

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Marc Coudriet	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	910-750-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

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

**FIELD OFFICE INFORMATION**

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

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

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

**Facility Leadership**

<b>Name of Official/Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	817-409-(b) (6), (b) (7)(C)

**Facility PSA Compliance Manager**

<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Prevention of Sexual Assault(PSA) Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	817-409-(b) (6), (b) (7)(C)

## AUDIT FINDINGS

### NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the Prairieland Detention Center, Alvarado, Texas was conducted June 12-14, 2018. The audit was completed by certified PREA Auditor Marc L. Coudriet, Creative Corrections, L.L.C. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the Auditor. The documentation consisted of ICE policies, Prairieland Detention Center (PDC) policies and procedures and MOUs between PDC and the City of Alvarado, Texas.

An entry briefing was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance:

- (b) (6), (b) (7)(C) LaSalle Corrections
- (b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO)
- (b) (6), (b) (7)(C) Facility Administrator
- (b) (6), (b) (7)(C) Assistant Facility Administrator
- (b) (6), (b) (7)(C) PSA Compliance Manager
- (b) (6), (b) (7)(C) External Reviews and Analysis Unit (ERAU) Team Lead
- (b) (6), (b) (7)(C) PREA Auditor
- (b) (6), (b) (7)(C) Assistant Field Operations Director (AFOD) was on the conference call line

There were 609 detainees housed in the facility during the audit which included 547 males and 62 females. A comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, the medical services department, recreation, food service, the library, visiting area, and other facility support areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. It was observed during the tour that detainees are able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Audit notifications were also located in the same areas. There were no letters received by the Auditor, as a result of the audit notifications.

The PDC provides detention services for the housing and safekeeping of detainees who are in administrative custody of the Immigration and Customs Enforcement (ICE), Department of Homeland Security. The PDC is privately owned by LaSalle Corrections and operates under contract with the Department of Homeland Security, ICE, and, Enforcement and Removal Office (ERO) who process the detainees who are pending immigration review or deportation. Medical services are provided by LaSalle Corrections. The Medical Doctor is contracted by LaSalle Corrections from Texas Health Huguley Hospital, Burleson, Texas. The PDC was opened in January 2017 with a maximum capacity of 709 beds.

The facility houses detainees in 14 housing pods that include open bay/dormitory style beds and multiple occupancy cells. The secure portion of the facility has a laundry, food service area, medical area, intake/booking area, detainee visiting room, barber shop and a program multi-purpose room.

A total of 46 staff interviews were conducted during the audit. The interviews included detention officers and supervisors on all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the Facility Administrator, the PSA Compliance Manager, the Medical Doctor, Medical Staff and Mental Health Staff, Human Resource Manager, Contract Staff and the SDDO. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. There were no volunteers at the facility during the PREA on-site visit. The Auditor confirmed that PDC has agreements with the City of Alvarado for police and investigative response and Texas Health Huguley Hospital, Harris Methodist Hospital and John Peter Smith Hospital to conduct forensic examinations, when requested by the facility. In addition, the Auditor also confirmed that the facility has requested MOUs with five Community Service organizations, Safe Haven has responded allowing their information to be distributed inside the facility to provide victim advocate services to the detainees at their request. Criminal investigations involving allegations of sexual assault will be referred to the Alvarado Police Department.

Thirty-four detainees (19 males and 15 females) were interviewed and were randomly selected from the housing units. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. One detainee self-identified as being a transgender. No other detainees self-identified as being gay, lesbian, bisexual or intersex. Twenty-two limited English proficient (LEP) detainees were included in the group of detainees interviewed, utilizing Certified Language Link Translation Service. A majority of the detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated they felt safe at the facility. No detainees refused to be interviewed.

There were 11 allegations of sexual abuse, assault or harassment during the audit period; of the 11, 2 were determined to be unfounded; 8 were determined to be unsubstantiated and 1 is still pending. The investigative files were reviewed and revealed that the investigations were completed in accordance with the standards.

When the on-site audit was completed, an exit briefing was held with the following personnel:

- (b) (6), (b) (7)(C) LaSalle Corrections
- (b) (6), (b) (7)(C) SDDO/ERO
- (b) (6), (b) (7)(C) Facility Administrator
- (b) (6), (b) (7)(C) Assistant Facility Administrator
- (b) (6), (b) (7)(C) PSA Compliance Manager
- (b) (6), (b) (7)(C) ERAU Team Lead
- (b) (6), (b) (7)(C) PREA Auditor
- (b) (6), (b) (7)(C) AFOD was on the conference call line

The facility staff were very courteous, cooperative and professional. The observed staff/detainee interactions were observed to be appropriate.

During the tour it was observed that the cross-gender announcements were made in English and Spanish, which by the employees' own admission, was the two primary languages of most of the detainees housed at the facility.

The facility is providing the detainees that are LEP (other than Spanish) the information about PREA in a language they can understand. The Auditor interviewed detainees who spoke English, Spanish, Mandarin, Arabic, Russian, French, Romanian, and Albanian; all stated they understood the PREA program and knew who to contact for transition services, if needed.(115.33)

The review of screening documents, staff and detainee interviews confirmed that PDC does reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment (115.41)

The facility has posters about zero tolerance and reporting opportunities posted in all housing pods, the signs are on the bulletin board areas that are about five feet high and the contact information can be read. Smaller signs are available in other areas of the facility as well.

The signs for the Sexual Assault Advocate/Support Group from Safe Haven are available in the housing pods in both English and Spanish. The facility has a procedure that provides this information to the LEP detainees through the Language Link Translation Service or through bilingual or multilingual staff assistance.

The facility has implemented a procedure for the detainees to report anonymously by telephone. The process is provided in all major international languages, which covers the majority of the detainees that are housed at the facility.

The facility has electronic tablets in each housing pod that allows detainees to access information about the facility, to include sexual assault prevention and reporting information. This method of reporting is private, secure and allows for instant reporting of any incident.

## 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.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	5
Number of standards met:	35
Number of standards not met:	0
Number of standards N/A:	1

## 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) LASALLE CORRECTIONS policy 3.1.23, Sexual Abuse and Assault Prevention and Intervention address the requirements of this standard. The policy mandates zero tolerance towards all forms of sexual abuse. The policy also details the facility's approach to preventing, detecting, and responding to such conduct.

(d) PDC has a designated Prevention of Sexual Assault Compliance Manager (PSACM). This designation is supported by a review of the facility's organizational chart which also supports the PSACM's appropriate authority as she answers directly to the Facility Administrator. The PSACM indicated through interviews that she has sufficient time to oversee the facility's efforts to comply with sexual abuse prevention.

### §115.13 – Detainee supervision and monitoring.

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a)(b) LASALLE CORRECTIONS policy 3.1.23 ensures the supervision requirements and staffing levels. The Auditor reviewed the PDC staffing analysis and samples of staffing schedules for all shifts, as well as the layout of their video monitoring capabilities which ensures sufficient supervision. PDC has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for each respective area of the facility.

(c) The review included consideration of each required item in determining adequate levels of supervision and noted an alternate plan if a deviation from the staffing plan was necessary.

(d) The Auditor reviewed a sample of log entries where unannounced rounds were made by designated supervisors. He also reviewed a random sampling of log entries while on site. The interviews of supervisors and staff supported that these unannounced rounds were being made on both day and night shift and that other staff are not alerted when these rounds are being made. This standard was exceeded due to the facility and staff having overlapping fields of observation, making unannounced rounds more frequently than the policy requires and having direct staff and detainee interaction 24/7 in the living areas.

### §115.14 – Juvenile and family detainees.

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

**Notes:**

Non-Applicable. PDC does not house juvenile or family detainees.

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

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

**Notes:**

LASALLE CORRECTIONS policy 3.1.23 outlines the requirement of the standard in subsections b-f. (b-f) PDC does not allow cross-gender pat down, strip, or body cavity searches and none have occurred within the year preceding the audit. No juveniles are housed at PDC. Interviews of staff support that cross-gender searches of any type are prohibited at PDC.

(g) LASALLE CORRECTIONS policy 3.1.23 contains language that specifically enables detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. The policy and observed procedures requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The cross-gender announcement was observed during the on-site review and supported through interviews of detainees and staff.

(h) The facility is not a family residential facility.

(i) Interviews of both security staff and medical staff support that PDC does not conduct such searches for sole purpose of determining the detainee's genital characteristics.

(j) Although the facility reports they have no transgender or intersex detainees, the interviews support that security staff are trained on how to conduct such searches of transgender and intersex detainees. The Auditor reviewed curriculum and training records that supported such training.

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

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a-c) LASALLE CORRECTIONS policy 3.1.23 outlines the requirement of the standard to include that PDC shall ensure that detainees with disabilities have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. Written materials are provided in formats that ensure effective communication. The on-site review reflected they have devices such as TTY for those deaf, hard of hearing, or speech impaired to aid in using the telephone to communicate. They also have a lighting magnifier for those who have low vision issues and tablets in the housing areas for the detainees use as needed. The intake staff interviews supported that they make every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the orientation information for those who may have intellectual, psychiatric or speech disabilities.

(b)(c) A majority of the detainees have limited English proficiency (LEP), and they have many staff who can be used as interpreters. Also, they have an agreement with Language Line Services Inc. to provide interpretive services for any language requested. During the onsite visit the auditor used staff interpreters and the Language Line Service, Inc. system, both worked very well and without complication. The PREA information is played on the televisions in each dayroom on a specific channel and the video is looped in different languages with closed captioning abilities. The interviews with both staff and LEP detainees supported the above information as well as not utilizing minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser for interpretive services in matters relating to allegations of sexual abuse. Regarding the above listed information, PDC has exceeded this standard.

### §115.17 – Hiring and promotion decisions.

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

**Notes:**

(a-f) LASALLE CORRECTIONS policies 3.1.23, addresses the requirements of this standard. The Auditor reviewed sample job applications for both initial hires and those who had recently been promoted. Background checks were also checked on these for staff as well as contractors, the facility has only been open for less than two years so the sample does not exceed that time frame. All staff and contractors had the appropriate background checks conducted. The review demonstrated the facility does not hire or promote anyone as prohibited in section (a). The interviews supported all sections of the standard, including that potential employees as well as contractors would not be considered for hire if they had any such prohibited behavior as indicated in section (a), or if material omissions regarding such misconduct were found, that it would be grounds for termination or withdrawal of an offer of employment. The review also supported that new hires and those promoted were asked about previous misconduct as described in section (a). If new hires indicate they have previously worked at an institution, the facility will submit a request to that institution requesting information regarding sexual misconduct incidents. The interviews supported that if the facility received a request, they would provide information on substantiated allegations of sexual abuse involving a formal employee as described in section (f). All staff were also asked about previous misconduct in their annual evaluations, which included a continuing affirmation to disclose any such conduct.

### §115.18 – Upgrades to facilities and technologies.

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

**Notes:**

PDC has an extensive video and monitoring system in place. This system was installed during the construction of this facility in November 2016, there has not been any significant upgrades, to include monitoring technologies, at the facility. PDC meets this standard.

### §115.21 – Evidence protocols and forensic medical examinations.

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

**Notes:**

(a) LASALLE CORRECTIONS policies 3.1.23 and the PDC Coordinated Response Plan both detail an evidence protocol that maximizes the potential for securing and obtaining physical evidence for administrative proceedings and criminal prosecutions. The policy and plan are coordinated with ICE under DHS. PDC detains no juveniles.  
(b) The protocol includes intervention by local rape crisis centers which provides victim advocate services 24/7.  
(c) Interviews provided support that Sexual Assault Nurse Examiners (SANE)s are always available at Texas Health Huguley and John Peter Smith Hospitals. All forensic medical examinations would be conducted by a SAFE/SANE through an agreement with Texas Health Huguley and John Peter Smith Hospitals. An interview with the service provider verified the agreement for the SANE/SAFE protocols to be performed at their hospital. There were no forensic medical exams conducted during the audit period. There is no cost to detainees for such exams.  
(d) The Auditor contacted the Texas Health Huguley and John Peter Smith Hospitals and information provided included their ability to provide victim advocate support at the hospital during any forensic exam and investigatory interviews when requested by the detainee.  
(e) Documentation was provided on-site that confirmed an MOU with the Alvarado Police Department, and requesting they follow the requirements outlined in sections (a)-(d) of this standard. Facility staff and health care providers were interviewed concerning this standard and all were knowledgeable of their responsibilities as first responders and the procedures required to preserve usable physical evidence, when sexual abuse is alleged. Staff were also aware that the Alvarado Police Department conducts investigations relative to sexual abuse allegations. All forensic medical examinations would be conducted by a SAFE/SANE through an agreement with Texas Health Huguley and John Peter Smith Hospitals. An interview with the service provider verified the agreement for the SANE/SAFE protocols to be performed at their hospital. There were no forensic medical exams conducted during the audit period.

### §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) LASALLE CORRECTIONS policy 3.1.23 outlines the requirements of this standard. The policy ensures that the facility shall have a protocol ensuring all allegations of sexual abuse are investigated by the appropriate investigative authority. LASALLE CORRECTIONS policy 3.1.23 describes a protocol that ensures that all allegations of sexual abuse are investigated by the appropriate investigative authority. The policy refers all potentially criminal allegations to the Alvarado Police Department who has jurisdiction for criminal investigations. The policy also provides appropriate oversight to ensure such investigations are conducted by requiring notification to the ICE Field Office Director, the Joint Intake Center, the ICE Office of Professional Responsibility (OPR) or the DHS Office of Inspector General. The facility investigators conduct all administrative investigations. In accordance with U.S. Immigration and Customs Enforcement policy 11062.2: Sexual Abuse and Assault Prevention and Intervention, the ICE OPR has oversight responsibilities to ensure all components of the investigative process have been conducted, as well as coordinating all investigative efforts with federal, state, or local law enforcement or facility incident review personnel.  
(b) The protocol describes the responsibilities of the investigatory entities, and LASALLE CORRECTIONS policy 3.1.23 requires appropriate storage and retention of all documentation for at least five years.  
(c) The investigative protocol is posted on the agency website, <http://www.lasallecorrections.com/the-prison-rape-elimination-act-prea/>, as well as posted in the lobby and visitation area for the facility.  
(d)(e)(f) The protocol ensures all the appropriate notifications as noted above in section (a) are completed. The Auditor reviewed the case files of all allegations of sexual abuse while on site and they were reported and processed as directed in the policy. Interviews with staff shows they know and understand the policy and process.

### §115.31 – Staff training.

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a)(b) LASALLE CORRECTIONS policy 3.1.23 includes the requirement that all staff shall be trained in each required bullet of section (a). The Auditor reviewed the training curriculum and it contained all training requirements in section (a). Four random training records were checked and confirmed that staff receive the required refresher training annually. Interviews with staff reflected they received PREA pre-service training, annual refresher training, quarterly PREA update training and additional training during monthly meetings and roll calls that is conducted by the PSACM and/or on-shift supervisor which exceeds the expectations of the standard.  
(c) The Auditor reviewed documentation confirming that staff completed the training. Interviews with staff support that they completed the training.

**§115.32 – Other training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a)(b)(c) LASALLE CORRECTIONS policy 3.1.23 requires volunteers and contractors to be trained on their responsibilities under the agency and facility sexual abuse prevention, detection, intervention, and response policies and procedures. The Auditor reviewed the training curriculum and it does notify them of the facility's zero tolerance policies regarding sexual abuse as well as informed them how to report such incidents, and it covers much more information similar to what is presented during staff PREA training which exceeds the standard. Reviewed training records for volunteers and contractors contained written confirmation that training was received. Both volunteers and contractors receive annual refresher training which again exceeds the standard. LASALLE CORRECTIONS employs a contractor for medical services. A review of the training records, interviews and the LASALLE CORRECTIONS PREA PowerPoint presentation revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented, and copies of training sign-in sheets and other related documents were reviewed by this Auditor. Religious services volunteers receive initial PREA training and annually thereafter. A review of the training documents confirmed their receipt of the training.

**§115.33 – Detainee education.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a) LASALLE CORRECTIONS policy 3.1.23 ensures detainees receive required information on the facility's zero tolerance policies for all forms of sexual abuse and includes the six bullets of information required by section (a) of the standard. The Auditor reviewed the material provided and it covered each element of the standard.

(b) Interviews of both staff and detainees confirmed that the information is provided in formats accessible to all detainees. Written materials are provided in formats that ensure effective communication. The on-site review reflected they have devices such as TTY for those deaf, hard of hearing, or speech impaired to aid in using the telephone to communicate. They also have a lighting magnifier for those who have low vision issues. The intake staff interviews supported that they make every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the orientation information for those who may have intellectual, psychiatric or speech disabilities the facility has the PREA educational video available on a television channel accessible by all detainees that has closed captioning for multiple languages.

(c) The Auditor reviewed a random selection of detainee files that confirmed detainee participation in the PREA Training.

(d)(e) The Auditor observed during the tour and throughout the on-site visit, the DHS Sexual Abuse and Assault Awareness Pamphlet, the posters with the PSACM's name on it, and the Texas Health Huguley and John Peter Smith Hospitals contact information. These were posted in multiple areas and available in multiple languages. The local organizations information was available in only English and Spanish, but the National Rape Crisis line was available in multiple languages.

(f) The Auditor reviewed the detainee handbook and reporting information was included, during intake, each detainee receives a pamphlet describing ICE's Sexual Abuse and Awareness policy, the National Detainee Handbook and the facility handbook. The pamphlet and handbooks identify the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse/assault and multiple ways to report any such incidents. The information is available in English and Spanish. The facility is providing the detainees that are LEP (other than Spanish) the information about the PREA in a language they can understand through telephonic language translation services. Interviews with staff showed they knew how to use and implement the language translation services that are provided at this facility.

**§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) LASALLE CORRECTIONS policy 3.1.23 states that investigators who investigate allegations of sexual abuse shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. This is in addition to the training mandated in standard 115.31. PDC has one trained Investigator for allegations of sexual abuse. The Auditor reviewed the specialized training certificate presented to the investigator as verification for completion. Training records reflect facility investigators have received PREA specialized training. This Auditor reviewed specialized training documentation and interviewed the investigators which confirmed compliance with this standard. Staff interviews support that such training was conducted and completed by the PDC Investigator. The Auditor reviewed a list of staff identified as potential investigators and written documentation was provided verifying they had been trained in conducting investigations on sexual abuse and effective cross-agency coordination, as well as completing the training required in standard 115.31.

**§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) LASALLE CORRECTIONS policy 3.1.23 indicates all full-time and part-time medical and mental health practitioners who work regularly in the facility shall receive the specialized training as required in standard 115.35. The policy also indicates this specialized training shall be in addition to the general training required in standard 115.31, and that medical staff at PDC shall not conduct forensic examinations. The review of the LASALLE CORRECTIONS Sexual Assault and Prevention - PREA Power Point presentation, training documents and interviews with LASALLE COORRECTIONS personnel confirmed that all had received specialized training on victim identification, interviewing, reporting and clinical interventions. This training is provided when initially hired and annually thereafter. All cases requiring the processing of a sexual assault evidence collection kit are transported to a local hospital for a forensic exam. This was confirmed through an interview with the vendors (Texas Health Huguley and John Peter Smith Hospitals) who confirmed that there is SAFE/SANE staff available always.

(c) Documentation was submitted and reviewed that indicated the LASALLE CORRECTIONS policy 3.1.23, that requires such training, was reviewed and approved by ICE/DHS.

**§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) LASALLE CORRECTIONS policy 3.1.23 requires all detainees be assessed utilizing an objective screening instrument during intake to identify those likely to be sexual abusers or sexual abuse victims and shall be housed to prevent sexual abuse, including taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. Detainee and staff interviews support the above noted policy and section (a) and (b) requirements. The Auditor randomly selected detainee files to review initial assessments to ensure they were completed within the 12-hour time limits.

(c)(d) The Auditor reviewed the screening instrument and all required elements are considered for both sections (c) victimization and (d) abusiveness. Screening staff review these forms that provides information related to that specific detainee's criminal record. The Auditor found that screening staff consider each element.

(e) The Auditor randomly selected detainee files to review the reassessments and all were conducted within the 60-90 days of the initial assessment. A review of the eleven allegations in this review period found that the detainees involved had reassessments conducted supporting section (e). Staff and detainee interviews support section (e) of standard.

(f) LASALLE CORRECTIONS policy 3.1.23 and staff interview responses support that detainees are not disciplined for refusing to answer any of the screening questions.

(g) LASALLE CORRECTIONS policy 3.1.23 requires appropriate controls on the dissemination of responses to questions asked on the screening instrument to ensure that sensitive information is not exploited to the detainee's detriment. Staff interviews support this practice. LASALLE CORRECTIONS policy 3.1.23 outline the requirements of this standard. All detainees are assessed by facility personnel, during in-processing procedures, for their risk of being sexually abused or being sexually abusive towards other detainees. In-processing screening occurs within 12 hours of the detainee's arrival. A case management staff member reviews all relevant information from other facilities within 72 hours. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Information received during the screening is only available to staff with a need to know and never to other detainees.

**§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) LASALLE CORRECTIONS policy 3.1.23 ensures screening information is used to determine housing, recreation, other activities, and voluntary work. Interviews with medical staff indicate that any at-risk detainee will be individually and closely considered by medical and security staff working together prior to making any housing assignment, or any other placement in recreation, other activities, and voluntary work as noted in the standard. Housing assignments are made on a case by case basis and detainees are not placed in housing units based solely on their sexual identification or status. Interviews with the case management supervisor also supports the finding that the facility follows this standard. Detainees are not assigned work assignments throughout the facility at PDC.

(b) LASALLE CORRECTIONS policy 3.1.23 ensures when making assessment and housing decisions for a transgender or intersex detainee, the facility shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. The facility reports that no transgender or intersex detainees have been housed at PDC during this audit period. Staff interviews support all of section (b), the policy, and that this would be the practice in such cases.

(c) Staff interviews support that transgender and intersex detainees shall be given the opportunity to shower separately from other detainees. It should be noted that all showers are individual showers and have curtains. There are also two medical rooms that have separate showers if needed. The facility reports no transgender or intersex detainees at facility.

**§115.43 – Protective custody.**

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

**Notes:**

(a) LASALLE CORRECTIONS policy 3.1.23 ensures the facility develops written procedures in consultation with ICE as required. The procedures are outlined in detail with reasons for such placement in protective custody in accordance with LASALLE CORRECTIONS policy 3.1.23. Interviews with the Facility Administrator supported that these written procedures were developed in consultation with ICE as required. The facility has no administrative segregation unit and, in such cases, shall assign detainees to the medical department, which has two rooms that are to be used for their protection until an alternative placement can be arranged.

(b) LASALLE CORRECTIONS policy 3.1.23 reflects the use of administrative segregation to protect detainees vulnerable to sexual abuse is restricted to reasons listed in section (b). LASALLE CORRECTIONS policy 3.1.23, states detainees at high risk for sexual victimization shall not be placed in special housing, unless an assessment of all available alternatives has been made and there is no available means of separating the detainee from the abuser. The detainee will be assessed with 72 hours and reassessed every 7 days thereafter while in restricted housing. There were no detainees at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no detainees who were assigned to involuntary segregated housing for longer than 30 days awaiting alternative placement. Interviews with staff and an examination of documentation confirm compliance with this standard.

(c) LASALLE CORRECTIONS policy 3.1.23 provides such access as required in section (c). There were no detainees who were assigned to Protective custody. Interviews with staff and an examination of records confirm compliance with this standard.

(d)(e) LASALLE CORRECTIONS policy 3.1.23 provides for all such reviews and notifications required in sections (d) and (e).

### §115.51 – Detainee reporting.

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

**Notes:**

- (a) LASALLE CORRECTIONS policy 3.1.23 provides multiple ways for detainees to privately report as well as avenues to make the required contacts. These methods of reporting are posted on multiple bulletin boards, posters, detainee handbooks, and pamphlets given out during intake screening.
- (b) LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. A review of documentation and staff/detainee interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for detainees to report sexual abuse. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by Auditor) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Family and friends of detainees may report sexual abuse by using the LASALLE CORRECTIONS and DHS website or contacting any facility staff.
- (c) LASALLE CORRECTIONS policy 3.1.23 mandates that staff are to accept reports made verbally, in writing, anonymously, and from a third party. Staff interviews support this mandate.

### §115.52 – Grievances.

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

**Notes:**

- (a)(b)(e) LASALLE CORRECTIONS policy 3.1.23 allows for a detainee to file a formal grievance related to sexual abuse. The policy prohibits any time limits on submission of such a grievance and facility response timelines adhere to section (e) of the standard. There were nine grievances alleging sexual assault in the last year from this facility and each was forwarded to the investigators and an investigation was completed.
- (c) The facility has a written procedure to handle emergency grievances related to sexual abuse. This written procedure is included in the detainee handbook and has the emergency grievance going directly to the Facility Administrator. Interview of grievance coordinator verified the process.
- (d) LASALLE CORRECTIONS policy 3.1.23, addresses the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse or sexual assault, when received by staff, would immediately result in an administrative or criminal investigation. Detainees are not required to use the informal or formal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance.
- (f) LASALLE CORRECTIONS policy 3.1.23 allows for detainee to obtain assistance in filing such a grievance from those listed in section (f). Staff interviews support such an allowance.
- In the nine grievances listed above, each detainee was given a decision letter within five days and no appeals were filed.

### §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) LASALLE CORRECTIONS policy 3.1.23, outlines the requirements of this standard. The Auditor confirmed that Safe Haven have an agreement to conduct support services, when requested by the facility. There has not been request for support services as of the date of this audit.
- (c) Posters are posted throughout PDC with contact information for Safe Haven victim advocate services. This information is posted in English and Spanish. It should also be noted this Auditor also confirmed that the facility has brochures for the detainees with Safe Haven for detainee reporting and victim advocate services. Interviews with staff and detainees support the compliance with this standard. The brochures for Safe Haven are available in the housing units in both English and Spanish. The facility is developing a procedure that will also provide this information to the LEP detainees in a language other than English and Spanish. This material will be presented during the orientation process. At present time, this information is available in all 16 languages by accessing the electronic tablets that are available in each domicile area and the detainees may use the interpretive language services offered via telephone.
- (d) LASALLE CORRECTIONS policy 3.1.23 indicates the facility shall ensure reasonable communication with Outside Confidential Support Services and inform the detainees to the extent their communication with these services are monitored, and when reports of abuse will be forwarded to authorities. There is information provided on the phones, as well as information provided during orientation via the National Detainee Handbook, medical/mental health packet information, and other posted and orientation information to the detainees informing them of the extent of monitoring of such communications as well as informing them in general when reports of sexual abuse are forwarded to authorities. There was no record of these support services being used prior to or during the onsite audit.

### §115.54 – Third-party reporting

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

**Notes:**

- PDC has established several procedures for third-party reporting which includes, but is not limited to, the ICE ERO Detention Reporting and Information Line and the Office of Inspector General telephone number. Mailing addresses are posted in the units and made available in the detainee handbook. The company website: <http://www.LaSalleCorrections.com> allows third party reporters to report allegations of sexual abuse. LASALLE CORRECTIONS employees can also use the Secureline anonymous reporting, provided by Securelink. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has signs in the facility lobby which allows for family and friends of detainees to note the procedures for reporting allegations.

### §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) LASALLE CORRECTIONS policy 3.1.23 requires all staff to report as noted in section (a) and (b) of the standard. Staff interviews confirmed this mandate to report, as well as the need for confidentiality surrounding such reporting. LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. Staff confirmed during interviews that they are aware of their responsibility for immediately reporting any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such actions. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case be limited to staff who need-to-know, because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees and contractors confirmed they were aware of their reporting duties. There were no volunteers on duty during the on-site audit.
- (d) LASALLE CORRECTIONS policy 3.1.23, the facility reports that neither juveniles or vulnerable adults would be housed at PDC.



### §115.62 – Protection duties.

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

**Notes:**

LASALLE CORRECTIONS policy 3.1.23 outlines the requirements of this standard. Interviewed staff were aware of their duties and responsibilities, as it relates to them having knowledge of a detainee being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the detainee. Detention officers are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor, medical and mental health staff.

### §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) LASALLE CORRECTIONS policy 3.1.23 outlines the requirements of this standard. Policy requires the reporting of any PREA related allegation by a detainee that occurred at another facility to the Facility Administrator (or equivalent person) of the facility where the incident is alleged to have occurred, by the Facility Administrator or his designee of the facility in which the detainee is currently housed. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that a referral for investigation is initiated. During the last year, there were two cases of a PREA allegation reported that took place at another facility. Interviews with staff and an examination of documentation confirm all procedures taken followed this standard.

### §115.64 – Responder duties.

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

**Notes:**

(a)(b) LASALLE CORRECTIONS policy 3.1.23 ensures the first security staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlined in section (a) of the standard. LASALLE CORRECTIONS policy 3.1.23, outlines the requirements of this standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim/ predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their lieutenant, medical and mental health staff. The supervisor would continue to protect the detainee by immediately notifying investigative and administrative staff. Staff are issued and carry a pocket sized PREA first responder card for quick reference and were able to describe all first responder actions when advised that a detainee had been a victim of sexual abuse. In the reported allegation the first responders duties were followed in accordance with the policy.

### §115.65 – Coordinated response.

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

**Notes:**

(a) The Auditor reviewed the PDC PREA/SAAPI written Coordinated Response Plan that included a separate checklist to assist in ensuring each item of the coordinated response is completed. The plan was very detailed and included all necessary areas of response. The checklist is a great tool for the shift supervisor and other leadership use. In addition, LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. The facility has established a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers (SAFE/SANE and victim advocates) and facility leadership. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. Interviews and an examination of documentation also confirm compliance to this standard.

(b) The plan reviewed included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations. In the allegation cases review, the plan was performed as written with the team approach.

(c)(d) The Auditor reviewed on site one allegation case where the victim was transferred between facilities and the case file documented the appropriate notifications to the receiving facility.

### §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:**

LASALLE CORRECTIONS policy 3.1.23, outlines the requirements of this standard. Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties that require detainee contact pending the outcome of an investigation. Interviews with the facility investigators and a review of investigative files confirm compliance with this standard. There have been no cases documented at this facility where staff, contractors, and/or volunteers were identified as an alleged abuser and were removed from their duties.

### §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) ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention and LASALLE CORRECTIONS policy 3.1.23 prohibits retaliation against any person, including a detainee for reasons as stated in section (a) of the standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse, sexual harassment or cooperated in any related investigation.

(b)(c) LASALLE CORRECTIONS policy 3.1.23 ensures multiple protection measures are employed to protect against retaliation, which can be moving housing assignments, changing staff assignments. For at least 90 days, or longer if there is a continuing need, following a report, the facility monitors items as outlined in section (c), which can be disciplinary reports, change in staff assignments and housing reassignments to ensure there are no incidents of retaliation. Interviews with the Facility Administrator and PSACM support these measures are in place. PSACM reports no claims of retaliation in past 12 months. The facility utilizes a Protection from Retaliation Log for monitoring detainees, and an Employee Protection from Retaliation Log for monitoring staff.

**§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) LASALLE CORRECTIONS policy 3.1.23 ensures the facility makes its best effort to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing possible subject to the requirements of 115.43. The policy requires victims not be held longer than five days in any type of administrative segregation, except as noted in section (b) of the standard. The policy also prohibits detainee victims who have been in protective custody from being returned to general population until a reassessment has been completed to consider any increased vulnerability as a result of the sexual abuse. Staff indicated that the detainee would be placed in the most supportive environment to ensure his/her well-being. There have been no detainees placed in post-allegation protective custody during the last 12 months.

**§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) PDC does conduct administrative investigations into allegations of sexual abuse. ICE Directive 11062.2, and LASALLE CORRECTIONS policy 3.1.23 requires those investigations be done promptly, thoroughly, and objectively, and be conducted by specially trained, qualified investigators. PDC has one PREA investigator, and she has completed the specialized investigator training as required in 115.34.  
(b) LASALLE CORRECTIONS policy 3.1.23 requires administrative investigations within 30 days of the conclusion of criminal investigations where the allegation was substantiated, and when the allegation is unsubstantiated if the evidence reviewed determines such an investigation is necessary, and only after consultation with the appropriate investigative office within Department of Homeland Security (DHS). All reported allegations were processed correctly in accordance with this standard.  
(c) LASALLE CORRECTIONS policy 3.1.23 contains a written procedure for administrative investigations that include all required components of section (c). The procedure does govern the coordination of both administrative and criminal investigations to ensure an internal investigation does not compromise the process for criminal prosecution.  
(e)(f) LASALLE CORRECTIONS policy 3.1.23 mirrors section (e) and (f) of the standard. ICE Directive 11062.2, and LASALLE CORRECTIONS policy 3.1.23, address the requirements of this standard. The facility investigators conduct administrative investigations within the facility and refer criminal investigations to the Alvarado Police Department. There were no criminal prosecutions during this auditing period. According to the investigators, the facility fully cooperates with any outside agency who initiates an investigation. The facility investigators serve as liaisons that provide the requested information to the outside agency and provide access to the detainees. The policy ensures the departure of the alleged abuser or victim from employment or control of the facility does not provide a basis for the investigation.

**§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:**

LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. The evidence standard is no higher than a preponderance (51%) of the evidence in determining whether allegations of sexual abuse/assault are substantiated. PDC meets this requirement.

**§115.73 – Reporting to detainees.**

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

**Notes:**

LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. All such notifications are documented. Through interviews with staff and a review of the investigative files, detainees were notified in accordance with the standards.

**§115.76 – Disciplinary sanctions for staff.**

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

**Notes:**

(a)(b)(c)(d) LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse policies. All terminations for violations of agency sexual abuse policies, or resignations by staff who would have been terminated, if not for their resignation, are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

**§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) LASALLE CORRECTIONS policy 3.1.23, outline the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the past year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

**§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:**

LASALLE CORRECTIONS policy 3.1.23, outline the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation.

(a-b) Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed.

(c) This policy allows for this facility to have a detainee disciplinary system with progressive levels of reviews, appeals, procedures and documentation of each procedure conducted.

(d) The detainee's disciplinary history, mental disabilities, and mental illness should be considered in all decisions.

(e) This policy instructs a detainee will not be disciplined for sexual contact with staff personnel, unless it is proven the contact was made without consent of the staff member.

(f) This policy ensures that no detainee is disciplined for make an allegation of sexual abuse or sexual harassment, when the allegation is made in good faith based on reasonable belief that the event did occur. Records reviewed and interviews with the facility investigators, PSA Compliance Manager and the Facility Administrator support a finding that the facility follows this standard.

**§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) LASALLE CORRECTIONS policy 3.1.23 ensures that detainees who indicate prior victimization or abusiveness through the assessment pursuant to 115.41 are immediately referred to the medical and/or mental health practitioner for follow-up. The Auditor reviewed a sampling of files where detainees had revealed prior victimization, and in each case, they were seen by the appropriate practitioner within the timelines set in sections (b) and (c). Staff interviews supported this facility practice. LASALLE CORRECTIONS policy 3.1.23, outlines the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. When detainees are referred for medical follow-up, procedures indicate that the health evaluation would take place within two working days. The procedures also allow for detainees who report being sexual abusive to be offered a follow up meeting with mental health staff. Treatment services are offered without financial cost to the detainee. There were two detainees determined during their intake to have experienced prior sexual victimization or perpetrated sexual abuse in the last 12 months.

**§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) LASALLE CORRECTIONS policy 3.1.23 indicates that detainee victims of sexual abuse shall receive medical treatment and crisis intervention as required in section (a). The policy ensures the treatment is provided at no cost and regardless of whether the victim cooperates with the investigation as required in section (b). Through interviews with staff, this facility provides medical and mental health services at PDC with one physician who is contracted through Texas Health Huguley Hospital. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community, when health care needs exceed the level of care available within the facility. Victim advocacy is offered with a community provider. There is no financial cost to the detainee for any sexual abuse/assault related incident, related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation.

**§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) LASALLE CORRECTIONS policy 3.1.23 requires PDC to offer medical and/or mental health evaluations to detainees who have been victimized by sexual abuse while in immigration detention. Such evaluations were confirmed in the interview with the Health Service Administrator.

(b) LASALLE CORRECTIONS policy 3.1.23 requires, if appropriate, the treatment and follow-up necessary as required in section (b).

(c) LASALLE CORRECTIONS policy 3.1.23 requires that the services provided are consistent with the level of care the individual would receive in the community.

(d)(e) LASALLE CORRECTIONS policy 3.1.23 requires PDC to offer victims of vaginal penetration by a male abuser a pregnancy test, and information about lawful pregnancy related services as well as timely access to those services. All victims are offered tests on sexually transmitted infections as medically appropriate as required by section (e).

(f) LASALLE CORRECTIONS policy 3.1.23 requires treatment without cost and regardless of whether the victim names the abuser or cooperates with investigation.

(g) LASALLE CORRECTIONS policy 3.1.23 requires PDC will attempt to conduct a mental health evaluation of all known detainee on detainee abusers within 60 days of learning of such abuse history and offer treatment if deemed appropriate by mental health practitioners. A review of medical documents and interviews with medical/mental health staff support the finding that this facility follows this standard.

**§115.86 – Sexual abuse incident reviews.**

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

**Notes:**

(a) LASALLE CORRECTIONS policy 3.1.23 requires PDC to conduct a sexual abuse review within 30 days of the conclusion of every sexual abuse investigation. A review of the 11 allegations of sexual abuse, assault or harassment during the audit period; of the 11, 2 were determined to be unfounded; 8 were determined to be unsubstantiated and 1 is still pending. The investigative files were reviewed and revealed that the investigations were completed in accordance with the standards.

(b) Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status and/or gang affiliation. The team also decides as to whether additional monitoring technology should be added to enhance staff supervision.

(c) Documentation was provided that demonstrated PDC conducted the annual review as outlined in section (c) and that the annual review was provided to all required recipients.

**§115.87 – Data collection.**

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

**Notes:**

LASALLE CORRECTIONS policy 3.1.23, addresses the requirements of this standard. All PREA related allegation documentation will be maintained for five years, after the detainee is released from custody. Interviews with the staff support compliance with this standard.

**§115.201 – Scope of audits.**

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

**Notes:**

The Auditor was able to access and observe all areas of the facility. The Auditor was provided with all relevant documents and conducted private interviews with detainees. Audit notices were posted in each housing unit, common area and telephone rooms, giving the detainees an opportunity to confidentially correspond with the Auditor. The Auditor did not receive any correspondence from the detainees at PDC.

**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.

Marc Coudriet

October 7, 2018

**Auditor's Signature & Date**