department of Justice (DOJ) and DHS U.S. Immigration and Customs Enforcement (ICE) certified PREA Auditor Marlean Ames, employed by Creative Corrections, LLC. The Auditor was accompanied by Creative Corrections, LLC Program Manager (PM) (b) (6), (b) (7)(C), also a DOJ and DHS/ICE certified PREA Auditor. The Auditor was also provided assistance by DOJ and DHS/ICE certified PREA Auditor (b) (6), (b) (7)(C), Assistant Program Manager (APM). The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. This is the first DHS/ICE PREA audit for the facility. The audit period is February 11, 2020, through August 25, 2022. The PCCF is operated by the Plymouth County Sheriff's Office (PCSO).

The facility houses adult male detainees with custody levels of high, medium, and low. The design capacity for the facility is 1,140 and the average daily population for the prior 12 months was 118 adults with 1 detainee identifying as being gay. The facility reports there were 432 detainees booked into the facility in the last 12 months. The current population on the first day of the audit was 92. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the facility are from the Dominican Republic, El Salvador, and Jamaica. The average length of time in custody is 94 days. The facility is comprised of one building which includes one single occupancy cell housing unit, seventeen multiple occupancy cell housing units, five open bay/dorm housing units, seventy segregation cells (administrative and disciplinary), three medical unit /infirmary beds, and four mental health unit beds. The facility also houses state inmates, county, and US Marshall detainees that are kept separate from the detainee population. To ensure no co-mingling of the populations PCCF utilizes multiple inmate/detainee-colored uniforms and security staff-controlled movement.

Prior to the audit, the ERAU Team Lead, (b) (6), (b) (7)(C), provided the Auditor with the facility's PAQ, facility policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and placed within folders for ease of auditing. The main policy that governs PCCF's PREA program is PSCO Policy 268 Sexual Abuse and Sexual Harassment of Inmates. The Auditor reviewed all documentation, policies and the PAQ. The Auditor also reviewed the facility website: [www.pcsdma.org](http://www.pcsdma.org) and the Agency's website: [www.ice.gov](http://www.ice.gov).

On August 22, 2022, at approximately 8:15 am, the Auditor met with facility administration in the conference room where the entry briefing was moderated by ERAU Team Lead (b) (6), (b) (7)(C). The Team Lead opened the briefing and then turned it over to the Auditor. Listed below are the entry briefing attendees:

(b) (6), (b) (7)(C), ICE/OPR Inspections and Compliance Specialist (ICS)  
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE  
(b) (6), (b) (7)(C), ADS, PCSO  
(b) (6), (b) (7)(C), ADS, PCSO  
(b) (6), (b) (7)(C), ADS/PM/PCM, PCSO  
(b) (6), (b) (7)(C), Captain, PCSO  
(b) (6), (b) (7)(C), Deportation Officer (DO), ICE  
(b) (6), (b) (7)(C), Operations Specialist, (OS), PCSO  
(b) (6), (b) (7)(C), Principal & Counsel, PCSO  
(b) (6), (b) (7)(C), PM/Certified Auditor Creative Corrections, LLC  
Marlean Ames, Certified Auditor, Creative Corrections, LLC

The entry briefing was designed to create a positive working relationship, place names with faces, and prepare for the next three days. The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to evaluate and determine compliance with the DHS PREA Standards with those present. 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 at all levels. She further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and information obtained from both staff and detainee interviews.

Immediately after the entry briefing the Auditor, led by an ADS, was taken on a complete tour of the facility. The tour consisted of Intake; Vehicle Sallyport; Medical Department; Visitation; Chapel; Program Areas; Detainee Housing Units, Outdoor Recreation Areas off each unit; Administrative Offices, Control Center, Segregation Unit and Conference Room. The Auditor observed the Audit Notices posted in 12 languages on all housing units, visitation, common areas, and in the facility entrance. No correspondence was received from any detainee, staff person, or entity regarding PCCF.

The tour initiated in the facility intake area for the Auditor to follow through the process once a detainee enters the facility. The Auditor spoke with intake staff members and observed the ICE National Detainee Handbooks in 14 languages, the PCCF ICE Detainee Handbook in English, Spanish and Portuguese, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. The

intake/property room staff were able to show the Auditor, on the computer, the PDF versions of the ICE National Detainee Handbooks to indicate their availability if needed. Property room staff are specifically responsible for ensuring ample copies are available and issuing the ICE National Detainee Handbooks to detainees. There are telephones located off to the side of intake where detainees are seated and wait once intake is complete. The telephones were tested by the Auditor to ensure they were operational and that detainees have use to place a call. A test call was placed to the Rape Crisis Hotline (A New Day) number provided by the facility. A staff counselor confirmed that if a detainee reported an allegation of sexual abuse and the detainee did not feel comfortable alerting facility staff, the counselor would call 911 on the detainee's behalf to report the allegation. A test call was also made by the Auditor to the facility report line (sexual abuse allegations) where a message was left. The facility PC/PCM provided the Auditor with a receipt confirming the message was received.

The intake area has exterior wall holding rooms to allow for better management of detainees when they arrive in large groups, and separation of any detainees identified with vulnerabilities. Each holding cell has a toilet and sink. Toilets are positioned in the hold rooms to allow for privacy to block the view when a detainee is using the toilet. Camera views were checked, and the Auditor was able to confirm that cross-gender viewing issues existed. Pixelization was immediately applied, and the deficiency was corrected on-site. The initial medical assessment is completed the same day as the detainee arrives. There is a small medical room with a computer to conduct the assessment within the intake area prior to a detainee leaving for an orientation unit specifically designated as detainee housing.

The Medical/Mental Health Department is managed by the facility HSA. The staff are contracted through Correctional Psychiatric Services (CPS). This department provides medical, dental, pharmacy, and mental health services at community level standards of care. The medical doctor is provided five days a week Monday – Friday, and on an on-call basis for weekends and holidays.

(b) (7)(E). The cameras run 24/7 and video footage is stored for up to 30 days before deletion. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that can benefit from additional surveillance to maximize detainee and staff safety. In areas that did not have cameras, but had potential blind spots, the facility had installed mirrors to increase staff visibility. The cameras are monitored by the Central Control Unit Officers 24 hours a day, 7 days a week and are stored by use of DVD and the server. There are no camera views that can view a detainee while showering or in any designated area where detainees change clothes based on the Auditor's review of the camera views with the assistance of the facility investigators. There have not been any upgrades to the camera system during the audit period.

PCCF staffs the facility with 363 security, 13 medical, 7 mental health, and the remainder are non-security administrative, management, and support staff. Food service, medical/mental health, canteen, and telephone services are provided by contract employees. Religious services are provided by volunteers. The Auditor was provided with a staff roster of security staff on shift during the on-site visit, and a list of all PCCF staff, from which personnel were selected randomly to participate in formal interviews. In addition, based on an interview with the ADS/PM/PCM and the Auditor's review of the PAQ prior to the site visit, a list of specialized staff was identified for interviews. A total of 21 staff interviews were conducted during the audit consisting of 19 PCCF staff and 2 staff employed by ICE/ERO. In addition to PCCF staff the Auditor interviewed three contractors and one volunteer. The 19 PCCF staff interviewed included Correctional Officers (COs) (8), security supervisors (2), non-Security staff (2), the Superintendent, Classification Supervisor, Grievance Coordinator (GC), Training Coordinator, Intake Staff (1), Facility Investigator/ADS/PM/PCM (1), and the Human Resource Manager (HRM). The two ERO/ICE staff included the AFOD and a DO. Contract staff interviewed included, the Health Services Administrator (HSA), a Mental Health Clinician (MHC), and a Keefe Commissary employee.

The PM/PCM provided the Auditor with a detainee roster containing the detainee's age, date of arrival, nationality, and housing location. From the provided roster the Auditor selected 20 detainees to formally interview. The Auditor was also provided a list of detainees who are monitored by the PM/PCM for potential risk of victimization, LGBTI identification, and any physical/mental learning disabilities. The Auditor reviewed the list and confirmed that there were no detainees being monitored for protentional risk of victimization or physical/mental learning disabilities; however, the list did include one detainee who identified as gay. The Auditor randomly chose 20 detainees to be interviewed, of which 16 were limited English proficient (LEP), specifically Spanish (9), and Russian (7), and the one detainee who identified as being gay. The LEP detainees were interviewed using Language Services Associates (LSA), a contract language interpretative service provided through Creative Corrections, LLC. There were no detainees who reported sexual abuse, a sexual abuse history, or with a hearing, visual or physical impairment housed at the PCCF during the on-site audit.

The facility uses 15 trained investigators to complete all allegations of sexual abuse. There were nine sexual abuse allegations reported during the audit period. Two cases involved detainee-on-detainee, four cases involved staff-on-detainee, and three cases involved inmate-on-detainee. All nine reported cases were closed. A review of the closed cases indicated that one case, inmate-on-detainee, was determined to be substantiated, two cases, inmate-on-detainee and detainee-on-detainee, were determined to be unsubstantiated, five cases, detainee-on-detainee (1), staff-on-detainee (3), and inmate-on-detainee (1), were determined to be unfounded, and one case, staff-on-detainee, was determined to be a duplicate case. All cases were referred to ICE OPR.

On August 25, 2022, an exit briefing was held in the PCCF conference room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C), opened the briefing and then turned it over to the Auditor. In attendance were:

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

(b) (6), (b) (7)(C), Assistant Superintendent, PCSO  
(b) (6), (b) (7)(C), ADS, PCSO  
(b) (6), (b) (7)(C), ADS/PM/PCM, PCSO  
(b) (6), (b) (7)(C), Captain, PCSO  
(b) (6), (b) (7)(C), OS, PCSO  
(b) (6), (b) (7)(C), Principal & Counsel, PCSO  
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO  
(b) (6), (b) (7)(C), DO, ICE  
(b) (6), (b) (7)(C), Executive Secretary, PCSO  
(b) (6), (b) (7)(C), PM/Certified Auditor, Creative Corrections, LLC  
Marlean Ames, Certified Auditor, Creative Corrections, LLC

The Auditor expressed her appreciation to the Superintendent, PM/PCM, and all other staff who had participated in interviews and provided documentation during the audit. The staff at PCCF are to be commended for their responsiveness to the Auditor's request for information. The facility staff coordinated the interviews and had support from many staff who made themselves available to ensure the Auditor's time was maximized. The audit went very smoothly, and all staff and detainees interviewed did so willingly and appeared to be forthcoming with their information provided to the Auditor. Staff morale was very positive and both staff and detainees were very courteous to the Auditor. The Auditor explained that the final determination could not be made until the Auditor analyzed the information obtained from interviews, evaluated the additional documentation reviewed during the site visit and triangulated it with the initial policy and documentation review. Again, the Auditor thanked staff for their cooperation during the audit and turned the meeting back over to the Team Lead who explained the audit process, including established timeframes then adjourned the meeting.

## SUMMARY OF AUDIT FINDINGS

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

### **Number of Standards Exceeded: 0**

#### **Number of Standards Met: 29**

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator  
§115.13 Detainee supervision and monitoring  
§115.15 Limits to cross-gender viewing and searches  
§115.31 Staff training  
§115.32 Other training  
§115.33 Detainee education  
§115.41 Assessment for risk of victimization and abusiveness  
§115.42 Use of assessment information  
§115.35 Specialized training: Medical and mental health care  
§115.51 Detainee reporting  
§115.52 Grievances  
§115.53 Detainee access to outside confidential support services  
§115.54 Third-party reporting  
§115.61 Staff reporting duties  
§115.62 Protection duties  
§115.63 Reporting to other confinement facilities  
§115.64 Responder duties  
§115.66 Protection of detainees from contact with alleged abusers  
§115.67 Agency protection against retaliation  
§115.72 Evidentiary standard for administrative investigations  
§115.73 Reporting to detainees  
§115.76 Disciplinary sanctions for staff  
§115.77 Corrective action for contractors and volunteers  
§115.78 Disciplinary sanctions for detainees  
§115.81 Medical and mental health assessments; history of sexual abuse  
§115.82 Access to emergency medical and mental health services  
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers  
§115.87 Data collection  
§115.201 Scope of audits

#### **Number of Standards Not Met: 10**

§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  
§115.34 Specialized training: Investigations  
§115.43 Protective custody  
§115.65 Coordinated response  
§115.68 post-allegation protective custody  
§115.71 Criminal and administrative investigations  
§115.86 Sexual abuse incident reviews

#### **Number of Standards Not Applicable: 2**

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



## PROVISIONS

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

### **§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): PCSO Policy 268, states "It is the policy of the Plymouth County Sheriff's Office to have zero tolerance towards all forms of sexual abuse and sexual harassment." The Auditor reviewed the policy and determined that it outlines and provides guidelines to prevent, detect, and respond to sexual abuse in the facility. The policy also ensures effective procedures for reporting, responding to, and provides definitions of sexual abuse and general PREA definitions. During the on-site visit, the Auditor observed on the housing unit bulletin boards, and in other locations throughout the facility, signage that included the ICE Zero-Tolerance posters. The Auditor reviewed the policy and confirmed that it was reviewed and approved by the Agency on July 26, 2022. In interviews with eight CO's and two security supervisors. All were able to correctly describe the zero-tolerance policy. The zero-tolerance policy is publicly posted on the PCSO website at (<https://www.pcsdma.org>).

(d): PCSO Policy 268 states, "The facility will designate a PREA Manager/Sexual Assault Compliance Manager (PSA Compliance Manager) with sufficient time and authority to coordinate compliance efforts. The PREA Manager: a. Conducts investigations b. Conducts rounds in the housing units c. Interviews any inmates/detainees/safe keeps with PREA related concerns d. Monitors for any instances of retaliation e. Reviews PREA Risk Assessments." The facility employs a full-time ADS who is the designated PM/PCM who oversees the facility's PREA compliance efforts and implementation process for sexual abuse prevention and intervention policies and procedures. In an interview, the PM/PCM indicated that the PREA Manager is a full-time position at PCCF. He further indicated that he has sufficient time and authority to oversee the facility efforts to comply with the sexual abuse prevention, and intervention policies and procedures and that he is the point of contact for the Agency PSA Coordinator. The PM/PCM receives full support from the facility Superintendent which extends to facility staff support for all compliance efforts. The PM/PSACM was well organized.

**Recommendation (d):** The Auditor recommends that the facility update policy 268 to include the PC/PCM responsibility of serving as the point of contact for the Agency PSA Coordinator.

### **§115.13 - Detainee supervision and monitoring.**

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

**Notes:**

(a)(b)(c): PCSO Policy 268 states, "The facility will develop and document a staffing plan, considering a set of specific factors that provide for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan." Policy 268 further states, "In determining adequate levels of detainee supervision and determining the needs for video monitoring, PCCF takes into consideration general 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 as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the length of time detainees spend in PCCF custody, and other relevant factors." A review of the facility PAQ indicated PCCF has a total of 363 security staff, consisting of 318 males and 45 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, management, and support services. The facility also employs 13 medical and 7 mental health contract/personnel employed by CPS. During the audit period, PCCF line staff were working three eight-hour shifts.

(b) (7)(E) . The cameras run 24/7 and video footage is stored for up to 30 days before deletion. The Auditor observed placement of the cameras and found them to be strategically placed in areas that can benefit from additional surveillance to maximize detainee and staff safety. The cameras are monitored by the Central Control Unit Officers 24 hours a day, 7-days a week and are stored by use of DVD and the server. Three-unit officers and one supervisor are assigned to the control center to monitor the cameras at all times. The officers were able to report and show remote and zoom capabilities.

The Auditor reviewed staffing rosters, all PCCF Post Orders provided, and the PCCF Annual Supervision and Monitoring Plan Review dated December 30, 2021. A review of the PCCF Annual Supervision and Monitoring Plan Report 2021 confirmed that the facility has taken into consideration all elements required by subpart (c) of this standard during the guidelines' development. The Auditor interviewed the PM/PCM, and the facility Superintendent who confirmed their involvement with the development and subsequent review of the staffing analysis and comprehensive detainee supervision guidelines annually. The Auditor reviewed the submitted post orders and confirmed annual reviews have been conducted as required by the standard.

(d): PCSO Policy 268 states, "Supervisors will conduct and document unannounced rounds to identify and deter staff from sexual abuse and sexual harassment. These rounds are documented in the unit logs." Policy 268 further states, "Pursuant to Policy 402 and 421, staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operations functions of the facility." A random review of unit logs by the Auditor, showed the recordings of unannounced rounds conducted on all shifts at varying times. Interviews with eight COs and two security supervisors confirmed that these rounds occur on a frequent basis with no schedule. In addition to the PCCF staff rounds, ICE/ERO have a regular presence at the facility and make frequent visits/rounds to the housing units which was also confirmed through review of the unit logs by the Auditor during the facility tour. The added presence of ICE/ERO staff allow detainee questions to be addressed and to make general observations on housing units. According to the documentation reviewed, visits are made by ICE/ERO staff several times per week.

**Recommendation (d):** The Auditor recommends that when security staff make unannounced rounds, they indicate they are specifically for the purpose of PREA safety by documenting within the logbook "unannounced PREA rounds."

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

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

##### **Notes:**

PCCF does not house detainees younger than 18 years of age and family detainees. Interviews with the Superintendent, PM/PCM and information provided on the PAQ indicate that PCCF houses only adult male detainees. The detainee population roster provided to the Auditor during the site visit indicated there were no detainees under the age of 18. In addition, a memorandum dated June 1, 2022, from the ICE AFOD, states that the PCCF has not held juveniles or families during the audit period.

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

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

##### **Notes:**

(b)(d): PCSO Policy 268 states, "The facility shall not conduct any cross-gender pat searches, strip searches or cross-gender body cavity searches absent exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. All cross-gender pat searches, strip searches or body cavity searches shall be documented. In addition, PCCF staff will adhere to the following gender protocols when pat searching detainees: Male detainees will be pat searched by male officers; Transgender detainees will be searched by an officer of the gender they identify with unless the detainee refuses to be searched by a same gender staff, a cross-gender search will be conducted and reported." PCSO Policy 268 further states, "Pursuant to Policy 216, security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates/detainees/safe keeps, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs." The Auditor reviewed the PCCF training curriculum as well as staff training records to confirm that cross-gender pat down searches will be recorded on the ICE Detainee Search Form. The Auditor was able to observe numerous pat down searches via video footage and confirmed that all pat down searches were conducted by a staff of the same gender as the detainee being searched. All staff interviewed understood that if it is necessary to conduct a cross-gender pat down search under exigent circumstances, the search must be documented in accordance with the policy. According to the PAQ, interviews with staff and detainees, and a memorandum from the PCCF Superintendent, the PCCF has not conducted any cross-gender searches during the audit period.

(c): PCCF does not accept female detainees; and therefore, subsection (c) is not applicable.

(e)(f): PCSO Policy 268 states, "Strip-searches of inmates/detainees/safe keeps are conducted in relative privacy by Correction Officers (two (2) security personnel) of the same sex as the inmate/detainee/safe keep, except in an exigent circumstance, rendering as much dignity to the process as possible." Policy 268 further states, "Transgender inmates/detainees/safe keeps shall be searched by an officer of the same gender identity if the search requires an inmate/detainee/safe keep to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer's gender identity shall be consistent with the inmate/detainee safe keeps request; and provided further that such search shall not be conducted for the sole purpose of determining genital status." It should be noted that the PCCF has an ACS Body Scanner that each detainee must pass through. It was confirmed during security staff interviews and through observation on-site that the use of the body scanner eliminates any routine strip search being conducted. The submitted facility PAQ and interview with the Superintendent confirmed no detainee strip searches nor body cavity searches being conducted during the audit review period. The Superintendent also confirmed that detainee strip and body cavity searches are not authorized at PCSO however if exigent circumstances resulted in such searches, the search would be documented in accordance with Policy 268. All body scans are documented on the search forms. All the detainees interviewed stated they had not been strip searched while at the facility. The facility does not house juvenile detainees.

(g): PCSO Policy 268 states, "Inmates/detainees/safe keeps shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell check." Policy 268 further states, "Staff of the opposite gender shall announce their presence when entering an inmate/detainee/ safe keep housing unit. This announcement is documented in the unit log." Based on the Auditor's review of the camera views there are no camera views that can view a detainee while showering or in any designated area where detainees change clothes, however, in the intake holding rooms for those that have a direct view of the toilet area, the Auditor confirmed cross-gender viewing issues of a detainee's private areas while using the restroom. Pixelization was immediately applied, and the deficiency was corrected on-site. The Auditor observed opposite gender announcements upon entering the housing unit. Unit staff announce over a speaker system when a female enters the unit. The entrance of the female staff person is then documented in

the unit log as confirmed through direct observation by the Auditor. Detainees can shower on their housing unit in private area stalls covered by curtains to ensure viewing while showering and changing clothes is restricted. There are no showers in hold rooms in the initial intake and all toilets are covered by walls. Interviews with eight COs and two security supervisors indicated that staff are aware of the requirement to announce their presence when entering a detainee housing unit. During detainee interviews, it was confirmed that they can shower, change clothing, and use the toilet without being staff of the opposite gender. The Auditor observed opposite gender announcements upon entering the housing unit.

(h): PCCF is not a Family Residential Center; therefore, subsection (h) is not applicable.

(i): PCSO Policy 268 states, "Transgender inmates/detainees/safe keeps shall be searched by an officer of the same gender identity if the search requires an inmate detainee/safe keep to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer's gender identity shall be consistent with the inmate/detainee/safe keeps request; and provided further that such search shall not be conducted for the sole purpose of determining genital status." Interviews with eight COs, two security supervisors and the HSA, confirmed that if the detainee's gender is unknown, it may be determined during conversations that all detainees must undergo as part of the intake and medical assessment process. There was one detainee interviewed by the Auditor that identified as being gay. The detainee stated that they he had not been strip searched while at the facility. In addition, the Auditor reviewed the case file of the detainee who identified as being gay and confirmed that a search of this nature had not occurred.

(j): PCSO Policy 268 states, "Security staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates/detainees/safe keeps, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs." The Auditor reviewed the PCCF training curriculum and confirmed that security staff are trained in proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees and to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. In interviews with eight COs and two security supervisors, it was indicated that staff are aware of the proper procedures and guidelines for conducting cross-gender pat down searches and searches of transgender and intersex detainees, including all pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy including officer safety. A random review of 10 staff personnel files by the Auditor confirmed that all had received the appropriate training and that the training was documented. Interviews with 20 detainees further confirmed that searches are conducted as required by the standard.

**§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(c): PCSO Policy 268 states, "The Plymouth County Sheriff's Office shall take appropriate steps to ensure that inmates/detainees/safe keeps with disabilities (including, for example, inmates/detainees/safe keeps who are deaf or hard of hearing, limited reading skills, 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 the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." Policy 268 further states "Such steps shall include, when necessary to ensure effective communication with inmates/detainees/safe keeps who are deaf or hard of hearing, and limited reading skills, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using a necessary specialized vocabulary." In addition, Policy 268 states, "The PCSO shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates/detainees/safekeeps who have intellectual disabilities, limited reading skills, or who are blind or have low vision." Policy 268 further states, "Pursuant to PCCF 482, it is the policy of the Plymouth County Sheriff's Office to provide access to Interpreter Services when a language barrier exists between inmates/detainees/safe keeps and staff. These instances will be documented in OMS" and "Pursuant to PCCF 482, the facility will utilize bilingual staff to interview inmates/detainees/safe keeps if the situation does not lend itself to the use of telephonic interpreter service during the course of an investigation." In an interview with the PC/PCM, he confirmed the facility would not use staff who was an alleged abuser or witness of the alleged abuse as an interpreter.

Interviews with intake staff indicated that each detainee arriving at PCCF receives the PCCF ICE Detainee Handbook, available in English, Spanish, and Portuguese; the DHS-prescribed SAA Information pamphlet, available in 9 of the most prevalent languages encountered by ICE: English, Spanish, Portuguese, Arabic, Hindi, Punjabi, Chinese, Haitian Creole, and French; and the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE: Spanish, English, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, and Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. In an interview with the ADS, he advised that PCCF staff do not use bilingual detainees to translate for other detainees. The intake/property room staff were able to show the Auditor both physical copies and electronic, PDF versions of the ICE National Detainee Handbooks, available in the 14 languages prevalent to ICE, to indicate their availability if needed. The ADS stated that intake staff would utilize the available translation line to translate PREA information for detainees speaking a language not included in the printed copies of the PCCF ICE Detainee Handbook, which specifically addressed ICE detainees. The handbook includes information for the detainee about accessing accommodations for disabilities and explains that access to programs and activities will be provided in the least restrictive setting possible, and the most integrated setting appropriate to the needs of the detainee with a disability. The facility provides auxiliary aids or services to accommodate disabilities as determined by the HSA. These services include the provision of reader pens, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, and telecommunication devices for deaf persons (teletypewriter) (TTY). The facility uses Language Line Services, Inc. to allow detainees to make phone calls using an interpreter in their native language. This practice was confirmed during interviews with detainees. During the facility tour, the Auditor was able to observe private rooms equipped with a telephone and instructions for staff to assist the detainee in reaching the Language Line. During the on-site visit, the Auditor observed the DHS-prescribed SAA Information pamphlets, Zero-Tolerance posters, ERO Language Services resource flyer, DHS/OIG, and Consulate contact information posters in all areas of the facility.

**Does Not Meet (c):** The facility is not compliant with subsection (c) of the standard. A review of PCSO Policy 268 confirms that "Pursuant to PCCF 482, the facility will utilize bilingual staff to interview inmates/detainees/safe keeps if the situation does not lend itself to the use of telephonic interpreter service during the course of an investigation." In an interview with the ADS, it was further confirmed PCCF staff do not use bilingual detainees to translate for other detainees. To become compliant the facility must implement the practice of allowing the use of another detainee in matters related to sexual abuse should the detainee 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 facility must train all security staff and security supervisors on the updated practice and provide training records to confirm the training was conducted during the CAP.

**Recommendation (b):** The Auditor recommends that the facility obtain the DHS-prescribed SAA Information pamphlet in the six new languages: Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese to distribute to the detainees upon arrival.

**§115.17 - Hiring and promotion decisions.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(e): Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive, require collectively to the extent permitted by law, the agency/facility decline to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor, or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. The ICE Directive 6-7.0 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.” PCSO Policy 268, states, “The Plymouth County Sheriff’s Office shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, who: (a) 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); (b) 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 (c) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.” Policy 268 further states, “All staff also have a duty to report any contact with law enforcement by reporting it to their direct supervisor. The information will be submitted to the internal affairs department for investigation.” In addition, Policy 268 states, “Material omissions regarding such misconduct, or provision or materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate.” Interviews with the facility Superintendent and the HRM confirmed that no candidate for a position that has contact with detainees, by new hire or promotion, will be considered for employment if they are found to have engaged in sexual abuse, sexual harassment, or any prior sexual misconduct. Interviews with the HRM and PM/PCM confirmed the continued affirmative duty to disclose any such misconduct as well as the facility’s response of removing the employee from having contact until further information is available to make a decision on employment status. In addition, the HRM indicated all staff considered for a promotion shall be asked during the interview process to disclose any previous misconduct in addition to an updated background investigation. The Auditor was able to verify during review of personnel files that two recently promoted staff who may have contact with detainees were asked directly in a written application about any previous sexual misconduct prior to their promotion. However, in an interview with a recently promoted SDDO it was indicated that they were not asked directly about previous misconduct in a written application or in an interview prior to their promotion. While on-site, the SDDO signed a DHS 6 Code of Federal Regulation Part 115 form; however, the promotion had already occurred.

**Does Not Meet (b):** The Agency does not meet section (b) of the standard. During an interview with a recently promoted SDDO from a DO position, the SDDO did not recall being asked by the Agency to report any incidents of sexual misconduct prior to the promotion. While on-site, the SDDO signed a DHS 6 Code of Federal Regulation Part 115 form; however, the promotion had already occurred. To become compliant the Agency must develop a process that requires employees offered promotions to report an incident of sexual misconduct prior to the promotion.

(c)(d): The Federal Statue 731.202 (b), Executive Order 10450, ICE Directives 6-7.0 and 6-8.0 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.” PCSO Policy 268 states, “The Plymouth County Sheriff’s Office shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates/detainees/safe keeps.” A review of Policy 268 confirms it does not contain the language, “Before hiring new staff who may have contact with detainees, the Agency or facility shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility or agency, including a criminal background records check.” During the interview with the HRM, she explained that a background check is run on every employee and contractor through the Plymouth County Sheriff’s Office prior to hire. The facility also conducts an updated background investigation every five years for employees who have contact with detainees. This practice was confirmed by the Auditor’s review of 10 PCCF employee personnel files that indicated that all received an initial background check as required by subsection (c) of the standard. In addition, the Auditor submitted four ICE employee names to PSO to verify the background check process; all were compliant. Documentation also confirmed the due dates for the five-year background rechecks.

**Recommendation (c):** The Auditor recommends that PCSO update Policy 268 to include the verbiage, “Before hiring new staff who may have contact with detainees, the Agency or facility shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility or agency, including a criminal background records check.”

(f): PCSO Policy 268 states, “Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employee for whom such employee had applied to work.” The Auditor confirmed through interviews with the HRM that the facility has not had a request to provide information on substantiated allegations of sexual abuse involving a former employee during the audit period; however, should the facility receive a request, this practice would be adhered to.

#### **\$115.18 - Upgrades to facilities and technologies.**

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

#### **Notes:**

(a)(b): Interviews with the PM/PCM and the facility Superintendent confirmed that there have been no substantial expansions or modifications to the existing facility during the audit period; however, they would take into consideration how any changes would affect their ability to protect detainees from sexual abuse. In addition, a memorandum signed by the facility Superintendent was

provided to the Auditor stating that the Plymouth County Correctional Facility has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems 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)(e): The agency's Policy 11062.2, 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. PCSO Policy 268 states, "Investigations are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These protocols are set out in Policy 513 and are in line with the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations, Adults / Adolescents 2." PCSO Policy 513 (Investigations and Evidence Control) states, "To the extent that the agency or facility is responsible for investigating allegations of sexual abuse, it shall follow a uniform evidence protocol that maximizes the potential/for obtaining useable physical evidence for administrative proceedings and criminal prosecutions" and "the Plymouth County Sheriff's Office 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 PCSO shall publish such policy on its website or, if it does not have one, make the policy available through other means." Policy 513 was reviewed and approved by the Agency on July 26, 2022. The Auditor reviewed Policy 513 and confirmed it does not consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address victim's needs more appropriately and to make available to the victim a victim advocate from a rape crisis center, as required in subsection (b) of the standard. In addition, the protocol does not require where evidentiarily or medically appropriate, at no cost to the detainee, and only with detainee's consent, the detainee victim of sexual assault will undergo a forensic medical examination by qualified health care personnel, including Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), and when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. Policy 513 does not contain the requirements that the facility document efforts to provide SANEs or SAFEs and to offer forensic medical examinations to all victims of sexual abuse without financial cost to the victim as required in subsection (c) of the standard. Further, the protocol does not require a victim advocates presence to offer services during the conducting of a forensic exam and investigatory interviews as required by subsection (d) of the standard. In an interview with the PC/PCM it was indicated that facility investigators conduct both criminal and administrative investigations for all allegations or sexual abuse and sexual harassment occurring at the PCCF; and therefore, they are required to follow the requirements of subsection (a - d) of the standard. A Memorandum of Understanding between Health Imperatives and the PCCF signed and dated August 2, 2020, was reviewed by the Auditor. According to the MOU, A New Day, a rape crisis center under their umbrella will provide 24/7 hotline counseling and referral, and one-to-one counseling at the facility if appropriate. In addition, the PCCF has trained two of their mental health practitioner employees as Crisis Counselors (PREA Victim Advocates) to further assist and address the needs of victims of sexual abuse while housed at the facility. The trained victim advocates can provide ongoing emotional support, crisis intervention, information, and referrals. Appointment certificates signed by the facility Superintendent for the two PREA Victim Advocates were observed by the Auditor. In a letter to the PCCF Superintendent dated July 21, 2020, from the Beth Israel Deaconess Hospital Plymouth, Inc., the hospital will provide 24-hour emergency services to the inmates of the Plymouth County Sheriff's Department. The letter further states that their emergency department is staffed around the clock with trained emergency room physicians, nursing personnel and other ancillary staff. Other medical specialties including SANEs are on call and are available to the hospital. The Auditor confirmed through direct observation of the letter and a telephone call to the Beth Israel Deaconess Hospital personnel that the hospital would provide to the PCCF victims of sexual abuse a SANE during a forensic medical exam (FME), victim advocacy during the FME and in investigatory interviews, and crisis intervention and follow-up referrals at no cost to the detainee victim. The Auditor reviewed eight sexual abuse allegation investigation files and confirmed the detainee victim were offered PCCF in-house victim advocates during the investigative process and follow-up counseling services.

**Does Not Meet (b)(c)(d):** The facility is not in compliance with subsections (b), (c), and (d) of the standard. Per PCSO policy 268, the uniform evidence protocols are set out in PCSO Policy 513. The Auditor reviewed Policy 513 and confirmed it does not contain the required elements listed in subsections (b), (c), and (d) of the standard. To become compliant, the facility must update a written PCSO Policy to include all elements of subsections (b), (c), and (d) of the 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 a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, 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 (b) (6), (b) (7)(C), Acting Director, Office of Detention and Removal Operations,

regarding "Protocol on Reporting and Tracking of Assaults" (b) (6), (b) (7)(C); 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 (b) (6), (b) (7)(C). The JIC shall notify the DHS Office of Inspector General (OIG)." PCSO Policy 268 states, "Allegations of Sexual Abuse and/or Assault will be promptly reported to ICE/ERO. These allegations will be promptly investigated by a certified Sexual Assault Investigator qualified to conduct administrative and criminal investigations." Policy 268 further states, "Investigative folders will be retained for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years." A review of Policy 268 confirms it does not include a description of responsibilities of the agency, the facility, and any other investigating entities as required in subsection (b) of the standard. In addition, a review of Policy 268 confirms it does not ensure that when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (e) of the standard. Further, Policy 268 does not require that when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (f) of the standard. In an interview with the PM/PCM, it was indicated that all sexual abuse allegations are investigated accordingly and are promptly reported to the Joint Intake Center (JIC), ICE OPR, and the FOD. He further indicated that the PCSO conducts its own investigations of sexual abuse both criminal and administrative promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports and that investigative folders will be retained for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years." The facility had 9 allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet confirmed all but one was reported to the JIC.

**Does Not Meet (b)(e)(f):** The facility is not in compliance with subsections (b), (e), and (f) of the standard. A review of Policy 268 which serves as the facility's protocol, confirms it does not include a description of responsibilities of the agency, the facility, and any other investigating entities as required in subsection (b) of the standard. In addition, a review of Policy 268 confirms it does not ensure that when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (e) of the standard. Further, Policy 268 does not require that when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse the facility will promptly report the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS OIG as required by subsection (f) of the standard. To become compliant, the facility must update a written PCSO Policy to contain all required elements of subsections (b), (e), and (f).

(c): During the Auditor's review of the PCSO website (<https://www.pcsdma.org>), it was determined that the website contains PCSO Policy 268; however, once their protocol is updated to be compliant with subsections (b), (e), and (f) of the standard the facility must ensure that their updated protocol is included on their website. The Auditor also reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol.

#### **§115.31 - Staff training.**

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

#### **Notes:**

(a): PCSO Policy 268 states, "The Plymouth County Sheriff's Office shall train all employees who may have contact with inmates/detainees /safe keeps on: a. Its zero-tolerance policy for sexual abuse and sexual harassment; b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Inmates'/detainees'/ safe keeps' right to be free from sexual abuse and sexual harassment; d. The right of inmates/detainees/ safe keeps and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in confinement; f. The common reactions of sexual abuse and sexual harassment victims; g. How to detect and respond to signs of threatened and actual sexual abuse, h. How to avoid inappropriate relationships with inmates/detainees/ safe keeps, i. How to communicate effectively and professionally with inmates/detainees/ safe keeps, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates/detainees/safe keeps, and j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, k. Definitions and examples of prohibited and illegal sexual behavior." The Auditor reviewed the training curriculum and confirmed it does contain subsection (a) (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 Auditors reviewed 20 staff training files and found each file contained a signed certification form acknowledging that each staff member had received and understood the training. The 19 PCCF staff and two ICE staff interviewed by Auditors confirmed each staff member had received PREA pre-service and annual refresher training.

**Recommendation (a):** The Auditor recommends that the facility update Policy 268 to include training on 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.

(b)(c): PCSO Policy 268 states, "The agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies." Policy 268 further states, "The agency shall document, through employee signature or electronic verification that employees

understand the training they have received.” The Training Coordinator confirmed during his interview that he is responsible for coordinating, scheduling, and delivering training to staff, contractors, and volunteers and that they are required to take PREA training upon hire and every two years after for a refresher. The auditor was able to confirm this practice during the review of electronic training records and personnel files which included training records, signatures, and dates of training. In interviews with the ICE AFOD and an ICE DO, it was indicated that they were compliant with the training requirement.

#### **§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): PCSO Policy 268 states, “The agency shall ensure that all volunteers and contractors who have contact with inmates/detainees/safe keeps have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates/detainees/safe keeps, but all volunteers and contractors who have contact with inmates/detainees/safe keeps shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.” The Auditor was able to review the PCCF Volunteer/Contractor Orientation Guide to include the section on PREA Training for Volunteers and Contractors and confirmed the PREA training was compliant with the standard requirement. The Auditor reviewed the power point training curriculum as well as the name, date of training, and source of the volunteer or contractor reason for entry. The facility also provided electronic volunteer training records and signed Acknowledgment of Receipt of Policy 268: “Sexual Abuse and Sexual Harassment of Inmates for all volunteers and contractors.” During the on-site visit, the Auditor interviewed three contractors and one volunteer and confirmed that all had been notified of the facility’s zero-tolerance policy for sexual abuse and their reporting responsibilities.

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

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

#### **Notes:**

(a): PCSO Policy 268 states in part, “At intake into the facility, staff provide offenders with information through a PREA pamphlet, offender handbook that explains the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During the intake process, an information video is playing that includes PREA information. The PREA information is provided again to the offender by staff during the Inmate Orientation Program either by video or in person. The offender acknowledges the training by signing the PREA Statement Receipt which is also signed by the staff member. The training will consist of the following: a) Prevention and intervention strategies; b) Definitions and examples of detainee-on-detainee sexual abuse and coercive sexual activity; c) 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 mental health clinician), the DHS Office of Inspector General, and the Joint Intake Center; d) Information about self-protection and indicators of sexual abuse; e) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee’s immigration proceedings, and; f) The right of a detainee who has been subjected to a sexual abuse to received treatment and counseling.” While onsite, the Auditor reviewed 10 random detainee intake files and found that PREA information was provided to detainees through the PREA Orientation Information handout and by an orientation video, which is presented in both English and Spanish. The Auditor reviewed the PREA Orientation Information handout, available in English, Spanish, Hindi, Punjabi, Haitian Creole, French, Romanian, Turkish, Vietnamese, Portuguese, Russian, Chinese (Simplified), Arabic, and Bengali, and confirmed it meets the requirements of subsection (a) of the standard. The PREA Orientation Information handout covers the topics required to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, and contains every topic required by provision (a) of this standard and intake staff are available to answer any questions detainees may have during the orientation process.

(b)(c)(d)(e): PCSO Policy 268 states, “The Plymouth County Sheriff’s Office shall provide inmate/detainee/safe keeps education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates/detainees/safe keeps who have limited reading skills. These formats include communicating PREA information in closed captions, audio recordings and multilingual publications. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates/detainees/safe keeps through posters, inmate handbooks, or other written formats.” Policy 268 further states, “In areas where detainees may be present the following notices are provided: a) DHS prescribed Sexual Assault Awareness notices; b) Name of the Prevention of Sexual Abuse Compliance Manager; c) Name of local organizations that can assist detainees who have been victims of sexual abuse and d) The facility shall make available and distribute the DHS-prescribed Sexual Assault Awareness Information pamphlet.” The facility provided documentation that the detainee notification, orientation, and instruction is provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. In their interview with the Auditor, the intake staff member stated that if a detainee with low vision were to be processed, the intake staff member would read the transcript of the PREA education slide show/video to the detainee and ensure comprehension. A referral to the multidisciplinary team may be made for detainees who are identified as having a cognitive, intellectual, or developmental disability and the team will decide the appropriate assistance to provide. In the case of a detainee with limited or no hearing, intake staff would utilize TTY technology. The ADS further explained that anyone with a special need would be called out separately by a staff member after the initial intake and individual determinations would be made as to how best to communicate the PREA education to the detainee. The Intake Staff provide this information to each detainee one-on-one in the designated property distribution room which is in the intake area. This private area is also where the detainee receives the ICE National Detainee Handbook, which is available in English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese,

and Vietnamese; and the DHS-prescribed SAA Information pamphlet, which is available in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. In an interview with Intake staff it was indicated, when a detainee does not speak/understand any of these languages, intake staff would read the information to the detainee with use of a Language Lines Service interpreter in a language they understand. According to the HSA, all incoming detainees are seen privately and assessed by medical staff, at which time disabilities may be disclosed or identified during their medical screening process. Once the Intake Staff has covered the PREA Orientation handout with the detainee, the detainee is provided a copy, and a copy signed by the detainee is retained for placement in the detainee's file. The Auditor reviewed ten random detainee signed acknowledgements and receipt of ICE National Detainee Handbook, PCCF ICE Detainee Handbook, and a roster with detainee name and date of PREA video review and review of all program materials in various formats and languages. The Auditors reviewed available DHS-prescribed SAA Information pamphlets and these pamphlets are available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). During interviews with 20 detainees, all stated they received the DHS-prescribed SAA Information pamphlet along with the both the ICE National Detainee and PCCF ICE Detainee Handbooks in a language of their understanding, which included: Spanish (9), Russian (7), English (4) including Haitian Creole, and Jamaican. The Auditor reviewed 10 detainee files and found signed acknowledgement forms for both PREA Orientation and for receipt for ICE National Detainee Handbook and the PCCF ICE Detainee Handbook. The Auditor observed during the facility tour all housing units had the DHS-prescribed SAA Information pamphlet, ICE Zero-Tolerance for Sexual Abuse and Assault posters with reporting numbers available, the name and telephone number for the Health Imperatives, A New Day, the National Sexual Assault Telephone Hotline, and the telephone number and name of the PM/PCM to leave a detailed private message for reporting or assistance. The Auditor made successful test calls to all numbers to ensure advocacy and reporting means were available. The Auditor interviewed an intake staff member who stated that detainees with reading disabilities can be issued a "reader pen" to use which transcribes information through audio. The facility also has the local and national hotline information posted in braille.

**Recommendation (d):** The Auditor recommends that the facility obtain the DHS-prescribed Sexual Assault Awareness Information pamphlet in the six new languages: Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese to distribute to the detainees upon arrival.

(f): The Auditor reviewed the ICE National Detainee Handbook and confirmed it provides the detainee information about reporting sexual abuse as required by the standard. In addition, interviews with Intake staff indicate that all detainees get a copy of the ICE National Detainee Handbook when they are housed at PCCF. Interviews with 20 detainees also indicated receipt of the ICE National Detainee Handbook.

#### **§115.34 - Specialized training: Investigations.**

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

#### **Notes:**

(a)(b): PCSO Policy 268 states, "The facility provides specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse." Policy 268 further states, "The Plymouth County Sheriff's Office shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." PCCF has 15 investigators who have received specialized training for conducting sexual abuse investigations. The Auditor reviewed the investigators' training certificates and confirmed four staff completed Sexual Assault Investigation Training, nine staff completed PREA/Sexual Assault Investigator Training, and two staff completed PREA Investigator Training through the Norfolk's Sheriff's Office. The facility provided the training curriculum, Sexual Assault Investigation Training, provided through a PREA grant in May of 2022. The Auditor reviewed the curriculum and determined the training did not cover information about effective cross-agency coordination in the investigation process as required by subsection (a) of the standard. The facility did not provide training curriculums for Sexual Assault Investigation Training or PREA Investigator Training for the Auditor to confirm the course content met the standard's requirement. Training rosters and certificates are maintained by both the Training Coordinator and the PM/SCM as evidence of course completion. The Auditor reviewed eight sexual abuse allegation investigation files and confirmed all were investigated by three facility investigators, none of which took the above-mentioned Sexual Assault Investigation Training. Agency Policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

**Does Not Meet (a):** The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed the provided specialized training curriculum and confirmed it does not provide information about effective cross-agency coordination. In addition, the Auditor reviewed eight investigation files and due to no provided curriculums for the other trainings, could not confirm that the three investigators responsible for conducting the investigations during the audit period received training that included information about cross-agency coordination. To become compliant, the facility must provide specialized training to all facility investigators that includes information about cross-agency coordination. In addition, the facility must provide the training curriculum and document such

training. The facility must provide the Auditor with any sexual abuse investigation files that occurred during the CAP period to verify the facility investigator conducting the investigation has been trained in accordance with subsection (a) of the standard.

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

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

##### **Notes:**

(a)(b): The facility's Health Services are provided by CPS, and not ICE Health Services Corps (IHSC); therefore, subsections (a) and (b) are not applicable.

(c): PCSO Policy 268 states, "The agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: a. How to detect and assess signs of sexual abuse and sexual harassment, b. How to preserve physical evidence of sexual abuse, c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." Policy 268 further states, "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere." The Auditor reviewed the training documentation for all contract medical staff and was able to confirm that they have had both the mandated PREA training for all employees as well as the specialized training for medical and mental health care staff. Documentation review also confirmed that the staff are also trained in the policies and procedures related to detecting, responding, and reporting sexual abuse allegations. Interviews with the facility HSA confirmed that she is qualified in SAFE/SANE training even though they do not conduct FMEs at the facility and the Auditor also reviewed the specialized SANE training lesson plan and found that the training contains the four points as established in section (b) of the standard. A total of 37 medical and mental health practitioners completed the specified SANE training.

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

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

##### **Notes:**

(a)(b)(c)(d): PCSO Policy 268 states, "Inmates/detainees/ safekeeps will be screened for risk of being sexually abused or sexually abusive and that screening information will be used to inform housing, bed, work, education, and program assignments. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: a) Whether the Inmate/detainee/ safe keep has a mental, physical, or developmental disability; b) The age of the Inmates/detainees/safekeeps; c) The physical build of the inmate/detainee/safekeep; d) Whether the inmate/detainee/safe keep has previously been incarcerated; e) Whether the inmate/ detainee/safe keep's criminal history is exclusively non-violent; f) Whether the Inmate/detainee/safe keep has prior convictions for sex offenses against an adult or child; g) Whether the Inmate/detainee/safe keep is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; h) Whether the inmate/detainee/safe keep has previously experienced sexual victimization; i) The inmate/detainee/safe keep's own perception of vulnerability; and j) Whether the inmate/detainee/safe keep is detained solely for civil immigration purposes." A review of Policy 268 confirmed it does not require that the initial classification process and initial housing assignment be completed within 12 hours of admission to the facility. The screening process involves the use of the PCCF Booking: Initial PREA Risk Assessment form, which is completed by a CO. The Auditor reviewed the form and confirmed it contains all required elements of subsections (c) and (d) of the standard. In an interview with both intake staff and the Housing and Job Assignment Officer, it was indicated that the initial classification process and initial housing assignment is completed within 12 hours of admission to the facility and new arrivals are housed separate from the general population until fully classified. The Auditor reviewed 10 random detainee files to further confirm that the initial classification process and initial housing assignments are provided within 12 hours. In interviews with the PM/PCM, it was indicated that if a detainee identified as a transgender or intersex they will be temporarily housed, in a location away from the general population, to include the Medical Clinic Observation Unit or protective custody, for no more than 72 hours until classification, housing, and other needs can be assessed.

**Recommendation (b):** The Auditor recommends that Policy 268 is updated to require the initial classification process and initial housing assignment be completed within 12 hours of admission to the facility.

(e)(f): PCSO Policy 268 states, "In addition to the initial intake assessment, ICE detainees will be reassessed between 60 and 90 days from the date of the initial assessment and at any other time when warranted," and "inmates/detainees/safe keeps may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked." A review of Policy 268 confirms it does not require a reassessment of a detainee's risk of victimization or abusiveness following an incident of sexual abuse to include a follow-up meeting with a medical or mental health practitioner. The Auditor reviewed the several documents of Booking: Initial PREA Risk Assessment form and PREA Re-Assessment: Classification form to assess the timeliness of the initial and 60–90-day reassessments and found the facility to be compliant. Of the 10 detainee files reviewed, five had been at the facility for more than 60 days and each had a documented reassessment conducted between 60-90 days. The Auditor also reviewed eight investigative case files and confirmed a vulnerability reassessment was completed within 12 hours of the allegation. In an interview with the PM/PCM, it was indicated that the facility will reassess a detainee at any other time when warranted based upon the receipt of additional, relevant information and following an incident of abuse or victimization.

**Recommendation (e):** The Auditor recommends that Policy 268 is updated to require a reassessment of a detainee's risk of victimization or abusiveness following an incident of sexual abuse.



(g): PCSO Policy states, "The PCSO shall implement appropriate controls of the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." In interviews with the PM/PCM, Intake Officers, and Classification Officers, it was indicated that all information is secured within the Offender Management System (OMS). Interviews further indicated that the information collected during the screening is kept confidential and only shared with those who need to know for facility management, classification, or treatment purposes.

#### **§115.42 - Use of assessment information.**

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

**Notes:**

(a)(b): PCSO Policy 268 states, "Use of Screening information: a) The PCSO shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive" and "the PCSO shall make individualized determinations about how to ensure the safety of each inmate." Policy 268 further states, "Transgender inmates/detainees shall be housed in a correctional facility with inmates / detainees with the same gender identity; provided, that the placement shall be consistent with the prisoner's request, unless the sheriff or a designee of the sheriff certifies in writing that the particular placement would not ensure the prisoner's health or safety or that the placement would present management or security problems." Policy 268 further states, "Placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review any threats to safety experienced by the inmate/detainee." Additionally, Policy 268 states, "If the screening indicates that a prison inmate / detainee / safe keep has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate detainee / safe keep is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The auditor reviewed 10 random detainee files and was able to confirm information from the risk assessment is used to determining housing, recreation, programming, and work assignments. In interviews with the PM/PCM, Housing/Job Classification Officer, HSA, and the MHC it was indicated that the PCCF Booking: Initial PREA Risk Assessment is considered when determining housing, recreation and other activities, and voluntary work. In an interview with the PM/PCM, it was indicated that if a detainee identified as a transgender or intersex they will be temporarily housed, in a location away from the general population, to include the Medical Clinic Observation Unit or protective custody, for no more than 72 hours until classification, housing, and other needs can be assessed. There were no transgenders or intersex detainees assigned to the facility during the audit period.

(c): PCSO Policy 268 states, "Transgender and Intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees." During the on-site visit, the Auditor observed that all detainees, including transgender or intersex, can shower separately on every unit and that any detainee held in the Medical Clinic Observation Unit can also shower separately from others.

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

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

**Notes:**

(a)(b)(c)(d)(e): PCSO Policy 268 states, "The facility does not utilize administrative segregation for ICE detainees. Transfers are utilized in the event an ICE detainee cannot be housed safely in general population." However, in an interview with the PM/PCM it was indicated that the facility would use administrative segregation for ICE detainees until the detainee could be transferred out for safety and security. The Auditor reviewed the facility Special Management Unit ICE Detainee Housing/72-hour Review Form which provides space for the reason for the special management housing, actions taken and room for comments while further action to transfer the detainee is taken. The Auditor reviewed a memorandum signed by the PCCF Superintendent that states, "The PCCF has not housed a victim of sexual abuse in protective custody/administrative segregation during the audit period, however if this occurred the Shift Commander would notify ICE ERO via email."

**Does Not Meet (a)(b)(c)(d):** The facility is not in compliance with subsections (a), (b), (c), and (d) of the standard. The facility must develop and follow written procedures consistent with the standards in this subpart for each facility governing the management of its administrative segregation unit and that the procedures should be developed in consultation with the ICE ERO FOD as required in subsection (a) of the standard. As the facility does not have written procedures, the requirements of subsections (b), (c), and (d) that require what is included in the protocol is also non-compliant. To become compliant, the facility must develop written procedures governing the management of its administrative segregation unit that includes all elements of subsections (b), (c), and (d) of the standard. In addition, the facility must document that the written procedure was developed in consultation with the ICE ERO FOD and that all applicable staff have received documented training on the new procedure.

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

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

**Notes:**

(a)(b)(c): PCSO Policy 268 states, "The agency provides multiple ways for inmates/detainees/safe keeps to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate/detainee/safe keep to remain anonymous upon request. The Plymouth Police Department, Plymouth County District Attorney, and the Rape Crisis Center information is all provided to inmates/detainees/safe keeps as a method for private reporting to an outside agency. This information is provided either in the inmate handbook and/or on poster in the housing units. In addition, inmates/detainees/safe keeps detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the

Department of Homeland Security.” Policy 268 further states, “Staff shall accept reports made verbally, in writing, anonymously and/or confidentially, and from third parties and shall promptly document any verbal reports of sexual abuse or sexual harassment.” A review of Policy 268 confirmed it does not contain the verbiage, detainees can privately report retaliation for reporting sexual abuse and staff neglect or violations of responsibilities that may have contributed to such incidents. During the on-site visit, the Auditor observed that all notifications provided to detainees on the housing units were neatly printed, legible and were strategically and uniformly posted in every unit by the telephones. Consistency in the way these informational posters are presented on each housing unit provides increased accessibility, particularly if detainees move from one housing unit to another. The PCSO (02360) Consulate Listing is posted, in English and Spanish, on each housing unit and includes instructions on how to reach Consulates and Embassies and multiple resources including the Detention and Reporting Information Line (DRIL), DHS/OIG, CRISIS – Sexual Abuse Hotline in Massachusetts Sexual Abuse, (Health Imperatives, A New Day), and the National Sexual Assault Telephone Hotline. In addition to these postings, detainees have access to this information through the ICE National Detainee Handbook. During interviews with eight COs and two security supervisors, the staff were able to explain the available methods that can be used, including accepting a verbal, written, anonymous, or third-party allegation and their requirement to promptly document any verbal reports received. Detainee interviews also confirmed their awareness of multiple ways to make a report of sexual abuse in person, written notice and anonymously through telephone calls and by using the grievance process. Most detainees stated they would tell a staff member, but they were all aware of the many avenues available to them through the written materials distributed and the posters on the walls and bulletin boards. During the on-site audit, the Auditor placed a test call to the Massachusetts Rape Crisis Hotline for reporting sexual abuse. The counselor stated they would call the local police department on the detainee victim’s behalf if the detainee did not want to report to a staff member. A test call to the facility reporting line was also conducted. A message was left for the PC/PCM who responded to the Auditor shortly after the tour was completed.

**Recommendation (a):** The Auditor recommends that the facility update Policy 268 to contain the verbiage detainees can privately report retaliation for reporting sexual abuse and staff neglect or violations of responsibilities that may have contributed to such incidents.

#### **§115.52 - Grievances.**

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

#### **Notes:**

(a)(b)(c)(d)(e)(f): PCSO Policy 268 “Barring Extraordinary circumstances, the facility shall issue a decision on grievances filed by ICE Detainees within five (5) days.” Policy 268 further states, “After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, The Plymouth County Sheriff’s Office shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 working days. The initial response and final agency decision shall document The Plymouth County Sheriff’s Office determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.” In addition, Policy 268 states, “Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.” A review of Policy 268 confirmed it does not require the facility to issue a response to an appeal of the grievance decision within 30 days or to send all grievances related to sexual abuse and the facility’s decision with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. In addition, the policy allows “the response to the initial grievance to extend five days ‘barring extraordinary circumstances.’” A review of Policy 268 further confirms it does not contain direction regarding medical emergencies as required by subsection (d) of the standard. During the on-site visit, the Auditor observed that each unit had a wall kiosk in which detainees can file a grievance by using their identification number which is then received immediately by the grievance coordinator via email. This allows for immediate response and handling of allegations of sexual abuse or for time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Policy 268 further states, “The Plymouth County Sheriff’s Office shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.” In an interview with the GC, it was indicated that detainees are allowed to file a grievance related to sexual abuse at any time and there is no limit imposed on when it may be submitted. The GC further indicated that assistance would be given to any detainee asking for such assistance and all outside requests for assistance will be expedited for sexual abuse grievances. Interviews with the PC/PCM and GC indicated that the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. The PC/PCM and the GC also indicated that medical emergencies that will be brought to the attention of proper medical personnel for further assessment and that the facility would send all grievances related to sexual abuse and the facilities decision to the appropriate ICE FOD at the end of the grievance process. Detainees are informed through the PCCF ICE Detainee Handbook how to use the grievance process and reiterated by the Unit Manager during the orientation process. During detainee interviews, they confirmed they knew how to file a grievance for sexual abuse, threats of sexual abuse and any medical issues relating to their health, safety, or welfare. Detainees also confirmed they could ask for assistance from staff or other detainees as well as family, or legal representation to complete a grievance. The grievance coordinator confirmed assistance would be given to any detainee asking for such assistance and all outside requests for assistance will be expedited for sexual abuse grievances. The facility reported no grievances were received regarding an allegation of sexual abuse or anything else related to sexual abuse during the audit period. This was confirmed through an interview with the GC.

**Recommendation (d)(e):** The Auditor recommends that the facility update Policy 268 to require the facility to issue a response to an appeal of the grievance decision within 30 days and to send all grievances related to sexual abuse and the facility’s decision with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. In addition, the Auditor recommends that



Policy 268 is updated to remove the verbiage that allows "the response to the initial grievance to extend five days "barring extraordinary circumstances."

#### **§115.53 - Detainee access to outside confidential support services.**

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

**Notes:**

(a)(b)(c)(d): PCSO Policy 268 states, "The facility will attempt to make available a victim advocate from a rape crisis center. The facility has an MOU agreement with a certified rape crisis center. The agency will provide inmates at the facility emotional support services related to sexual abuse which includes 24/7 hotline counseling, information, referrals, and one on one counseling at the facility. The rape crisis center information is posted in the housing areas for inmate/detainee/safe keeps reference providing telephone numbers for various crisis centers and hotlines. The Rape Crisis Center Hotline number is a non-recorded number to allow inmates/detainees/safe keeps confidentiality while speaking with the counselors." The PCSO has an MOU with Health Imperatives, A New Day, which provides comprehensive services to the inmates of the PCCF. The services include a certified rape crisis center, A New Day, which will provide emotional support services related to sexual abuse and shall include: 24/7 hotline counseling, information, and referral; One on one counseling at the PCCF if appropriate; and a telephone number provided to detainees on the unit in which they can utilize, all which provide the community standard of care. Posters were observed during the facility tour on each unit placed by telephones with information on how to reach a counselor for these services. A review of the PCCF ICE Detainee Handbook available in English, Spanish and Portuguese, confirmed the facility advised the 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. In interviews with the ADS, he advised that when detainees do not speak English, Spanish or Portuguese, intake staff would utilize available translation line services to ensure the detainees are aware of available confidential outside resources. The Auditor placed a call to the Health Imperatives, A New Day hotline using the unmonitored number provided from a unit phone and the call was answered by counselor who verified the services provided, as listed in the MOU; additionally, she explained the limitations of confidentiality, as would be done with a detainee caller, and their obligation to report a crime to the local authorities if they are made aware. The Auditor also placed a telephone call to the Beth Israel Deaconess Hospital personnel and confirmed that the hospital would provide to the PCCF victims of sexual abuse a victim advocate during the FME and in investigatory interviews, and crisis intervention and follow-up referrals at no cost to the detainee victim. In interviews with 20 detainees, it was indicated that they were aware of these services and how to access when needed.

**Recommendation (a):** The Auditor recommends that the facility adds detainees to their MOU with Health Imperatives, A New Day.

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

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

**Notes:**

PCSO Policy 268 states, "The facility will establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate/detainee/safe keep. This information is provided to inmates/detainees/safe keeps in the Orientation Handbook. Third Party Reporting methods include: the PREA Hotline, Plymouth PD, the PCSO website, etc." The PCCF ICE Detainee Handbook states, "Reporting sexual harassment or assaults can be done verbally, in writing, anonymously and from a third party." A review of both the ICE web site (<https://www.ice.gov>) and PCSO web site ([www.pcsdma.org](http://www.pcsdma.org)) confirmed each has a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee. A test of third-party reporting was conducted successfully on both the ICE website and the PCSO website. Detainees confirmed during interviews that they are aware of their ability to have someone report an allegation of sexual abuse on their behalf. The DHS OIG has a public reporting line for misconduct at 1-800-323-8603; on website at <http://www.oig.dhs.gov>; and by mail. The Auditor contacted the DHS OIG via the hotline and confirmed it was in working order. The facility has established this as an additional method for third-party reporting and notices containing this information were observed by the Auditor posted in the entry of the facility, on the housing units, in the visiting areas and other areas throughout the facility. Additionally, the Auditor reviewed the displayed DRIL posters and confirmed it provides another method to the public on how to report sexual abuse on behalf of a detainee.

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

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

**Notes:**

(a)(b): PCSO Policy 268 states, "All staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against an inmate/detainee/safe keep or staff who reported such an incident, and any staff negligence or violation of responsibilities that may have contributed to an incident or retaliation. Staff shall be allowed to privately report sexual abuse and sexual harassment of inmates/detainees/safe keeps in the following ways: a. Calling the PREA hotline b. Mailing/submitting a report to the PREA Manager c. Notifying a supervisor d. When necessitated, notify an outside Law Enforcement Agency (normally the Plymouth Police Department)." Interviews with eight COs, one volunteer, and three contractors confirmed they understand their responsibility to immediately report any allegation they become aware of to the Shift Supervisor. Interviews with eight COs indicated that they were aware that they may go outside of their chain of command to make a report, should they feel it necessary. Policy 268 was reviewed and approved by the designated ICE FOD on July 26, 2022.

(c): PCSO Policy 268 states, "Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and Mental health practitioners shall report sexual abuse pursuant to Policy 620 and Policy 650 and shall inform the inmate/detainee/safe keep of their duty to report

and the limitations of confidentiality at the initiation of service. Medical and Mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues.” Interviews with eight COs and specialized staff interviews all confirmed the importance of limiting distribution of information related to a sexual abuse incident outside of those who need to know for purposes of treatment, investigation, or local management needs.

(d): PCSO Policy 268 states, “If the inmate/detainee/safe keep is considered a vulnerable adult the Plymouth County Sheriff’s Office will report the allegation to the appropriate state agency.” A review of Policy 268 confirmed it does not require PCCF staff to report an incident of sexual abuse involving a vulnerable adult to the ICE FOD, who according to subsection (d) of the standard has the responsibility of reporting the incident to the designated state or local service agency. In interviews with the Superintendent and PC/PCM it was indicated that if a detainee victim of sexual abuse was considered to be a vulnerable adult, they would notify the both the ICE FOD and the Plymouth County Sheriff’s Office. They further indicated that ICE would make any required notifications to any other state or service agencies. The Auditor reviewed eight sexual abuse allegation investigations and confirmed none of the investigation files reviewed involved a vulnerable adult. PCCF houses only adult detainees.

**Recommendation (d):** The Auditor recommends that the facility update Policy 268 to include the requirement to report an incident of sexual abuse involving a vulnerable adult to the ICE FOD, who according to subsection (d) of the standard has the responsibility of reporting the incident to the designated state or local service agency.

#### **§115.62 - Protection duties.**

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

##### **Notes:**

PCSO Policy 268 states, “When an agency learns that an inmate/detainee/safe keep is at substantial risk of sexual abuse, the PCCF will take immediate action to protect the inmate/detainee/safe keep by activating one of the following procedures: a. Change the inmates/detainees/safe keeps housing assignment (when necessary) b. Make an immediate medical referral c. Make a mental health referral d. Other referrals, as appropriate e. Remove the offender to segregation.” Interviews with eight COs, two security supervisors, the PC/PCM, Superintendent, and the ICE AFOD all confirmed that immediate action would be taken to protect a detainee who is subject to a substantial risk of imminent sexual abuse. The COs stated they would keep the detainee with them and then contact their supervisor for further instructions; supervisory/management and executive level staff explained that the methods used to protect a detainee subject to a substantial risk of imminent sexual abuse would include moving them to a different housing unit, transfer to another facility, medical housing, or protective custody. The Auditor’s review of eight investigative case files confirmed that the detainee victim was kept separated from contact with the alleged abuser in all cases which included separated housing units or when involving staff, ensuring the alleged staff abuser was assigned to an area with no detainee contact.

#### **§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): PCSO Policy 268 states, “Upon receiving an allegation that an inmate/detainee/safe keep was sexually abused while confined at another facility: a. The Superintendent of the Plymouth County Correctional Facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. b. This notification should take place as soon as possible, but no later than 72 hours after receiving notification. c. Such notification will be documented.” The PC/PCM provided a letter to the Auditor, dated February 16, 2022, from the facility Superintendent to the AFOD, Boston Field Office, in which a detainee had alleged that he was sexually assaulted two weeks prior while on an ICE Transportation Van. Interviews with the PC/PCM and facility Superintendent confirmed the letter was sent to the AFOD within a 24-hour time frame of receiving the allegation. During an interview with the PC/PCM, he advised there had been no incidents of sexual abuse reported that was alleged to have occurred at another facility during the audit period, which was further confirmed during her interview. Additionally, the PC/PCM advised the Auditor that if PCCF receives such a report, notification to the appropriate office of the agency or the facility administrator would be made within 72 hours and referred for investigation.

#### **§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): PCSO Policy 268 states, “Upon learning of an allegation that an inmate/detainee/safe keep was sexually abused, the first security staff member to respond to the report shall be required to: a. Separate the alleged abuser from the alleged victim; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. 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, drinking, or eating, and d. 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, drinking, or eating. e. In all instances, the alleged abuser and the alleged victim should be considered physical evidence and should be treated as such. f. Security staff are provided with PREA Information cards outlining this process. 2. If the first responder is not a security staff member, the first responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” Interviews with eight COs and two non-security staff members indicated they are well-trained on their first responder duties and the importance of an immediate response to separate the alleged victim and alleged perpetrator. A review of the eight investigation files confirmed that all staff responding to the incident were security first responders who acted per the requirements of the standard.

### **§115.65 - Coordinated response.**

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

**Notes:**

(a)(b): PCSO Policy 268 states, "Each facility shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The facility shall maintain a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse." The Auditor interviewed members of the multidisciplinary team and found them very knowledgeable of their responsibilities, as well as understanding of the established institutional plan to coordinate actions following a sexual abuse allegation. The Auditor's review of eight sexual abuse allegation investigation files confirmed that PCCF staff responded according to the facility's established coordinated response plan in all instances.

(c)(d): PCSO Policy 268 states, "If a victim of sexual abuse is transferred between facilities, the sending facility shall when appropriate and as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." A review of Policy 268 confirms the policy does not contain the verbiage "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise" as required by subsections (c) and (d) of the standard. In addition, the Auditor reviewed the facility's coordinated response plan and confirmed it too does not contain the verbiage as required by subsections (c) and (d) of the standard. In an interview with the AFOD, he indicated that ICE ERO is provided a packet of all PREA related information including medical and mental health services that is delivered to the receiving facility by ICE. He further indicated that he would only inform the receiving non-DHS PREA facility of the incident and the victim's potential need for medical or social services if the victim requested this information to be shared.

**Does Not Meet (c)(d):** The facility is not in compliance with subsections (c) and (d) of the standard. The Auditor reviewed the facility's coordinated response plan and confirmed it does not include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update the PCCF Coordinated Response Plan to include the language required by subsections (c) and (d) of the standard. The facility must also conduct documented training of all applicable staff on the change in the PCCF Coordinated Response Plan that includes notifying facilities as required by the standard.

### **§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:**

PCSO Policy 268 states, "Staff, Contractors, and Volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." In an interview with the facility Superintendent and PC/PCM, it was indicated that there were no allegations against contractors or volunteers that occurred during the audit period, and should an allegation be reported, they would be removed from the facility pending the outcome of the investigation. The Auditor's review of four investigative staff-on-detainee case files found that the staff member was removed from all contact with detainees. Interviews with the Superintendent and the HRM confirmed that employees are removed from all duties requiring detainee contact pending the outcome of the investigation which may include suspension, and contractors or volunteers would also be removed from the facility until the investigation is completed and the ICE AFOD would be notified. The Auditor reviewed the eight closed sexual abuse allegation investigation files that occurred during the audit period and confirmed that there were no allegations made against contractors or volunteers.

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

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

**Notes:**

(a)(b)(c): PCSO Policy 268 states, "Retaliation against inmates/detainees/safe keeps and staff who report sexual abuse or sexual harassment or who cooperate with investigations is prohibited. The PREA Manager shall monitor retaliation as follows: a. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates/detainees/safe keeps or staff who reported the sexual abuse and of inmates/detainees/safe keeps who were reported to have suffered sexual abuse to see if there is any evidence that may suggest possible retaliation by inmates/detainees/safe keeps or staff and shall act promptly to remedy any such retaliation. b. The facility will review items such as inmate/detainee/safe keep disciplinary reports, housing, or program changes, or negative performance evaluations or reassignment of staff in monitoring for retaliation. c. The Plymouth County Sheriff's Office shall continue such monitoring beyond the 90 days if the initial monitoring indicates a continuing need. d. The PREA Manager shall document information on why any housing, job, or program change was made to ensure the changes were not made for retaliatory reasons." The PC/PCM is the facility's designated retaliation monitor and he explained during his interview that he utilizes the PCCF PREA 90 Day Monitoring Form to see if there are facts that may suggest possible retaliation by other detainees or staff. The form contains information on the detainee, outcome of investigation, reason for monitoring, monitoring criteria and a space for notes and actions taken to remedy any identified retaliation. The PM/PCM further indicated that PCCF will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In interviews with the facility Superintendent and PC/PCM it was indicated that retaliation against any person involved in a sexual abuse incident is strictly prohibited and explained procedures consistent with the policy as the facility's measures to prevent and respond to retaliation. In interviews with eight COs, it was indicated that staff interviewed had a clear understanding that retaliation is prohibited. The Auditor reviewed eight sexual abuse allegation investigation files and confirmed that retaliation monitoring was conducted on all detainee victims immediately upon the receipt of the allegation.

The Auditor also reviewed the PCCF PREA 90 Day Monitoring form and confirmed that retaliation continued for 90 days as required by subsection (c) of the standard.

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

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

##### **Notes:**

(a)(b)(c)(d): PCSO Policy 268 states, "The facility does not utilize administrative segregation for ICE Detainees. Transfers are utilized in the event an ICE Detainee cannot be housed safely in general population." However, in interviews with the PM/PCM and facility Superintendent it was indicated that the facility would use administrative segregation for ICE detainees until the detainee could be transferred out for safety and security but that they would not be held more than five days. Interviews with the PM/PCM and Superintendent further indicated that if a detainee has been held in administrative segregation for 72 hours the FOD must be notified. Interviews with the MHC indicated that all detainees placed in administrative segregation due to being a victim of sexual abuse would have a mental health assessment upon being placed on the unit; however, the interview did not confirm that a reassessment taking into account any increased vulnerability as a result of the sexual abuse would be conducted prior to returning the detainee to general population. The Auditor reviewed eight sexual abuse allegation investigation files and confirmed no detainee victim was placed into administrative segregation due to being a victim of sexual abuse during the audit period.

**Does Not Meet (c):** The facility is not in compliance with subsection (c) of the standard. Policy 268 states, "The facility does not utilize administrative segregation for ICE Detainees. Transfers are utilized in the event an ICE Detainee cannot be housed safely in general population." However, in interviews with the PM/PCM and facility Superintendent it was indicated that the facility would use administrative segregation for ICE detainees until the detainee could be transferred out for safety and security. In an interview with the MHC, it could not be confirmed that a detainee victim of sexual abuse would be reassessed taking into account any increased vulnerability as a result of the sexual abuse prior to returning the detainee to general population. To become compliant, the facility must implement a process that requires all detainees placed into administrative segregation be reassessed taking into account any increased vulnerability as a result of the sexual abuse prior to returning the detainee to general population. In addition, the facility must train all applicable staff on the new process. The facility must submit, if applicable, all sexual abuse allegation investigation files that resulted in a detainee being placed into administrative segregation due to an incident of sexual abuse that occur during the CAP to confirm implementation of the new process. In addition, the facility must submit, if applicable, documentation to support a proper reassessment was conducted of the detainee victim before placement back into general population.

**Recommendation (a)(b)(d):** The Auditor recommends that the facility update Policy 268 to contain the verbiage, "The facility shall take care to place inmate and detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible," "ICE Detainee victims will not be held in any type of administrative segregation for more than five days, except in highly unusual circumstances or at the detainee's request," and "the facility shall notify the appropriate ICE Field Office Director whenever an ICE detainee victim has been held in administrative segregation for 72 hours."

#### **§115.71 - Criminal and administrative investigations.**

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

##### **Notes:**

(a)(b)(c)(e)(f): PCSO Policy 268 states, "The facility begins investigations immediately following an allegation. Investigations are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. These protocols are set out in Policy 513 and are in line with the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition." Policy 513 states, "When the Plymouth County Sheriff's Office conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." Policy 513 further states, "Where sexual abuse is alleged, The Plymouth County Sheriff's Office shall use investigators who are qualified to conduct both administrative and criminal investigations and who have received specialized training in sexual abuse investigations in accordance with Policy 216.3" and "when warranted criminal and administrative investigations shall be conducted concurrently and will ensure that the criminal investigation is not compromised by the administrative investigation." In addition Policy 513 states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator" and "when the quality of evidence appears to support criminal prosecution, the Plymouth County Sheriff's Office shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Policy 513 further states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff" and "the Plymouth County Sheriff's Office shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." In addition, Policy 513 states, "Administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings" and "shall also include an effort to determine whether staff actions or failures to act contributed to the abuse." Policy 513 further states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible, substantiated allegations of conduct that appears to be criminal shall be referred for prosecution, the Plymouth County Sheriff's Office shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by The Plymouth County Sheriff's Office, plus five years, the departure of

the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation, any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements, active investigation folders will be securely maintained in the PREA Manager's office, and investigative folders will be retained for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years." The Auditor interviewed the facility PC/PCM who is also the lead investigator for PCCF. According to the PC/PCM, investigations of sexual abuse, both criminal and administrative, are conducted by facility investigators; however, if an outside agency conducts the investigation the facility will fully cooperate with the outside entity and make every effort to stay informed. In addition, the interview confirmed that determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; and that the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating an investigation. The Auditor's review of investigation files of allegations of sexual abuse reported at PCCF during the audit period found these protocols were followed as described and all were conducted promptly, thorough, objectively; however, due to a lack of provided training curriculums, the Auditor could not confirm that the three investigators responsible for conducting the investigations during the audit period received the required specialized training for investigators.

**Does Not Meet (a)(b):** The facility is not in compliance with subsections (a) and (b) of the standard. Subsection (b) of the standard requires that upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity." Per Policy 513 the facility conducts administrative and criminal investigations concurrently and will ensure that the criminal investigation is not compromised by the administrative investigation. Additionally, the Auditor was not provided with copies of all training curriculums for investigative staff and therefore, could not confirm the investigators received training in effective cross-agency coordination as noted in 115.34. To become compliant, the facility must implement a practice that allows for criminal investigations to be completed and a determination made prior to conducting an administrative investigation after consultation within DHS. In addition, the facility must train all applicable staff on the new process. The facility must also provide documentation that all facility investigators received the required specialized training for investigators as required in 115.34. In addition, the facility must provide all allegations of sexual abuse investigation files that occur during the CAP period to confirm compliance.

#### **§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:**

PCSO Policy 268 states, "Pursuant to Policy 513 and Policy 230, the Plymouth County Sheriff's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Interviews with the PC/PCM, who also serves as the facility Investigator confirmed the evidence standard, they use when determining the outcome of a sexual abuse case is the preponderance of evidence. The Auditor reviewed eight sexual abuse allegation investigation files that occurred during the audit period and confirmed that they were completed in accordance with the standard.

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

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

**Notes:**

PCSO Policy 268 states, "Pursuant to Policy 513, following an investigation into an inmate's/detainee's/safe keep's allegation that he suffered sexual abuse in the facility, the facility shall inform the inmates/detainees/safe keeps as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." In an interview, the PC/CM that every attempt is made to ensure a detainee is notified of investigative outcomes. The Auditor confirmed during review of the eight closed sexual abuse allegation investigation files that all notifications, to include responsive action taken where applicable, had been made either in person or by regular U.S. mail where a forwarded address was obtained.

#### **§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): PCSO Policy 268 states, "Pursuant to Policy 230, staff/contractors/volunteers will be subject to discipline for violating agency policies regarding sexual abuse, with termination the presumptive discipline for actually engaging in sexual abuse. Terminations or resignations linked to violating such policies are to be reported to law enforcement (unless conduct was clearly not criminal) and to relevant licensing bodies." Policy 268 further states, "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's/contractor's/volunteer's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories" and "the agency shall provide information on substantiated allegations or sexual abuse or sexual harassment involving a former employee/contractor or volunteer upon receiving a request from an institutional employer for whom such employee has applied to work consistent with Massachusetts General Law." A review of Policy 268 confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, Policy 268 does not indicate that "removal from 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.” However, as termination is greater than removal from Federal Service the Auditor finds PSCO Policy 268 in substantial compliance with subsection (b) of the standard. In an interview with the PM/PCM it was indicated that there were no staff resignation, termination, or discipline for violating the facility’s policy on sexual abuse during the audit. The Auditor conducted four investigative file reviews of sexual abuse allegations against staff and found that none of the cases were substantiated. A review of Policy 268 confirmed it was reviewed and approved by the designated ICE FOD on July 26, 2022.

#### **§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): PCSO Policy 268 states, “Staff/contractors/volunteers will be subject to discipline for violating agency policies regarding sexual abuse, with termination the presumptive discipline for actually engaging in sexual abuse. Terminations or resignations linked to violating such policies are to be reported to law enforcement (unless conduct was clearly not criminal) and to relevant licensing bodies.” Policy 268 further states, “Pursuant to Policy 217 and Policy 485, Contractors and Volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates/detainees/safe keeps.” In an interview with the PM/PCM it was indicated that there have been no allegations of sexual abuse made against a contractor or volunteer during the audit period. The Auditor reviewed the eight closed sexual abuse allegations files that occurred during the audit period and found that none included a sexual abuse allegation made against a contractor or volunteer.

#### **§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): PCSO Policy 268 states, “Inmates/detainees/safe keeps will be subject to disciplinary action for committing sexual abuse. The disciplinary process includes: 1. Rules of inmate conduct and penalties for violation; 2. Placement in detention in Awaiting Action Status, 3. Informal and Formal Disciplinary Procedures; 4. Disciplinary Hearing Procedures; 5. Sanctions; and 6. Appeal Process.” Policy 268 further states, “Where two inmates/detainees/safe keeps have engaged in sexual contact, they will be disciplined for violating rules against sexual contact, however, discipline for sexual abuse will only take place if a determination was made that the activity was not consensual.” In addition, Policy 268 states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee/safe keep engaged in sexual abuse or following a criminal finding of guilt for sexual abuse, sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee/safe keep’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories, the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed, the agency may discipline an inmate/detainee/ safe keep for sexual contact with staff only upon a finding that the staff member did not consent to such contact, and 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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” In an interview with the PC/PCM, it was indicated that the PCCF has not disciplined any detainee for engaging in sexual abuse during the audit period, as the substantiated case was not detainee-on-detainee. Facility Mental Health Professionals confirmed that a detainee’s mental health status at the time of an incident is considered during the disciplinary process and if this mental disability or mental illness contributed to his or her behavior when determining any sanctions that may be imposed. Interviews with the PC/PCM and facility Superintendent indicated that the PCCF will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact and that an allegation of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In an interview with the MHC, it was indicated that a detainee’s mental health status at the time of an incident is considered during the disciplinary process and if this mental disability or mental illness contributed to his or her behavior when determining any sanctions that may be imposed.

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

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

**Notes:**

(a)(b)(c): Policy 268 states, “If an ICE Detainee’s risk assessment pursuant to Policy 650, indicates the detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical and/or mental health follow-up as appropriate.” Policy 268 further states, “When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment” and “when a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” In interviews with the HSA and the MHC, it was indicated that medical and mental health staff see the detainees no later than 2 days (medical) and 72 hours (mental health) as required by the standard. PCCF provided the Auditor with a copy of a PCCF Booking: “Initial PREA Risk Assessment,” which indicated that the detainee upon intake reported a previous incident of sexual abuse, a copy of the corresponding medical intake screening form, and a copy of the corresponding Mental Health Patient Note. A review of the corresponding documentation confirmed that the detainee was seen within 48 hours by both medical and mental health staff. Based on interviews with the HSA and the HMC and a review of the documented referral provided, the Auditor concluded that medical and mental health see the detainees within the timeframes required by the standard. Interviews with the Intake staff further indicated that when a detainee answers affirmative to previous victimization on the PCCF Booking: Initial PREA Risk Assessment form they immediately notify the PC/PCM, medical, and classification by email to initiate the necessary follow-up.

**§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): PCSO Policy 620, Special Health Care Practices, states, "Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Policy 620 further states, "Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate" and "treatment services shall 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." The facility provided a detainee appointment schedule along with case notes for the Auditor to review confirming the follow-up treatment services provided by facility mental health clinicians. Interviews with the HSA confirmed that detainees are provided the treatment services in accordance with professionally accepted standards of care and without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of an incident. While onsite the Auditor contacted a representative from the Beth Israel Deaconess Hospital and confirmed the availability of detainee outside emergency medical treatment and crisis intervention services. A review of investigation files found that these services were offered where applicable. The facility does not house females.

**§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a)(b)(c)(e)(f)(g): Policy 620 states, "Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." Policy 620 further states, "Treatment services shall 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" and "the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." In addition, Policy 620 states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care, inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and the facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history and offer treatment consistent with professional best practices when deemed appropriate by mental health practitioners." In interviews with the HSA and the MHC, they indicated that the examination and treatment of sexual abuse victims would include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities, or their release from custody. The HSA and MHC further indicated all facility treatment services shall be consistent with the community level of care and testing for sexually transmitted infections as medically appropriate would be offered. A review of investigation files found that mental health services were offered where applicable. Interviews with HSA and mental health further indicated that a mental-health evaluation of all known detainee-on-detainee abusers would be attempted within 60 days of learning of such abuse history. They also indicated that they would offer treatment if deemed appropriate by mental health practitioners.

(d) The PCCF does not house any female detainees; and therefore, subsection (d) of the standard is not applicable.

**§115.86 - Sexual abuse incident reviews.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b)(c): PCSO Policy 268 states, "The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation." Policy 268 further states, "The review process for substantiated and unsubstantiated investigations shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility and whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse." In addition, Policy 268 states, "The PREA Coordinator holds monthly meetings with the PREA team to review investigations including those that are unfounded, review any PREA concerns/issues, identify and recommend changes that will make the facility a safer environment. The monthly PREA team meeting is documented through meeting minutes" and "the PREA Coordinator prepares a report of the findings, including but not necessarily limited to determinations made pursuant to the above criteria, and any recommendations for improvement and submit such report to the Superintendent." Policy 268 further states, "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so" and "the facility shall prepare an annual report of its findings and corrective actions. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Plymouth County Sheriff's Office's progress in addressing sexual abuse. The Plymouth County Sheriff's Office's report shall be approved by the Sheriff and made readily available to the public through its website or, if it does not have one, through other means." In interviews with the PC/PCM and two members of the Incident Review Team (IRT) it was indicated that all members were very knowledgeable about their responsibilities and the elements that are to be taken into consideration during the review. The PC/PCM

and IRT members further indicated that they conduct their reviews 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. In addition, the IRT members and the PC/PCM indicated that the team takes into consideration whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status or other group dynamics. The PC/PCM provided a completed Sexual Abuse or Assault Incident Review Form, which includes consideration of all elements required in provision (b); however, the review form and the facility's response was not forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard. The Auditor also reviewed completed Sexual Abuse Incident Reviews for each of the eight closed investigations reviewed onsite. The facility provided a memorandum signed by the facility Superintendent that states, "The PCCF has not had any recommendations of changes in policy or practice as the result of a sexual abuse incident review in the year preceding the audit. Therefore, there have also not been any recommendations implemented in the year preceding the audit." The Auditor reviewed the PREA Annual Report, dated January 27, 2022, and confirmed that the report included only the inmate population at PCCF. In addition, a review of the PREA Annual Report, dated January 27, 2022, confirmed it was not forwarded to the ICE FOD and Agency PSA Coordinator as required by subsection (c) of the standard.

**Does Not Meet (a)(c):** The facility is not in compliance with subsections (a) and (c) of the standard. The PC/PCM provided a completed Sexual Abuse or Assault Incident Review Form, which included consideration of all elements required in provision (b), however, interviews with staff and the provided documentation did not confirm that the review form and the facility's response was forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard. The Auditor reviewed the PREA Annual Report dated January 27, 2022 and confirmed that the report included only the inmate population at PCCF. In addition, a review of the PREA Annual Report dated January 27, 2022, in addition to interviews with staff did not confirm it was forwarded to the ICE FOD and Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must implement a practice that requires the Agency PSA Coordinator receive a report of the incident review and a facility response regarding any recommendations for improvement or the reason why the improvements aren't being made. In addition, the facility must submit a copy of the PREA Annual report for 2022 that includes detainees with confirmation that the report was sent to the ICE FOD and Agency PSA Coordinator.

**Recommendation (b):** The Auditor recommends that PCSO Policy 268 be updated remove the verbiage "unless the allegation has been determined to be unfounded" regarding when an investigation of sexual abuse is determined to be unfounded.

#### **§115.87 - Data collection.**

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

#### **Notes:**

(a) PCSO Policy 268 states, "The Plymouth County Sheriff's Office shall ensure that data collected is securely retained." In an interview with the PC/PCM it was indicated that all data collected will be maintained in a file regarding incidents of sexual abuse and assault in chronological order by year, which include the following minimum information: A general file which includes the victim(s) and assailant(s) of a sexual assault; the date, time, location, and nature of the incident; the demographic background of the victim and the perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming); detailed reporting timeline, including the names of the individual who reported the incident and received the report of sexual assault, date and time the report was received, steps taken to communicate the report up the chain of command any injuries sustained by the victim; all formal and/or informal action taken, including all post-report follow up response taken by PCCF such as housing placement/custody classification, medical examination, mental health counseling; and any other supporting evidence. The PC/PCM further stated that all sexual abuse data collected is maintained for at least 10 years after the date of the initial collection. During the on-site visit, the Auditor observed the storage of records and determined the facility complies with the standard.

#### **§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) The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.  
(e) The Auditor was provided with and allowed to view all relevant documentation as requested. The facility staff was extremely responsive to the requests of the Auditor and promptly provided the documentation requested.  
(i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.  
(j) Audit notices were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or detainee, or other party correspondence



## 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)

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	29
<b>Number of standards not met:</b>	10
<b>Number of standards N/A:</b>	2
<b>Number of standard outcomes not selected (out of 41):</b>	0

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

*Marlean Ames*

10/20/2022

**Auditor's Signature & Date**

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

10/24/2022

**Program Manager's Signature & Date**

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

10/25/2022

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