

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



**Homeland
Security**

AUDIT DATES

From:	4/13/2021	To:	4/15/2021
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AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-381-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	Norman Parrish
ERO PREA Field Coordinator:	SDDO (b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Hwy, Dallas, TX 75247
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:	Prairieland Detention Center
Physical address:	1209 Sunflower Ln, Alvarado, TX 76009
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	817-409-3995
Facility type:	D-IGSA
PREA Incorporation Date:	5/3/2016

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-409-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-409-(b) (6), (b) (7)(C)

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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 Prison Rape Elimination Act (PREA) audit of the Prairieland Detention Center (PDC) was conducted on April 13-15, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Lead Auditor was provided guidance and review during the audit report writing and review process by the Immigration and Customs Enforcement (ICE) PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (ORP) External Review and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The PDC is privately owned by the LaSalle Corrections and operates under contract with the DHSICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the PDC are from El Salvador, Honduras, and Guatemala. The facility does not house juveniles or family detainees. This was the second PREA audit for the PDC and the facility is located in Alvarado, Texas.

The Team Lead opened the entry briefing at 8:15 a.m. on the first day of the on-site visit. In attendance were:

- (b) (6), (b) (7)(C) Facility Administrator, LaSalle Corrections
- (b) (6), (b) (7)(C) Assistant Facility Administrator, LaSalle Corrections
- (b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager, LaSalle Corrections
- (b) (6), (b) (7)(C) Deportation Officer (DO), ICE
- (b) (6), (b) (7)(C) Supervisory Deportation and Detention Officer (SDDO), ICE
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist, DHS/ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Auditor

The Auditor introduced himself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance 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. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, documentation review, and conducting both staff and detainee interviews. On the first day of the audit, there were 113 detainees housed at the PDC. Four of those detainees were females.

After the in-briefing the facility tour began. The design of PDC includes thirteen general population dormitories. One segregation unit with three wings (North, East and West) housing male detainees. Females requiring segregation utilize restricted cells in the E housing Unit. Dormitory capacities for detainees range from 30 to 82 each. Each dormitory has a dedicated outdoor recreation area that detainees may freely access, as well as a separate indoor common area for leisure time activities. Each dormitory is furnished with two television sets. Housing units are managed by direct supervision. The four female detainees were being held in the medical unit, with no restrictions. The female housing units at PDC are living units D-1 and D-3. These units were closed as the only females in the facility at the time of the on-site visit were under medical review in the medical unit. The PDC medical unit has 14 beds. If suicide watch is needed, it is performed in the high security mental health unit.

During the on-site visit, the Auditor conducted informal interviews with staff and detainees during the tour, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditor was provided with staff and detainee rosters and randomly selected both detainees and staff for formal interviews. Twelve random staff (including line-staff and first-line supervisors) were interviewed. Specialized staff interviews included the Facility Administrator, Deputy Facility Administrator, Training Manager, PSA Compliance Manager, Human Resources Manager, intake staff (3), Administrative Investigator, Grievance Coordinator, Classification Supervisor, Retaliation Monitor, Incident Review team member, SDDO, DO, Health Service Administrator (HSA), and mental health staff. A total of 21 random detainees were interviewed. Five detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. There were no detainees identifying as lesbian, gay, bisexual, or intersex (LGBI). The facility also had no detainees with physical or cognitive disabilities. The Auditor did interview one transgender detainee.

There was one PREA allegation reported during the audit period. The allegation was a detainee-on-detainee and determined to be unfounded after the completion of the investigation.

On April 15, 2021 an exit briefing was held in the staffing conference room. The Acting Unit Chief/Section Chief opened the briefing and then turned it over to the Auditor. In attendance were:

- (b) (6), (b) (7)(C) Facility Administrator, LaSalle Corrections
- (b) (6), (b) (7)(C) Assistant Facility Administrator, LaSalle Corrections
- (b) (6), (b) (7)(C) PSA Compliance Manager, LaSalle Corrections
- (b) (6), (b) (7)(C) Acting Unit Chief/Section Chief ICE/OPR/ERAU
- (b) (6), (b) (7)(C) DO, ICE
- (b) (6), (b) (7)(C) SDDO/ ICE
- (b) (6), (b) (7)(C) Inspections and Compliance Specialist, DHS/ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Auditor

The Auditor spoke briefly about his observations. He noted how impressive the intake process was as it required each detainee to acknowledge by signature their intake risk assessment. The Auditor was able to give some preliminary findings but informed them that it was too early to determine the outcome. Detainees interviewed had a good understanding of PREA and knew what mechanisms are in place at PDC to report incidents of sexual misconduct if needed. The Auditor thanked the LaSalle staff and ICE staff for their cooperation during the three days of the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

§115.31 Staff training

Number of Standards Met: 32

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health Care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.52 Grievances
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and Administrative Investigations
§115.72 Evidentiary standard for administrative investigations
§115.71 Criminal and 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: 6

§115.13 Detainee supervision and monitoring
§115.21 Evidence protocols and forensic medical examinations
§115.33 Detainee education
§115.51 Detainee reporting
§115.53 Detainee access to outside confidential support services
§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. If additional space for notes is needed, please utilize space provided on the last page.

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

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

Notes:

(c): The Auditor determined compliance with this subpart of the standard based on review of the Prairieland policy 3.1.23 Sexual Abuse and Assault Prevention and Intervention that requires the "Prairieland Detention Center maintains a zero-tolerance policy for all forms of sexual abuse or sexual harassment in compliance with applicable standards including National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination act; measures are taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainees education regarding issues pertaining to sexual assault; procedures for immediate reporting of any allegations of sexual abuse or assault through PDC's chain of command procedures, and to ICE/ERO. " The Auditor was provided a copy of the policy 3.1.23 signature page demonstrating this policy was reviewed and approved by the Assistant Field Office Director (AFOD).

(d): The Auditor determined compliance with this subpart of the standard based on review of the policy 3.1.23 that states, "The Facility Administrator will designate a Prevention of Sexual Assault Compliance Manager POC for ICE and PSA (PSA Coordinator) who will serve as the facility point of contact for the ICE PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures. The Compliance Manager shall: assist with the development of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program, as specified above in this standard, and with keeping them current; assist with the development of initial and ongoing training protocols; serve as a liaison with other agencies; coordinate the gathering of statistics and reports on incidents of sexual abuse or assault; review the results of every investigation of sexual abuse and assist in conducting an annual review of all investigations in compliance with the Privacy Act to assess and improve prevention and response efforts; and review facility practices to ensure required levels of confidentiality are maintained." The Auditor reviewed the facility's organizational chart reflecting the PSA Compliance Manager's position, resources, and authority. The PSA Compliance Manager informed the Auditor he is the point of contact for the agency's PSA Coordinator and he has sufficient time and authority to oversee efforts for the facility to comply with their zero-tolerance policy.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The Auditor determined compliance with this subpart of the standard based on the Auditor's interviews conducted with the Facility Administrator, PSA Compliance Manager, and review of policy 3.1.23 requiring that "Prairieland Detention Center shall maintain sufficient supervision of detainees through a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse."

(b)(c): Both the Facility Administrator and the PSA Compliance Manager informed the Auditor that PDC utilizes direct supervision of their detainees by line staff in conjunction with video monitoring. The PDC policy 3.1.23 and post descriptions requires their line staff to make frequent rounds in their supervision areas and document the rounds. The facility had not completed an annual review of their comprehensive detainee supervision guidelines for calendar year 2020. During the three days on-site at PDC the Auditor observed, on each of the twelve-hour shifts, adequate staff to provide direct supervision of the detainees.

Does not meet (b)(c): The Auditor found the facility non-compliant with the requirement of these standard subparts, as the facility policy 3.1.23 and practice do not require the facility to conduct, at least annually, a review of the comprehensive detainee supervision guidelines to ensure the facility's detainee supervision needs are met. The review requires, determining adequate levels of detainee supervision and determining the need for video monitoring, and whether the facility takes into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. PDC must conduct annually a review of their comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs. The facility must provide an annual review of the comprehensive detainee supervision guidelines that address all elements of the standard to review for standard compliance.

(d): The Auditor determined compliance with this subpart of this standard based on review of policy 3.1.23 that requires "The Prairieland Detention Center shall ensure the Shift Supervisor or designee is conducting weekly rounds and documenting PREA unannounced rounds. Both day and evening shift supervisors, while conducting these rounds shall be looking at cross-gender viewing, gender announcement, staff-detainee communication, identify and deter sexual abuse of detainees and ensuring PREA signs are posted in housing areas and holding rooms. Employees are prohibited from alerting other Employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the Facility." While on-site the Auditor reviewed logbooks and found supervisors' signatures on both day and night shifts indicating PREA rounds were being made. The interviews conducted with the shift supervisors confirmed they make rounds of every location where detainees have access, at staggering times and locations. The interviews with ten random line staff confirmed they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

PDC does not accept juveniles or family detainees. This was confirmed in the PAQ and during interviews conducted with the Facility Director, PSA Compliance Manager, and personal observations by the Auditor while on-site.

§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)(c)(d)(e): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires "The Prairieland Detention Center shall not conduct cross-gender pat-down searches of male detainees unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The Prairieland Detention Center shall not conduct cross-gender pat-down searches of female detainees unless in exigent circumstances. The Prairieland Detention Center shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners." A memorandum of record was submitted as supporting evidence indicating "Yes, Prairieland Detention Center pat-down searches of the opposite gender shall be documented." The Auditor conducted interviews with line staff, medical staff, and a review of the PAQ that indicated no cross-gender pat-searches, strip searches or body cavity searches were conducted during the previous three years. Interviews with the Facility Director, PSA Compliance Manager, Shift Supervisors, and random staff all confirmed PDC does not allow or perform strip searches on detainees.

(f): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires "The Prairieland Detention Center shall document all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches." The interview with the PSA Compliance Manager confirmed all cross-gender searches would be documented in a log per policy and he also stated that PDC had not conducted any cross-gender pat-searches, cross-gender body cavity searches, or cross-gender strip searches during the previous three years. Random security staff interviews confirmed their knowledge of the policy restrictions for cross-gender pat-searches and restriction on any strip of cavity searches.

(g): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires "The Prairieland Detention Center shall enable detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. The Prairieland Detention Center shall require staff of the opposite gender to announce their presence when entering a detainee housing unit." During the on-site visit the Auditor observed detainee shower and toilet areas with privacy curtains. While conducting the on-site inspection the Auditor observed opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. Random interviews with 21 detainees confirmed cross-gender announcements are made by staff prior to entering the living areas. The PSA Compliance Manager informed the Auditor that monitored bowel movements would be completed by the medical staff and not the security staff.

Recommendation: The Auditor recommends the policy language be updated to reflect the facility's practice of "the monitored bowel movements are performed by medical staff" to provide staff procedural direction.

(h): This subsection is non-applicable. PDC is not a Family Residential Facility.

(i)(j): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires "The Prairieland Detention Center shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The Prairieland Detention Center shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of the standard medical examination that all detainees must undergo as part of the intake or other processing procedures conducted in private by a medical practitioner." The interview conducted with the HSA confirmed no detainee would be searched for the sole purpose of determining the detainee's genital characteristics. The Auditor reviewed the training curriculum that demonstrated the subpart (j) training requirements. Also, the ten security line staff interviewed confirmed their training on conducting searches of transgender and intersex detainees in a professional manner. During the review of eight security staff training records, the Auditor confirmed these individuals receiving this search training. The Auditor interviewed one transgender detainee who indicated he was always treated with respect when searched and never felt that she was signaled out for searching based on her sexual orientation.

Recommendation: The Auditor recommends the facility update their policy to be in line with current practice and the requirement of subpart (i) of the standard. Standard 115.15(i) states "The facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner." Current policy limits such searches to transgender or intersex detainees.

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

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires "The Prairieland Detention Center shall ensure detainees with disabilities (including, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Prairieland Detention Center will ensure effective communication with detainees who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Prairieland Detention Center shall ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. PDC is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the ADA, 28 CFR35.164. The Prairieland Detention Center will take reasonable steps to ensure meaningful access to all

aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse, the Prairieland Detention Center shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and PDC determines that such interpretation is appropriate and consistent with DHS policy. PDC prohibits the provision of interpreter services by minors, alleged abusers, detainee who witnessed the alleged abuse, and detainee who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." Upon arrival at PDC, each detainee is provided and signs for the LaSalle Corrections Prairieland Detention Center Handbook Supplement and the ICE National Detainee Handbook. The LaSalle Corrections Prairieland Detention Center Handbook Supplement is available in English and Spanish. The ICE National Detainee Handbook is available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees are required to review an orientation/ educational video in Spanish and English which includes PREA information while in intake and are provided the DHS-prescribed Sexual Assault Awareness Information pamphlet in Spanish and English- Although the DHS-prescribed Sexual Assault Awareness Information pamphlet is available in seven different languages other than English and Spanish (Arabic, French, Haitian Creole, Chinese, Portuguese, and Punjabi) from ICE; the facility has it available in English and Spanish only. The facility is aware they can download the other seven languages if needed. The two-intake staff interviewed confirmed if a detainee speaks a language not available in the ICE National Detainee Handbook, the staff will utilize the ERO Language Line Service for interpretive services and documents the interpreter's badge number on the orientation paperwork the detainee signs. These same intake staff interviews confirmed that for any detainees that may be hearing impaired or deaf, staff would utilize the text telephone (TTY available in intake) and provide written materials to the detainee to read. Detainees arriving at PDC who may be blind or have low vision would be provided individualized attention by the intake staff, that may include reading the orientation information to the detainee. In cases where the detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, the detainee would be referred initially to a supervisor or the medical/mental health department to provide the necessary orientation information. The Auditor interviewed five detainees that were LEP during the on-site visit. All five indicated they were provided information on sexual safety in a format they understood. There were no detainees with any other disabilities present at the PDC for the Auditor to interview. The interviews with the PSA Compliance Manager and the facility Investigator confirmed an interpreter would be used in any investigation of alleged sexual abuse involving a LEP detainee. The random staff interviews confirmed their understanding of who can and cannot provide interpretation services during matters relating to sexual abuse as outlined in subpart (c). The only allegation at PDC for the last 12 months involved a LEP detainee. The review of his investigative file confirmed the use of an interpreter.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f): The facility's policy 3.1.23 states, "The Prairieland Detention Center is prohibited from hiring anyone who may have contact with detainees, and shall not enlist the services of any contractor/volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Prairieland Detention Center when considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. PDC, consistent with law, shall make its best effort to contact all prior institutional employers of any applicant for employment, to obtain information of substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. The facility requires all new hires, those staff awaiting promotions, and all staff on an annual basis to complete and submit a Self-Declaration of Sexual Abuse/Sexual Harassment form. The individual responds directly to questions about previous misconduct as required per the standard and as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct." Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process; a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The Human Resources (HR) Manager at PDC informed the Auditor the facility would provide information on substantiated allegations of sexual abuse involving former employees, upon the request from an institutional employer for which the employee has sought new employment. She further stated that part of the PDC employment process is requesting all information from prior institutions, where the prospective candidate was previously employed. The Auditor also observed in ten employee files, an up-to-date DHS 6 Code of Federal Regulations Part 155 questionnaire used for all new hires, staff who received a promotion, and signed by all staff on an annual basis. Interviews with the Facility Administrator and HR Manager indicated PDC has no contractors at the facility.

Executive Order 10450 Security Requirements for Government Employment, Office of Personal Management Section Part 731 and ICE Directives 6.7.0 and 6.8.0 requires "the facility and agency, to the extent permitted by law, to refuse 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 been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard." The Unit Chief of the ICE OPR Personnel Security Unit (PSU), informed Auditors who attended video training in Arlington, Virginia in September-October 2020, that candidate suitability for all employment 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.

(c)(d) The facility's policy 3.1.23 also requires, "The Prairieland Detention Center shall conduct criminal background checks and make its best effort to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees, Contractors, and Volunteers at least every five years." The Federal Statute 731.105 and ICE Directives 6, 7.0 and 6.8.0 require "the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility. It further requires a background recheck be conducted every five years on all employees and unescorted contractors." The Auditor was informed by the HR Manager that ICE completes background checks for all staff prior to hiring and then again, every five years. The Training Manager conducts law enforcement background investigations on all volunteers, and these background checks are conducted on an annual basis. A review of the documentation provided by ICE OPR PSU Unit Chief confirmed background checks were initially conducted on the ten randomly selected employees (9 PDC and 1 ICE), and were performed prior to them reporting to work at PDC and initiated within the 5-year timeframe.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): These subparts of the standard are not applicable at PDC. The Facility Administrator and the PAQ confirmed the facility has not made any upgrades to the facility or to their technologies since their previous audit.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(e): The Auditor determined compliance with this subpart on the facility's policy, interviews, and information provided to the Auditor by ICE that PREA allegations at the PDC are investigated through OPR or Office of the Inspector General (OIG). The facility policy 3.1.23 requires, "PrairieLand Detention Center is responsible for investigating allegations of sexual abuse; PDC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable." Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or a local law enforcement agency. The OPR will coordinate with the Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not accepted or assigned by DHS OIG, OPR, or local law enforcement agency, the case would be referred to ERO for assignment and completion of an administrative investigation. PDC only conducts internal administrative investigations by a qualified security staff member who has received specialized investigative training on sexual abuse. PDC does not have a memorandum of understanding (MOU) with the Alvarado Police Department (APD), the agency that is contacted upon every allegation of sexual abuse and would investigate all criminal cases at PDC, according to the Facility Administrator and PSA Compliance Manager. PDC provided the Auditor with a copy of the request for both agencies to enter into an MOU, requiring APD to comply with subparts (a) through (d) of the standard. As noted earlier policy 3.1.23 was reviewed and approved by the AFOD. The Auditor reviewed the only reported sexual abuse allegation for the audit period and determined the facility utilized the uniform evidence protocols in accordance with the standard's requirement.

(b): Policy 3.1.23 requires, "The PrairieLand Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. PrairieLand Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. A qualified agency staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals." The PSA Compliance Manager is the PDC staff person who provides detainees with the victim advocate information for every allegation of sexual assault. The Auditor contacted the agency Safe Haven, whose information was posted throughout the facility as the organization that will provide victim support and crisis intervention services. The director for Safe Haven indicated her agency only offers services to victims of domestic violence and not sexual assault.

Does Not Meet (b)(d): The facility has not made available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victim's needs through a rape crisis center or a qualified staff member. PDC must remove the facility postings indicating the availability of victim advocate services by Safe Haven and attempt to enter into an MOU with a rape crisis center or provide services through a trained qualified staff member. For compliance review, the facility must provide a MOU or agreement with a rape crisis center or documented attempt to obtain an agreement. If a rape crisis center is not available, the facility must provide documentation victim advocate services are provided by a qualified staff member or a qualified staff member from a community-based organization. If requested by the victim, his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed to be present to provide support during a forensic exam or investigatory interview.

(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires "The PrairieLand Detention Center shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside the facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs. The results of the physical examination and all collected physical evidence are provided to the investigative entity. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." The Health Service Administrator (HSA) confirmed these policy protocols as outlined above, and indicated all services are provided without cost to the victim. All forensic exams and emergency treatment services are provided at the outside hospital, the facility would triage the detainee prior to transport. She also indicated PDC has attempted to enter into an MOU with the Harris Methodist Hospital (HMH) but has been unsuccessful. PDC utilizes the HMH for forensic examinations performed by a SANE practitioner as needed. The one allegation reported during the audit period did not require a forensic exam.

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

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

Notes:

(a)(b)(d)(e)(f): The Auditor based compliance with these subparts of the standard after review of the facility policy 3.1.23 and agency policy 10062.2 outlining the evidence and investigative protocols, documentation review, and interviews. Policy 3.1.23 states "PDC shall ensure that all allegations of sexual abuse or assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and shall document such referrals. 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. Where sexual abuse is alleged, the Prairieland Detention Center shall use facility investigators who are specially trained, qualified facility investigators in sexual abuse investigations and they must be prompt, thorough, objective, and fair. The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. When sexual abuse is alleged, the facility shall ensure that the Facility Administrator, PREA Compliance Manager, Facility Investigator, Corporate PREA Coordinator, and other designated individuals and ICE AFOD or designee will be notified within two (2) hours of the occurrence." The agency policy requires that all investigations are to be reported to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. The JIC assesses all sexual abuse allegations reported to them to determine whether the allegation is referred to the DHS OIG or OPR. OIG has the first right of refusal on all employees, volunteers, or contractors on detainee sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and in coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are investigated by the OPR field office or referred to the ERO Administrative Investigative Unit (AIU) for investigation. The ERO AIU would assign an administrative investigation to be completed by an ERO Fact Finder or to the AFOD who then would assign it to a manager for management inquiry (case summary) completion. All investigations are closed with a report of investigation. The Auditor interviewed the Facility Administrator who confirmed he notifies the AFOD who makes the notifications to the FOD.

Recommendation: The facility should update the policy to reflect the notification is made to the ICE FOD as required by standard. If the FOD designated the AFOD as the designee for such notifications, the FOD should provide a written directive to the facility instructing the facility to make the notification to the designee.

PDC only conducts internal administrative investigations by a qualified security staff member who has received specialized investigative training on sexual abuse. The Facility Administrator confirmed to the Auditor he is to notify the AFOD of all allegations of sexual abuse per policy 3.1.23. He indicated he contacts the AFOD directly for all incidents of sexual abuse. There was one PREA allegation reported during the audit period. The allegation was a detainee-on-detainee and was determined to be unfounded, after the completion of the investigation by the facility's trained investigator. The Auditor's review of the investigative file demonstrated contact to the AFOD by the Director.

(c): The protocols for ICE investigations and PDC investigations were observed by the Auditor on their respective web pages (www.ICE.gov/prea) and (<https://lasallicorrections.com/wp-content/uploads/2020/11/LSC-2-11-PREA-DOJ-Policy.pdf>).

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard, and shall include: the facility's zero-tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; and examples of prohibited and illegal sexual behavior; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee victim's welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault. The Prairieland Detention Center shall maintain written documentation verifying employee, volunteer, and contractor training." The Auditor reviewed the staff sexual abuse training curriculum, titled PREA – Prairieland Detention Center, and determined that it included each element of the standard. The Auditor reviewed ten employee training files and found written documentation verifying completion of this training. The Auditor interviewed 12 random facility staff and 2 random ICE staff. Each staff interviewed detailed the content of the training, which coincided with the standard and policy requirements, and indicated refresher training is provided annually, which exceeds the standard's requirement. The Training Manager provided documentation to the Auditor demonstrating all employees at the PDC received the required PREA training for 2020.

§115.32 - Other training.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires "Prairieland Detention Center shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies, and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the Prairieland Detention Center zero-tolerance policy and informed how to report such incidents. In this paragraph "other contractor" means a person who provides services on a non-recurring basis to the facility, pursuant to a contractual agreement with the agency or facility. The Prairieland Detention Center shall maintain written documentation verifying employee, volunteer, and contractor training." No contractors are utilized at PDC. Due to the COVID-19 pandemic there were no volunteers currently at the facility. The Auditor interviewed the Training Manager who indicated employee and contractor PREA training is identical, covering the requirements of standard 115.31 subpart (a). The Auditor was also provided with the training curriculum "ICE Prison Rape Elimination Act (PREA) for Contractors and Volunteers," given to all volunteers, regardless of the detainee contact level. The Auditor determined that the training curriculum complied with the standard's requirements. Additionally,

the Training Manager provided the Auditor with two copies of volunteer training records for review. The Auditor found signed acknowledgement forms indicated the volunteers had received and understood the training.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(e): Policy 3.1.23 and this standard require, "Detainees shall be informed about Prairieland Detention Centers Sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. Prairieland Detention Center prohibits all forms of sexual abuse or assault staff on detainee, detainee on detainees; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of contact line officer, (e.g., the compliance manager or a mental health specialist) the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Each detainee shall receive a copy of the "Sexual Assault Awareness Information" pamphlet; a Prairieland Detention Detainee Handbook; and an U.S. Immigration and Customs Enforcement National Detention Handbook in which both include information on how to report sexual abuse. A signed acknowledgment shall be kept in the detainee detention file. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Prairieland Detention Center shall maintain documentation of detainee participation in the instruction session. The Prairieland Detention Center shall have a TTY machine available in the Intake Processing Area." As noted in standard 115.16, upon arrival at the PDC, each detainee is provided and signs for a copy of the LaSalle Corrections Prairieland Detention Center Handbook Supplement available in English and Spanish and the ICE National Detainee Handbook, which is available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees are required to review an orientation/ educational video which contains PREA materials in Spanish and English, while in intake, and are provided the DHS-prescribed Sexual Assault Awareness Information pamphlet in Spanish and English. Although the DHS-prescribed Sexual Assault Awareness Information pamphlet is available in seven different languages other than English and Spanish (Arabic, French, Haitian Creole, Chinese, Portuguese, and Punjabi) from ICE; the facility has it available in English and Spanish only. The two intake staff interviewed confirmed if a detainee speaks a language not available in the ICE National Detainee Handbook, the staff will utilize the ERO Language Line Service for interpretive services and documents the interpreter's badge number on the orientation paperwork the detainee signs. Intake staff interviews confirmed detainees that may be hearing impaired or deaf, staff would utilize the text telephone (TTY) and provide written materials to the detainee to read. Detainees arriving at PDC with low vision or who are blind, are provided individualized attention by staff, that may include reading the orientation information to the detainee. In cases where the detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, would be referred initially to a supervisor or the medical/mental health department to provide the necessary orientation information.

Does Not Meet (a): The Auditor interviewed five detainees who indicated they had not reviewed or seen an orientation video that the intake staff and policy indicated is part of the orientation and education process. The Auditor reviewed their detention files and found signed orientation sheets, indicating they had seen this video. However, the Auditor watched the entire intake process of a detainee on day two of the on-site visit. The orientation video was running in the background during his intake with no sound. The detainee was made to sign that he had received the orientation information, to include the review of the orientation video. As described in the policy, the facility is required to "provide the orientation video to English and Spanish-speaking detainees in a method where the detainee can fully listen to and could understand the information being presented or provide detainee orientation program in another method that informs the detainee about the agency and facility's zero tolerance policies for all forms of sexual abuse and all other information elements of the standard." This was not done as witnessed by the Auditor in the intake process mentioned above. The facility must provide documentation demonstrating the method the detainee receives the orientation information and if by video, inform and ensure staff of the requirement of playing the video with sound to provide the orientation information to the detainee as required.

(d): The Auditor determined compliance with this subpart of the standard after observing the DHS prescribed sexual assault awareness Zero Tolerance poster, in Spanish and English, throughout PDC in all areas where detainees have access. The name of the PSA Compliance Manager was included in each of these postings. Also prominently displayed and observed by the Auditor is contact information for the Safe Haven in each of these areas.

Recommendation: As the Auditor has determined standard 115.21(b) to be non-compliant, the facility should remove all information that is displayed advising detainees to contact Safe Haven as a local organization that can assist detainees who have been victims of sexual abuse. Once the facility has found another organization to provide such services as required per the standard, the facility should post it accordingly.

(f): The Auditor determined compliance with this subpart of the standard after reviewing detainee reporting information provided in LaSalle Corrections Prairieland Detention Center Handbook Supplement and in the ICE National Detainee Handbook. The 21 random detainee interviews confirmed they were aware of how to report sexual abuse if needed.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after review of the facility's policy 3.1.23 requires "In addition to the general training provided to all Prairieland Detention Center employees, the Prairieland Detention Center shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training must cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria, and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. The Prairieland Detention Center shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The Auditor interviewed PDC's primary investigator. He confirmed receiving this specialized training and his training was documented in his training record. The facility investigator training was provided through the National Institute of Corrections (NIC) and included curriculum on working with outside entities." The one sexual abuse investigation conducted during the audit period was conducted by the trained facility investigator.

The agency policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate. The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements."

§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): These subparts of the standard are not applicable to PDC as the medical department is operated through LaSalle Corrections.

(c): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "The Prairieland Detention Center shall ensure that all full and part-time medical and mental health care practitioners are provided with specialized training, to include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Prairieland Detention Center training department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or from elsewhere. Medical and mental health care practitioners shall also receive the PREA training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency." The Auditor reviewed five staff medical training files and found their records demonstrated medical and mental health staff receive this training on an annual basis. The interview with the HSA confirmed that PDC does not conduct forensic examinations and their medical and mental staff received all required training for 2020. As noted earlier, policy 3.1.23 was approved by the AFOD.

§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)(f): The Auditor determined compliance with these subparts of the standard after review of policy 4.1.23 that requires, "The Prairieland Detention Center shall assess all detainees upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. All detainees will be screened within 12 hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behaviors. Housing assignments are made accordingly. Detainees identified as being at risk for sexual victimization are monitored and counseled and are placed in the least restrictive housing that is available and appropriate. The Prairieland Detention Center shall also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. Detainees identified as having a history of sexually assaultive behavior or at risk for sexual victimization shall be assessed by a mental health or other qualified health care professional and monitored and counseled as determined by the professional. If the assessment indicates that a 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 or mental health practitioner for medical and/or mental health follow-up as appropriate. The following criteria will be used in screening to assess detainees for risk of sexual victimization and sexual abusive behavior: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive." Policy further states "Detainees shall not be disciplined for refusing to answer or not disclosing complete information in response to questions (1), (7), (8), (9) as outlined in subpart(c) of the standard." The Auditor reviewed the PREA Risk of Victimization and Abusiveness form and found the document addressed each of the requirements of subpart (c) and subpart (d), as known to the facility. The Auditor interviewed two intake staff members and the supervisor for the intake operation who confirmed the classification and vulnerability assessment are completed within the first 12 hour of the detainees' arrival by a trained staff member. The Auditor reviewed ten detainee files and found a PREA Risk of Victimization and Abusiveness form completed on the detainee's day of arrival. As noted earlier, the Auditor observed the complete intake process on an arriving detainee on the second day of the on-site visit. The assessment and classification were completed within the first couple hours of the detainee's arrival according to interviews with the random detainees and the intake staff.

Recommendation: The facility should document the time the initial classification and housing assignments is completed for verification of the process completion within 12 hours.

(e): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "The Prairieland Detention Center shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." The reassessment of detainees at PDC is conducted by program staff. During the random detainee interviews, ten detainees informed the Auditor that they had not received a reassessment. The Auditor reviewed all ten of these detainee's detention files and found reassessments completed withing the 60-90-day requirement of the policy and standard. The Auditor confirmed a reassessment was completed on the same day as the allegation on both the alleged victim and abuser.

(g): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "The Prairieland Detention Center shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this screening in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The Auditor observed control over the intake

process paperwork until the documents were finally retained under lock and key. The Auditor's interviews with the intake staff and random staff confirmed information they become aware of during the risk screening process is to remain confidential.

§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): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "Screening Information from the risk screening required to inform housing, bed, work assignments within the Facility in order to keep potential victims away from potential abusers. Detainees identified as being a risk for sexual victimized are monitored and counseled and placed in least restrictive housing that is available and appropriate." The Auditor reviewed ten detainee files where the initial assessment and reassessment files are kept. The files demonstrated individualized assessments conducted on each detainee to ensure his/her safety. The interviews with the intake staff, conducting the initial assessment, and the program staff member, who conducts the reassessment, confirmed all bed, limited work, and programing assignments are based on each detainees' individualized assessment to ensure the safety of each detainee.

(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "The Prairieland Detention Center shall not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. The Prairieland Detention Centers placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender of intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. LGBTI Individuals in the Prairieland Detention Center shall not be placed in housing units solely based on their identification as LGBTI, unless such dedicated unit exists in connection with consent decree, legal settlement, or legal judgment for the purpose of protecting such detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." There was one transgender detainee at PDC during the on-site visit and the Auditor reviewed her intake form and medical record and determined the proper procedures were considered per policy and the standards requirement. The interview with both the HSA and a mental health practitioner confirmed ICE typically notifies PDC of any incoming transgender detainees prior to them arriving at the facility. They indicated whenever a transgender arrives the detainee appears before the Transgender Classification and Care Committee (TCCC). This multi-disciplinary committee, consisting of key facility leadership, medical and mental health staff, and on-site ICE personnel (either SDDO or AFOD) convene and document PDC's decision on housing and other mitigating factors to best meet the safety and security needs of the transgender detainee, including allowing for transgender and intersex detainees to shower separately from other detainees. The Auditor interviewed the transgender detainee who indicated she was seen upon arrival and questioned about any safety concerns and asked if she wished to have accommodations for showering alone. She indicated she showers during the afternoon count time when everyone else is confined to their bed.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.24, Special Management Units, that requires, "Prairieland Detention Center in consultation with ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the facility, shall document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Use of administrative segregation to protect vulnerable populations will be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees vulnerable to sexual abuse or assault shall be assigned to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed a period of 30 days. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel, and other services available to the general population to the maximum extent practicable." The Facility Administrator stated that the placement of any vulnerable detainee in administrative segregation would be his last choice. He stated he has never placed a detainee vulnerable to victimization in segregation, within the last three years. He indicated he would move the detainee to another housing unit, to a medical bed, or contact the AFOD to move the detainee. Policy 3.1.24, Special Management Units, was reviewed and signed by the AFOD.

(d)(e): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.24 that requires, "The chief of security will conduct a review within seventy-two (72) hours of all vulnerable detainees placed in administrative segregation for their protection, to determine whether segregation is still warranted. The review includes an interview with the detainee and a written record is made of the decision and the justification. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or his designee. The facility administrator will notify the ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation based on vulnerability to sexual abuse or assault. The chief of security will conduct an identical review after the detainee has spent seven (7) days in administrative segregation and protective custody, and every week thereafter, for the first thirty (30) days and every ten (10) days thereafter. The chief of security will interview with the detainee and document the decision and justification. If the chief of security concludes a detainee is to be removed from administrative segregation, that recommendation will be submitted to the facility administrator or designee for approval." As noted above the Facility Administrator indicated segregation has not been utilized for the last three years for placement of any vulnerable detainee. He further stated if it were ever to be necessary to use segregation, he would notify the AFOD as required within the 72 hours of placement and the detainee would be reviewed under the policy requirements as long as he/she was placed in segregation.

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): Policy 3.1.23 requires, "The Prairieland Detention Center shall ensure that detainees have multiple ways for detainees to privately report sexual abuse and sexual harassment, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. PDC shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. The Prairieland Detention Center has one way for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainees to remain anonymous upon request. Detainees shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security." The Auditor tried to call the Office of Inspector General (OIG) reporting number and the Detainee Reporting Information Line (DRIL) from three different housing locations and could not get through. In all cases the connection required the use of a detainee PIN. The PSA Compliance Manager was able to get through only after using an employee PIN. As noted earlier, signage throughout the facility provides reporting information to the detainee. This is above the reporting information provided to the detainee upon arrival. The Auditor did observe consulate telephone numbers and DHS OIG reporting numbers posted for detainees' reference.

Does Not Meet (a): The facility does not provide detainees accessibility to the DHS OIG, DRIL, or as appropriate another designated office to confidentially and if desired, anonymously, report an incident. The facility must provide detainees the opportunity to place a PREA related phone call with complete anonymity upon request, without the detainee being required to enter their PIN to contact outside reporting entities. The facility must provide documentation that demonstrates the detainees may contact DHS OIG, DRIL, or another designated office to report an incident anonymously and confidentially for compliance review.

(c): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "PrairieLand Detention Center Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports." The Auditor interviewed 12 random staff who confirmed the facility policy requirement that they are to accept and report allegations of sexual abuse regardless of how the report was made and that all verbal reports from detainees or third parties must be documented in writing to their supervisors. The one allegation during the audit period was verbally reported to a security staff member who immediately reported it to a supervisor and documented the allegation in writing.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "The PrairieLand Detention Center staff shall be responsible on identifying and handle time-sensitive grievances that involve an immediate threat to detainees, health, safety, or welfare related to sexual abuse. No time limits will be set when a detainee may submit a grievance regarding an allegation of Sexual Abuse or Sexual Assault. Detainees have the right to submit grievances alleging Sexual Abuse to someone other than the alleged abuser. Such grievance is not referred to the staff member who is subject of the complaint. The PrairieLand Detention Center staff shall be responsible to alert proper medical personnel of any sexual abuse-related medical emergencies. The facility shall issue a decision on the grievance within 5 days of receipt and shall respond to an appeal of the grievance decision within 30 days. Facilities shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." The Auditor interviewed the Grievance Supervisor who confirmed all allegations of sexual abuse, made through the grievance office, are immediately reported to the PSA Compliance Manager and Facility Administrator. The alleged detainee victim is immediately taken to medical for assessment. He also stated there would be no time limit on when the detainee could file a grievance alleging sexual abuse. The Grievance Officer confirmed that PDC had no allegations of sexual abuse made through the grievance system by a detainee during the audit period.

(f) The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "Third parties (e.g., fellow detainees, Employees, family members, attorneys and outside advocates) may assist individual's detainees in filing requests for administrative remedies relating to allegations of Sexual Abuse and Sexual Harassment and may file such requests on behalf of the alleged victim." The 12 random security staff interviews confirmed their responsibility to take reasonable steps to expedite assistance from these other parties when necessary, in processing a sexual abuse grievance to include allowing the alleged victim assistance from another detainee, the housing officer or other facility staff, family members or legal representatives.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): Policy 3.1.23 that states, "PrairieLand Detention Center shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. PrairieLand Detention Center shall make available, to the full extent possible, outside victim services following incidents of sexual abuse. The PrairieLand Detention Center shall also attempt to make available such victim services for any individuals identified as having experienced sexual victimization prior to entering DHS custody. PrairieLand Detention Center shall provide postings in all housing units with the community resources mailing address and telephone numbers (including toll-free hotline numbers where available). PrairieLand Detention Center shall maintain or attempt to enter into an MOU or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. PrairieLand Detention Center shall enable reasonable communication between detainees and these organizations and agencies, in a confidential a manner as possible." Policy further states "PrairieLand Detention Center shall enable reasonable communication between detainees and these organizations and agencies, in a confidential a manner as possible. The PrairieLand Detention Center will inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. During the on-site visit and during interviews with the PSA Compliance Manager, the Auditor was told that Safe Haven was the community resource that detainees at PDC would utilize for support in areas of counseling and advocacy services for incidents of sexual abuse. The agency director for Safe Haven was contacted by the Auditor and she indicated her agency only offers services to victims of domestic violence and not sexual assault.

Does Not Meet (a): The facility does not provide available community resources and services that provide valuable expertise and support in the areas of crisis intervention, counseling, and the investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. PDC must remove the facility postings indicating services by Safe Haven which do not provide support services for sexual abuse. The facility must attempt to enter into an MOU with a community service provider who can provide such services as required per the standard or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for detainee victims of crime.

Does Not Meet (c): The facility does not make available to detainees, information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). The facility must

provide the documentation, provided to the detainees, regarding local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available), for compliance review; if local resources are not available, then national organizations must be provided.

§115.54 - Third-party reporting.

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

Notes:

The Auditor determined compliance with the standard after review of policy 3.1.23 that states, "LaSalle Corrections shall post publicly, third party reporting procedures on its public website to show its method receiving third-party reports of Sexual Abuse and Sexual Harassment." The Auditor observed third-party reporting information, in Spanish and English, throughout the facility, to include the entrance lobby and visitation area. The PDC (<https://lasallicorrections.com>) and ICE (<https://www.ice.gov>) websites include third-party reporting information as well. Most of the 21 detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The PSA Compliance Manager confirmed that the only allegation received during the audit period was received from a security staff member.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Prairieland Detention Center shall require all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Prairieland Detention Center shall ensure that all staff are trained on appropriate reporting procedures, including a method by which staff can report outside the chain of command; staff members who become aware of alleged sexual abuse shall immediately follow reporting requirements set forth in PDC's written policy and procedures; and apart from such reporting, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions." Interviews conducted with the 12 random staff confirmed their knowledge of the reporting requirements of the standard and facility policy. They were also knowledgeable of their right to go outside the chain of command (Corporate Headquarters) to report sexual abuse if necessary. They also confirmed that apart from reporting to designated supervisor or officials, they are required not to reveal any information related to a sexual abuse report to anyone. As noted previously, policy 3.1.23 was approved by the AFOD.

(d): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "When alleged victim is under 18 or considered a vulnerable adult under a State or Local vulnerable person statute the FOD will be advised." As noted earlier in the report there are no juveniles placed at PDC. The Facility Administrator interview confirmed any vulnerable adult victim of sexual abuse would be immediately reported to the AFOD and the APD.

§115.62 - Protection duties.

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

Notes:

The Auditor determined compliance with the standard after review of policy 3.1.23 that requires, "All staff and detainees are responsible for being alert to signs of potential situations in which sexual assaults might occur, and if a facility staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." The interview protocols for the Facility Administrator and random staff specifically ask how each would respond to a situation where a detainee may be in substantial risk of sexual abuse. All informed the Auditor they would find the detainee and immediately place him/her in an area for protection. The PAQ and Facility Administrator confirmed PDC had no detainees at substantial risk of imminent sexual abuse within the audit reporting period.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the agency or facility whose staff received the allegation shall notify the ICE Field Office and the administrator of the facility where the alleged abuse occurred. The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Prairieland Detention Center shall document that it has provided such notification. Prairieland Detention Center shall ensure all allegations are referred for investigation upon receiving such notification of sexual abuse from another confinement facility about a detainee who was previously detained at PDC and shall immediately notify the ICE Field Office Director." The Facility Administrator informed the Auditor if staff received a report of sexual abuse from a detainee on arrival at PDC that occurred at another facility he would notify the sending facility within 72 hours and immediately notify the AFOD. There were no allegations made at other facilities reported to have occurred at PDC during the audit period or any allegations made occurring at other facilities.

§115.64 - Responder duties.

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

Notes:

(a): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report shall be required to: separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant; immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel; in the event this occurred, the ICE AFOD or designee will be notified; preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; if the abuse or sexual abuse occurred within a time period that still allows for the collection of physical evidence, and do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brush teeth, changing clothes, urinating, defecating, smoking, drinking and eating. It is important that all contact with alleged victim, be sensitive, supportive, and non-judgmental. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident." The random security staff

interviewed by the Auditor detailed their responsibilities when responding to any allegation of sexual abuse as outlined in the policy and required by the standard. The one allegation of sexual abuse made during the audit period was made to a security staff person. A review of the investigative file indicated the staff member reported the allegation in writing and followed the responder duties outlined in policy.

(b): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "If the first responder is not security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." The Auditor interviewed four non-security staff and each confirmed if a sexual abuse incident was reported to them, they would secure the alleged victim and immediately call for a security staff member.

§115.65 - Coordinated response.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that outlines, "The Prairieland Detention Center shall develop a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse." The Facility Administrator and PSA Compliance Manager stated that PDC policy 3.1.23 is the written plan that coordinates actions taken by staff in response to all incidents of sexual abuse. As noted earlier the policy was approved by the AFOD. The Auditor reviewed the one investigative file and found the administrative investigation documented the multidisciplinary and coordinated responses taken by staff members in response to the allegation of sexual abuse.

(c)(d): The Auditor determined compliance with these subparts of the standard after review of 3.1.23 that requires, "If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, 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." The HSA confirmed that the facility has had no detainee victim of sexual abuse transferred between a DHS or non-DHS detention facility within the audit period and that the need for medical or social service would be provided as permitted by law.

§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:

The Auditor determined compliance with this standard after review of policy 3.1.23 that requires, "In the case where staff, contractors, and volunteers are suspected of perpetrating sexual abuse, they shall be removed from all duties requiring detainee contact pending the outcome of an investigation." The facility had one allegation of sexual abuse and it was not made against an employee. The Facility Administrator confirmed that any staff or contractors, who are a subject of a sexual abuse allegation would be removed from all contact with detainees until the investigation is completed.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Staff, contractors, and volunteers, and detainees, shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." Facility policy also states, "Prairieland Detention Center shall employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations." The Assistant Facility Administrator confirmed he is the facility's retaliation monitor and confirmed monitoring for retaliation begins the day an allegation is made and continues for a period of 90 days or longer if necessary. The monitoring of detainees includes monthly face to face contact, and he stated the monitoring includes a review of detainee disciplinary reports and/or housing or program changes or requests, removal of alleged abusers from victims, and emotional services for detainees and staff if needed. He stated his staff retaliation monitoring, would include performance evaluation reviews, time off refusals, or reassignment requests. During his interview he also confirmed the facility had no reported instances of alleged retaliation occurring during the previous 12 months. During the review of the one investigative file for sexual abuse, the Auditor confirmed retaliation monitoring began for the detainee on the day of the reported allegation and continued until the investigation outcome determined the allegation was unfounded.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "The victim shall be housed in a supportive environment that represents the least restrictive housing option possible, and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Prairieland Detention Center shall notify the appropriate ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours." The interview with the Facility Administrator confirmed the use of administrative segregation for any detainee victim of sexual abuse or based on their vulnerability to sexual abuse or assault would be highly unlikely at PDC. He stated if segregation was ever used to protect a victim of sexual abuse, he would make the required 72-hour notification to the AFOD. He further stated that a classification and vulnerability assessment would be completed on the detainee prior to being placed back in general population. As noted in 115.43, administrative segregation has not been used to house an alleged victim or vulnerable detainee.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Where sexual abuse is alleged, the Prairieland Detention Center shall use investigators who are specially trained, qualified investigators in sexual abuse investigations and they must be prompt, thorough, objective and fair. 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. The Administrative investigations includes: preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. Such procedures shall govern the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigation entity or after a criminal investigation has concluded." Policy further states and was supported through an interview conducted with the Facility Investigator, "the departure of the alleged abuser or victim from the employment or control of the Prairieland Detention Center shall not provide a basis for terminating an investigation." The Facility Investigator stated that upon every allegation of sexual assault he notifies the APD and waits to conduct his administrative investigation after consultation with the appropriate investigative offices within DHS. He also stated that he cooperates with the outside agency conducting the criminal investigation providing assistance as needed. He also confirmed during his interview that the administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He indicated he assesses the credibility of any alleged victim, suspect, or witness, based on evidence without regard to their status as a detainee, employee, or contractor and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. There was one allegation reported during the audit period that was handled administratively and not determined criminal by the APD. It was a detainee-on-detainee allegation that was determined to be unfounded after the investigation. The review of the administrative investigative file confirmed the investigation was conducted by the facility trained investigator. The investigative file review by the Auditor also confirmed all the element requirements of the policy and standard were followed and the investigation appeared prompt, thorough and objective.

§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:

The Auditor determined compliance with this standard after review of policy 3.1.23 that requires, "The PDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The interview with the facility's Investigator confirmed the standard for when determining a sexual abuse investigation is the preponderance of evidence. In the review of the one completed investigative file for the audit period, it appeared to the Auditor that a preponderance of the evidence was the standard used in determining the outcome of the investigation.

§115.73 - Reporting to detainees.

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

Notes:

The Auditor determined compliance with this standard after review of policy 3.1.23 that requires, "Following an investigation into a detainee's allegation that he or she suffered sexual abuse in the facility, the Prairieland Detention Center shall inform the detainees as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." During review of the only investigative file for the audit period, the Auditor observed a copy of the notification document where the detainee was provided the outcome decision. The facility Investigator also confirmed the facility provides the detainee a copy of the investigative outcome. The outcome is provided to the detainee through the SDDO and requires the detainee signature.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Prairieland Detention Center shall ensure that staff be subject to disciplinary or adverse actions, up to and including removal from their position and from the Federal service, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Termination shall be the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse." As noted throughout the report, this policy was approved by the AFOD. The interviews with the Facility Administrator and the HR Manager confirmed removal from their position at PDC and from the Federal service is the presumptive disciplinary sanction for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or failed to follow the zero-tolerance policy.

(c)(d): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." The interview with the Facility Administrator confirmed he would be required to make these notifications if it ever became necessary. As noted earlier in the report, all allegations of sexual abuse are reported to the APD. The Facility Administrator and the PAQ indicated that PDC had no staff removed for violation of the facility's zero-tolerance policy.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Contractors and volunteers suspected of perpetrating sexual abuse shall be immediately removed from all duties requiring detainee contact pending the outcome of an investigation. Prairieland Detention Center shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors and volunteers who have not

engaged in sexual abuse but have violated other provisions within these standards." The Facility Director interview confirmed contractors and volunteers would face removal from the facility for any violation of the facility's zero-tolerance policy. The Facility Administrator and the PAQ indicated that PDC had no contractor or volunteers removed for violation of the facility's zero-tolerance policy.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse. Sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. PDC detainee disciplinary system operates with progressive levels of reviews, appeals, procedures, and documentation procedure. PDC's disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. PDC shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." The interviews with the Facility Administrator and the PSA Compliance Manager discussed the PDC disciplinary process to the Auditor. Each stated that prior to disciplinary hearings the mental competency of the abuser is evaluated and if required would be taken into consideration during the hearing. The Facility Administrator confirmed that incidents involving staff, that consented, would not result in discipline to the detainee. He also informed the Auditor that the PDC disciplinary process allows for progressive levels of reviews, appeals, procedures, and documentation procedures. The Facility Administrator and the PSA Compliance Manager also confirmed no detainee was disciplined for violating the facility's sexual abuse policy during the audit period.

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

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "If during the intake screening assessment, Intake officers or Medical staff screening the detainees will be able to determine if a detainee in the Prairieland Detention Center has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. 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." Interviews with two intake officers confirmed that when intake staff learn the detainee was a victim of sexual abuse or is an abuser, as appropriate he/she ensures that the detainee is immediately referred to a qualified medical or mental health practitioner for follow-up as appropriate. This is typically done by email, telephone call, or discussion with medical staff in the intake area at the time. The HSA confirmed when a medical follow-up is initiated, the detainee receives a health evaluation typically the same or next day no later than two working days from the date of the assessment. The interview with the mental health practitioner confirmed when a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. There were no detainees at the facility who acknowledged prior victimization to interview or to check files.

§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): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Detainee 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. Detainee victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, following-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). Detainee victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Emergency medical 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 PDC has one allegation of sexual abuse during the audit period. The detainee was no longer at the facility at the time of the on-site visit. The Auditor reviewed the medical record of the detainee and the investigative file. According to both records reviewed the detainee was seen by medical/mental health the same day as the allegation was reported.

§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)(d)(f): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "Prairieland Detention Center shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. Prairieland Detention Center 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. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Prairieland Detention Center shall provide such victims with medical and mental health services consistent with the community level of care. Emergency medical 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 HSA confirmed any detainee who experiences sexual abuse while in detention would receive medical and mental health services and treatment consistent with the community-level of care without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The PDC has one allegation of sexual abuse during the audit period. The detainee was no longer at the facility at the time of the on-site visit. The Auditor reviewed the medical record of the detainee and the investigative file. According to both records reviewed the detainee was seen by medical/mental health the same day as the allegation was reported, no further medical treatment was necessary.

(e) The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 requires "Detainee victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, following-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). The HSA confirmed her medical department would provide testing and where appropriate medication for sexually transmitted diseases.

(g) The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "PrairieLand Detention Center shall attempt to conduct a mental health evaluation of all known detainee-on detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." There were no substantiated allegations of detainee-on-detainee sexual abuse allegations during the audit period. The HSA interviewed confirmed that mental health would conduct a mental health evaluation on every known detainee abuser the department became aware of.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "PrairieLand Detention Center 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. The review team shall include upper-level management officials, with input from line supervisors, facility investigators, and medical or mental health practitioners. The review team shall consider: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates." The Auditor reviewed the one investigative file for the audit period that was unfounded. The PSA Compliance Manager informed the Auditor that the facility conducted an incident review but was not documented per policy since it was unfounded. In a review of policy 3.1.23, the Auditor could not locate where an incident of sexual abuse determined to be unfounded is not required to be documented, as the PSA Compliance Manager stated in his interview. There was no way for the Auditor to ascertain whether an incident review occurred for the one case determined to be unfounded.

Does not meet (a): Facility policy (3.1.23) U. Sexual Abuse Incident Reviews: has conflicting language and needs to be updated regarding whether an after incident review is required when an investigation has been determined to be unfounded. Policy states, (1). "PrairieLand Detention Center 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." (10). "The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse." Section (1) should be removed from the policy. The PSA Compliance Manager informed the Auditor that the facility conducted an incident review but was not documented per policy since it was unfounded. The facility should document the review of unfounded incident reviews to verify the facility conducted the incident review.

(c): Policy 3.1.23 requires, "PrairieLand Detention Center shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator and Field Office Director or his or her designee, who shall transmit it to the ICE PSA Coordinator." The PSA Compliance Manager stated the facility had not performed this annual review.

Does Not Meet (c): The facility did not conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. The facility must conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator, Field Office Director or his or her designee, and the agency PSA Coordinator. For compliance, the facility must provide an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts and the submittal of the annual review to the Facility Administrator, FOD, and the agency's PSA Coordinator.

§115.87 - Data collection.

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

Notes:

(a): The Auditor determined compliance with this subpart of the standard after review of policy 3.1.23 that requires, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, shall be maintained in the PREA Program Manager's office in a locked file cabinet." The Auditor observed the case record storage, these documents are kept, under double lock and restricted key.

§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 interview staff and detainees about sexual safety during the site visit.

(e): The Auditor was able to revisit areas of the facility and to view all relevant documentation as 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 and Spanish. The Auditor received no staff or detainee 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)	
Number of standards exceeded:	1
Number of standards met:	32
Number of standards not met:	6
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Thomas Eisenschmidt

6/8/2021

Auditor's Signature & Date

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

6/9/2021

PREA Program Manager's Signature & Date

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

6/9/2021

Assistant PREA Program Manager's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION

Name of Auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-730-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-201-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	Flores Simona
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Hwy, Dallas, TX 75247
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Prairieland Detention Center
Physical address:	1209 Sunflower Lane, Alvarado, TX 76009
Mailing address: (if different from above)	
Telephone number:	817-409-3995
Facility type:	DIGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-409-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	817-409-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) audit of the Prairieland Detention Center (PDC) was conducted on April 13-15, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Lead Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The PDC is privately owned by the LaSalle Corrections and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the PDC are from El Salvador, Honduras, Guatemala. The facility does not house juveniles or family detainees. This was the second PREA audit for PDC and the facility is located in Alvarado, Texas.

During the audit, the Auditor found the PDC met 32 standards, had one standard (115.31) that exceeded, had two standards (115.14, 115.18) that were non-applicable, and six non-compliant standards (115.13, 115.21, 115.33, 115.51, 115.53, and 115.86). As a result, the facility was placed under a Corrective Action Period to address the non-compliant standards. On November 28, 2021, December 8, 2021, and December 12, 2021, the Auditor was provided the ICE PREA Corrective Action Plan (CAP) from the External Reviews and Analysis Unit (ERAU) that was reviewed and approved by the auditor to determine compliance with the six standards that did not meet compliance during the PREA audit site visit and documentation review. The final supplied documentation was reviewed by the Auditor on December 12, 2021, and it was determined that all six standards are compliant in all material ways.

PROVISIONS

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

§115.13 - Detainee supervision and monitoring

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

Notes:

(b)(c): Both the Facility Administrator and the PSA Compliance Manager informed the Auditor that PDC utilizes direct supervision of their detainees by line staff in conjunction with video monitoring. The PDC policy 3.1.23 and post descriptions requires their line staff to make frequent rounds in their supervision areas and document the rounds. The facility had not completed an annual review of their comprehensive detainee supervision guidelines for calendar year 2020. During the three days on-site at PDC the Auditor observed, on each of the twelve-hour shifts, adequate staff to provide direct supervision of the detainees.

Does Not Meet (b)(c): The Auditor found the facility non-compliant with the requirement of these standard subparts, as the facility policy 3.1.23 and practice do not require the facility to conduct, at least annually, a review of the comprehensive detainee supervision guidelines to ensure the facility's detainee supervision needs are met. The review requires, determining adequate levels of detainee supervision and determining the need for video monitoring, and whether the facility takes into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. PDC must conduct annually a review of their comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs. The facility must provide an annual review of the comprehensive detainee supervision guidelines that address all elements of the standard to review for standard compliance. (d): The Auditor determined compliance with this subpart of this standard based on review of policy 3.1.23 that requires "The Prairieland Detention Center shall ensure the Shift Supervisor or designee is conducting weekly rounds and documenting PREA unannounced rounds. Both day and evening shift supervisors, while conducting these rounds shall be looking at cross-gender viewing, gender announcement, staff-detainee communication, identify and deter sexual abuse of detainees and ensuring PREA signs are posted in housing areas and holding rooms. Employees are prohibited from alerting other Employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the Facility." While on-site the Auditor reviewed logbooks and found supervisors' signatures on both day and night shifts indicating PREA rounds were being made. The interviews conducted with the shift supervisors confirmed they make rounds of every location where detainees have access, at staggering times and locations. The interviews with ten random line staff confirmed they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

CORRECTIVE ACTION TAKEN: The CAP sent to the Auditor on July 21, 2021, indicated PDC revised its SAAP policy (3.1.23). The updated policy states, "The facility shall develop and document comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines on an annual basis. Prairieland Detention Center shall maintain sufficient supervision of detainees through a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and The findings and the recommendations of any sexual abuse incident review reports and any other relevant factors, including but not limited to the length of time the detainee as spent in agency custody." The Auditor was provided, after the site visit, each of the two 12-hour shift supervision posts required for supervision of detainees at PDC. This guideline covered the staff needed for direct supervision and the supervisory positions required for each shift as well. On November 23, 2021, the facility provided the Auditor written documentation of an annual review of their comprehensive detainee supervision guidelines that occurred on August 10, 2021. The document addressed and took into account the standard requirements in subpart (c). The facility has demonstrated full compliance with subparts (b)(c) of this standard in all material ways.

§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:

(b)(d) Policy 3.1.23 requires, "The Prairieland Detention Center shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Prairieland Detention Center shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified to victims of sexual assault of all ages. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. A qualified agency staff

member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals." The PSA Compliance Manager is the PDC staff person who provides detainees with the victim advocate information on every allegation of sexual assault. The Auditor contacted the agency Safe Haven, this agency was posted throughout the facility as the organization that will provide victim support and crisis intervention services. The agency director for Safe Haven indicated her agency only offers services to victims of domestic violence and not sexual assault.

Does Not Meet (b)(d): The facility has not made available valuable community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victim's needs through a rape crisis center or a qualified staff member. PDC must remove the facility postings indicating the availability of victim advocacy services by Safe Haven and attempt to enter into an MOU with a victim advocate or provide services through a trained qualified staff member. For compliance review, the facility must provide a MOU/agreement for victim advocate services or documented attempt to obtain an agreement. If a rape crisis center is not available, the facility must provide documentation the victim advocate services are provided by a qualified staff member or a qualified staff member from a community-based organization.

CORRECTIVE ACTION TAKEN: The CAP the Auditor was provided on July 21, 2021, indicated PDC would remove the postings indicating the availability of victim advocate services by Safe Haven and attempt to enter into an MOU with a rape crisis center or provide services through a trained qualified staff member. The facility would provide an MOU or agreement with a rape crisis center or documented attempt to obtain an agreement. If a rape crisis center was not available, the facility would provide documentation that victim advocate services are provided by a qualified staff member or a qualified staff member from a community-based organization. If requested by the victim, his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed to be present to provide support during a forensic exam or investigatory interview. The December 9, 2021, CAP email indicated the Auditor had reviewed the memo from the Facility Administrator, which detailed the facility had an MOU with the Family Crisis Center of Johnson County for these services. The facility provided posting documentation for this Rape Crisis Center for the detainees. The Auditor spoke with the Director for this Center, who indicated she has an MOU with PDC to provide emotional support, crisis intervention and provide information and referrals for continued support if needed. She also stated that a trained advocate would, if requested by the victim, accompany the alleged victim for any forensic examination or interviews with law enforcement, The facility has demonstrated full compliance with subparts (b)(d) in all material ways.

§115.33 - Detainee education

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

Notes:

(a)(b)(c)(e): Policy 3.1.23 and this standard require, "Detainees shall be informed about Prairieland Detention Centers Sexual abuse and assault prevention and intervention program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands. Prairieland Detention Center prohibits all forms of sexual abuse or assault staff on detainee, detainee on detainees; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of contact line officer, (e.g., the compliance manager or a mental health specialist) the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Each detainee shall receive a copy of the "Sexual Assault Awareness Information" pamphlet; a Prairieland Detention Detainee Handbook; and an U.S. Immigration and Customs Enforcement National Detention Handbook in which both include information on how to report sexual abuse. A signed acknowledgment shall be kept in the detainee detention file. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Prairieland Detention Center shall maintain documentation of detainee participation in the instruction session. The Prairieland Detention Center shall have a TTY machine available in the Intake Processing Area." As noted in standard 115.16, upon arrival at the PDC, each detainee is provided and signs for a copy of the LaSalle Corrections Prairieland Detention Center Handbook Supplement available in English and Spanish and the ICE National Detainee Handbook, which is available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees are required to review an orientation/ educational video which contains PREA materials in Spanish and English, while in intake, and are provided the DHS-prescribed Sexual Assault Awareness Information pamphlet in Spanish and English. Although the DHS-prescribed Sexual Assault Awareness Information pamphlet is available in seven different languages other than English and Spanish (Arabic, French, Haitian Creole, Chinese, Portuguese, and Punjabi) from ICE; the facility has it available in English and Spanish only. The two intake staff interviewed confirmed if a detainee speaks a language not available in the ICE National Detainee Handbook, the staff will utilize the ERO Language Line Service for interpretive services and documents the interpreter's badge number on the orientation paperwork the detainee signs. Intake staff interviews confirmed detainees that may be hearing impaired or deaf, staff would utilize the text telephone (TTY) and provide written materials to the detainee to read. Detainees arriving at PDC with low vision or who are blind, are provided individualized attention by staff, that may include reading the orientation information to the detainee. In cases where the detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, would be referred initially to a supervisor or the medical/mental health department to provide the necessary orientation information.

Does Not Meet (a): The Auditor interviewed five detainees who indicated they had not reviewed or seen an orientation video that the intake staff and policy indicated is part of the orientation and education process. The Auditor reviewed their detention files and found

signed orientation sheets, indicating they had seen this video. However, the Auditor watched the entire intake process of a detainee on day two of the on-site visit. The orientation video was running in the background during his intake with no sound. The detainee was made to sign that he had received the orientation information, to include the review of the orientation video. As described in the policy, the facility is required to "provide the orientation video to English and Spanish-speaking detainees in a method where the detainee can fully listen to and could understand the information being presented or provide detainee orientation program in another method that informs the detainee about the agency and facility's zero tolerance policies for all forms of sexual abuse and all other information elements of the standard." This was not done as witnessed by the Auditor in the intake process mentioned above. The facility must provide documentation demonstrating the method the detainee receives the orientation information and if by video, inform and ensure staff of the requirement of playing the video with sound to provide the orientation information to the detainee as required.

CORRECTIVE ACTION TAKEN: The PDC CAP indicated it would provide detainees with an orientation video upon arrival and during the intake process. PDC would instruct the intake staff to not mute the volume on the video moving forward. The facility agreed to provide training to intake staff and provide 10 detainee orientation forms documenting viewing of the video. On November 23, 2021, the Auditor was provided this required training and the 10 orientation forms indicating the orientation video was viewed. The facility has demonstrated full compliance with subpart (a) in all material ways.

§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): Policy 3.1.23 requires, "The Prairieland Detention Center shall ensure that detainees have multiple ways for detainees to privately report sexual abuse and sexual harassment, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. PDC shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. The Prairieland Detention Center has one way for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainees to remain anonymous upon request. Detainees shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security." The Auditor tried to call the Office of Inspector General (OIG) reporting number and the Detainee Reporting Information Line (DRIL) from three different housing locations and could not get through. In all cases the connection required the use of a detainee PIN. The PSA Compliance Manager was able to get through only after using an employee PIN. As noted earlier, signage throughout the facility provides reporting information to the detainee. This is above the reporting information provided to the detainee upon arrival. The Auditor did observe consulate telephone numbers and DHS OIG reporting numbers posted for detainees' reference.

Does Not Meet (a): The facility does not provide detainees accessibility to the DHS OIG, DRIL, or as appropriate another designated office to confidentially and if desired, anonymously, report an incident. The facility must provide detainees the opportunity to place a PREA related phone call with complete anonymity upon request, without the detainee being required to enter their PIN to contact outside reporting entities. The facility must provide documentation that demonstrates the detainees may contact DHS OIG, DRIL, or another designated office to report an incident anonymously and confidentially for compliance review.

CORRECTIVE ACTION TAKEN: After further investigation into this deficiency, it was discovered that the facility staff were not following the phone prompts correctly while the Auditor was at the facility. The Compliance Manager tested each facility phone to ensure the detainee population can successfully make anonymous calls to DHS OIG and the DRIL. The Compliance Manager allowed the phone prompts to play in their entirety before selecting the anonymous reporting option, and at that point the phone prompts the caller with the options for DHS OIG or DRIL. The anonymous PREA Code reporting process is posted on each phone in the detention housing, in the medical area and intake area. The notices posted by the phones were updated to include waiting for the prompts to play completely. The facility has demonstrated full compliance, with subpart (a) in all material ways.

§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): Policy 3.1.23 that states, "Prairieland Detention Center shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. Prairieland Detention Center shall make available, to the full extent possible, outside victim services following incidents of sexual abuse. The Prairieland Detention Center shall also attempt to make available such victim services for any individuals identified as having experienced sexual victimization prior to entering DHS custody. Prairieland Detention Center shall provide postings in all housing units with the community resources mailing address and telephone numbers (including toll-free hotline numbers where available). Prairieland Detention Center shall maintain or attempt to enter into an MOU or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. Prairieland Detention Center shall enable reasonable communication between detainees and these organizations and agencies, in a confidential a manner as possible." Policy further states "Prairieland Detention Center shall enable reasonable communication between detainees and these organizations and agencies, in a confidential a manner as possible. The Prairieland Detention Center will inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. During the on-site visit and during interviews with the PSA Compliance Manager, the Auditor was told that Safe Haven was

the community resource that detainees at PDC would utilize for support in areas of counseling and advocacy services for incidents of sexual abuse. The agency director for Safe Haven was contacted by the Auditor and she indicated her agency only offers services to victims of domestic violence and not sexual assault.

Does Not Meet (a): The facility does not provide available community resources and services that provide valuable expertise and support in the areas of crisis intervention, counseling, and the investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. PDC must remove the facility postings indicating services by Safe Haven which do not provide support services for sexual abuse. The facility must attempt to enter into an MOU with a community service provider who can provide such services as required per the standard or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for detainee victims of crime.

Does Not Meet (c): The facility does not make available to detainees, information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). The facility must provide the documentation, provided to the detainees, regarding local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available), for compliance review; if local resources are not available, then national organizations must be provided.

CORRECTIVE ACTION TAKEN: The facility signed an MOU with the Family Crisis Center of Johnson County on August 30, 2021, to provide mental health services, counseling, and other support services to victims of sexual assault. The Auditor spoke with the Director for this Center, and she indicated she has an MOU with PDC to provide emotional support, crisis intervention and provide information and referrals for continued support if needed. She also confirmed that a trained service provider would accompany the victim, if requested, during any police interviews and any forensic examination. The facility provided posting documentation for the Family Crisis Center of Johnson County for the detainees during the CAP period. Both she and PDC confirmed contact with the Family Crisis Center through the phone or mail is not monitored. The facility is fully compliant with subpart (a) and (c) in all material ways.

§115.86 - Sexual abuse incident reviews

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after review of policy 3.1.23 that requires, "PrairieLand Detention Center 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. The review team shall include upper-level management officials, with input from line supervisors, facility investigators, and medical or mental health practitioners. The review team shall consider: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates." The Auditor reviewed the one investigative file for the audit period that was unfounded. The PSA Compliance Manager informed the Auditor that the facility conducted an incident review but was not documented per policy since it was unfounded. In a review of policy 3.1.23, the Auditor could not locate where an incident of sexual abuse determined to be unfounded is not required to be documented, as the PSA Compliance Manager stated in his interview. There was no way for the Auditor to ascertain whether an incident review occurred for the one case determined to be unfounded.

Does Not Meet (a): Facility policy (3.1.23) U. Sexual Abuse Incident Reviews: has conflicting language and needs to be updated regarding whether an after incident review is required when an investigation has been determined to be unfounded. Policy states, (1). "PrairieLand Detention Center 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." (10). "The Facility Administrator will ensure staff conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse." Section (1) should be removed from the policy. The PSA Compliance Manager informed the Auditor that the facility conducted an incident review but was not documented per policy since it was unfounded. The facility should document the review of unfounded incident reviews to verify the facility conducted the incident review.

(c): Policy 3.1.23 requires, "PrairieLand Detention Center shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator and Field Office Director or his or her designee, who shall transmit it to the ICE PSA Coordinator." The PSA Compliance Manager stated the facility had not performed this annual review.

Does Not Meet (c): The facility did not conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. The facility must conduct an annual review of all sexual

abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the facility administrator, Field Office Director or his or her designee, and the agency PSA Coordinator. For compliance, the facility must provide an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts and the submittal of the annual review to the Facility Administrator, FOD, and the agency's PSA Coordinator.

CORRECTIVE ACTION TAKEN: The facility updated the policy to indicate that incident reviews are required for all sexual abuse investigations. Since the conclusion of the DHS PREA audit, the facility has not had any unfounded cases to review, therefore no documentation of compliance with the standard and updated policy can be provided for this provision. The Auditor has reviewed the updated policy and accepts the changes. The facility agreed to conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. The annual review will be scheduled for January of each year moving forward and added to PDC's SA-API policy (3.1.23) pg. 30 section 13. The policy also states if the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The Auditor was provided the 2020 annual review performed by the facility on September 29, 2021, and the PSA Compliance Manager confirmed a copy was provided to the SDDO. The facility now complies with subparts (a) and (c) standard in all material ways.

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.

Thomas Eisenschmidt

January 3, 2022

Auditor's Signature & Date

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

January 4, 2022

Assistant Program Manager's Signature & Date

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

January 4, 2022

Program Manager's Signature & Date