

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Dallas
Field Office Director:	Marcos Charles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N Stemmons Freeway, Dallas, TX 75247

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Prairieland Detention Facility
Physical address:	1209 Sunflower Ln, Alvarado, Texas 76009
Telephone number:	817-409-3995
Facility type:	Dedicated Intergovernmental Service Agreement
PREA Incorporation Date:	5/03/2016

Facility Leadership

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

During the audit, the Auditor found Prairieland Detention Facility met 35 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 4 non-compliant standards (115.32, 115.35, 115.81, and 115.86). As a result of the facility being out of compliance with 4 standards, the facility entered into a 180-day corrective action period which began on January 11, 2024, through July 10, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

On January 12, 2024, the Auditor received notification of the facility's first CAP via email from the Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. Additional documentation and responses were provided by the facility and reviewed by the Auditor on February 16, 2024, and March 1, 2024. During the final review on March 1, 2024, the Auditor determined that the facility demonstrated compliance with all four standards found non-compliant at the time of the site visit, subsequently ending the CAP period early.

Number of Standards Initially Not Met: 4

- §115.32 - Other Training
- §115.35 - Specialized training: Medical and mental health care
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.86 - Sexual abuse incident review

Number of Standards Exceeded: 0

Number of Standards Met: 4

- §115.32 - Other Training
- §115.35 - Specialized training: Medical and mental health care
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.86 - Sexual abuse incident review

Number of Standards Not Met: 0

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 replied 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.

§115.32 - Other Training

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

Notes:

(a)(b)(c): 3.1.23 SAAPI states, "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 nonrecurring 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." The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers and confirmed the training adheres to all elements required of the standard. After course completion, attendees are required to sign an acknowledgement of PREA training received. Interview with the TO confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties; however, the TO had no documentation to indicate that the facility has protocols in place to ensure contractors receive the required training.

Corrective Action:

(a)(b)(c): The facility has not demonstrated that other contractors, as defined by provision (d) of this standard, have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. To become compliant the facility must develop procedures to ensure all other contractors who have contact with detainees have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. Once developed and implemented, the facility must provide documentation of these procedures and evidence for five other contractors to indicate they have received the required training.

Corrective Action Taken:

On February 15, 2024, the facility submitted and the Auditor reviewed evidence of signed contractor training for five contractors to confirm completion of the required training. The facility is now in compliance with provisions (a), (b) and (c) of the standard.

§115.35 - Specialized training: Medical and mental health care

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

Notes:

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

(b)(c): 3.1.23 SAAPI states, “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. Prairieland Detention Center 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 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 was not provided documentation that medical or mental health staff had received specialized training. Review of curriculum provided to all staff under standard §115.31 and corresponding attendance rosters could not confirm that all medical and mental health staff have completed the general training. Interview with two medical staff and one mental health staff confirmed that one had received training through NIC, but completion certificates were not provided to the Auditor. The facility does not conduct forensic examinations. The facility provided documentation that the agency had reviewed and approved the PDC PREA policy.

Corrective Action:

The facility is not in compliance with subsection (c) of this standard. The facility did not provide documentation that all medical and mental health staff have received the general PREA training required under standard §115.31 or specialized training required of this standard. In order to become compliant, the facility must submit a roster of all full time and part time medical and mental health staff and documentation that all medical and mental health staff have completed the training required under subsection (c) of this standard.

Corrective Action Taken:

On February 15, 2024, the facility provided the PDC Lesson Plan for PREA which included the required topics, a roster of all full time and part time medical and mental health staff, and training record attendance rosters. The medical staff roster included names of 28 staff members documenting that all medical and mental health staff have completed the training required under subsection (c) of this standard. On March 1, 2024, the facility submitted clarification to the Auditor for names on the previously provided roster indicating all full time and part time medical and mental health staff have completed the required training. The facility has demonstrated compliance with provision (c) and is now compliant with this standard.

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

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

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “If during the intake screening assessment, intake officers or medical staff screening the detainees determine if a detainee in 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.” The facility provided two PREA Screening for Risk of Sexual Victimization and Abusiveness pursuant to §115.42. Provided examples show that the detainee had a prior or current conviction for sexual offenses but was not referred to Mental Health. The Auditor reviewed 24 detainee files and confirmed that detainees who had experienced previous sexual victimization were referred to medical or mental health; however, detainees who had perpetrated

sexual abuse were not referred to medical or mental health for further assessment. Interviews with two medical staff and one mental health staff confirmed that if a detainee were referred medical would complete an evaluation within two working days and mental health would complete an evaluation with three working days.

Corrective Action:

The facility is not compliant with subsection (a) of the standard. Review of detainee files confirmed that detainees whose risk screening indicates that they have perpetrated sexual abuse during the intake screening are not referred to medical or mental health as appropriate. To become compliant the facility must implement a practice that requires intake staff to refer detainees who have perpetrated sexual abuse to medical or mental health as appropriate. If applicable, the facility must provide 5 detainee files, and corresponding medical and mental health documentation, of any detainee who was identified during the intake screening as having perpetrated sexual abuse prior during the CAP period.

Corrective Action Taken:

On February 15, 2024, the facility provided and the Auditor reviewed an email from the PSA Compliance Manager to specialized staff instructing the referral to mental health of all victim/perpetrators identified during the assessment screening. The facility additionally provided five assessments, referral orders, and provider encounters. Review of the provided documents show that all five referrals for a health evaluation were completed within two working days and a referral by medical was made to mental health in all five cases. Of the 5 mental health referrals, 4 were seen by mental health provider within 72 hours and 1 was completed 75.5 hours after the referral. While the one referral exceeded the time by 3.5 hours, the detainee was seen within 3 days after the referral. As a result, the Auditor finds the facility in substantial compliance with provisions (a), (b), and (c) of the standard.

§115.86 - Sexual abuse incident review

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

Notes:

(a)(b)(c): 3.1.23 SA-API states, "PDC shall ensure a sexual abuse incident review is conducted 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. If the allegation is unfounded, the facility shall document that no formal review was completed. The review team shall: Include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 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; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and PDC shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director, for transmission to the ICE PSA Coordinator. 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 Auditor reviewed 14 investigation files which confirmed a sexual abuse incident review and, if required, corresponding written report was completed on allegations with a substantiated or unsubstantiated findings; however, the facility does not complete sexual abuse incident reviews on unfounded

allegations. Review of the written reports confirmed that the team considered if the incident was motivated or caused by race, ethnicity, gender identification or any other group dynamics. This report also concluded that no recommendations for policy or procedural changes were warranted. The Auditor reviewed PDC's 2022 PREA annual review which discussed previous cases, potential changes to the video monitoring system and SAPPI education. The team did not find any deficiencies or recommend corrective action during the annual review. The facility annual report was sent from the PSA Compliance Manager to the ICE/AFOD Dallas Field Office. Interviews with the Warden and PSA Compliance Manager confirmed that a sexual abuse incident review is conducted on substantiated and unsubstantiated cases and the reviews and written report was completed within 30 days upon conclusion of the investigation. Staff confirmed that an annual review would be conducted, and a report prepared and forwarded to required ICE personnel if the facility had no reports of sexual abuse during the reporting period.

Corrective Action:

The facility is not compliant with subsection (a) of the standard. The facility is not completing a sexual abuse incident review on unfounded cases. The facility must implement a procedure to ensure that unfounded incidents of sexual abuse are reviewed at the conclusion of the investigation. To become compliant, the facility must provide the Auditor evidence that the unfounded cases closed during the audit period have been reviewed and that procedures have been implemented to ensure an incident review is conducted on all cases upon conclusion of the investigations. In addition, the facility must provide documentation of any unfounded case reviews conducted, as applicable, for investigations closed within the CAP period.

Corrective Action Taken:

On February 15, 2024, the facility submitted five Sexual Abuse or Assault Incident Review forms for closed unfounded cases. On March 4, 2024, the facility provided a memorandum from the Facility Administrator dated March 4, 2024, stating that the facility has not had any new unfounded cases during the CAP period, so no incident reviews have occurred. Based on completion of an incident review on the five cases closed during the audit period and interviews confirming that the facility is aware reviews must be completed on all cases going forward, the Auditor determines the facility has demonstrated compliance with provisions (a), (b) and (c) of the standard.

AUDITOR CERTIFICATION:

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

Jodi Upshaw 3/31/2024
Auditor's Signature & Date

(b) (6), (b) (7)(C) 4/1/2024
Program Manager's Signature & Date

(b) (6), (b) (7)(C) 3/31/2024
Assistant Program Manager's Signature & Date

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



**Homeland
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AUDIT DATES

From:	11/14/2023	To:	11/16/2023
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AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	Marcos D. Charles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N Stemmons Freeway, Dallas, TX 75247

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Prairieland Detention Center
Physical address:	1209 Sunflower Lane, Alvarado, Texas 76009
Telephone number:	817-409-3995
Facility type:	Dedicated Inter-governmental Service Agreement
PREA Incorporation Date:	5/03/2016

Facility Leadership

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Prairieland Detention Center (PDC) was conducted November 14 through November 16, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C), who was present during the onsite visit and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. PDC is operated by La Salle Corrections located in Alvarado, TX and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). This is the third DHS PREA audit for PDC.

Four weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE SharePoint. Supporting documentation was organized within the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policy that governs the PDC PREA Program is 3.1.23 Sexual Abuse and Assault Prevention and Intervention (SAAPI). The Auditor reviewed the Agency website (www.ice.gov/prea) and the facility website <https://lasallemcorrections.com/human-rights/>. Pursuant to 115.201(j), no correspondence was received from any detainee, outside individual, or staff member.

The design capacity for the facility is 749. The facility houses adult male and female ICE detainees with low, medium, and high custody levels. The average daily ICE population for the prior 12 months was 378. The facility reported there were 9,653 detainees booked into the facility in the last 12 months with an average length of time in custody of 30 days. The current population on the first day of the audit was 683. The facility is comprised of one building which includes two female open bay/dorm units, seven male open bay/dorm units, three male double cell housing units, one segregation unit, eight medical cells and two suicide watch cells.

The entry briefing was held in the PDC conference room on November 14, 2023. The ICE ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Assistant Warden, PDC
(b) (6), (b) (7)(C) Assistant Regional Warden, La Salle Corrections
(b) (6), (b) (7)(C) PSA Compliance Manager, PDC
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C) TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) Certified Auditor, PM, Creative Corrections, LLC
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and methodology to be used to determine DHS PREA compliance with those present. The Auditor explained the audit process is designed to not only assess compliance through review of written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and practice of staff at all levels. She further explained compliance with the DHS PREA standards will be determined based on review of policy and procedures, observations made during the facility tour, review of provided documentation for review, and

information obtained from staff and detainee interviews.

At the completion of the entry briefing, the Auditor was provided a complete tour of PDC which included the sallyport, intake area, food service, medical unit, segregation unit, master control and housing units. The intake area consists of four holding cells, each equipped with a toilet and sink. Outside of the holding cells is an elevated desk for staff to view the intake area and release area. On the walls within the intake area the Auditor observed the PREA audit notice signs in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese, the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS Office of the Inspector General (OIG), reporting numbers for the ICE Detention and Reporting and Information Line (DRIL), foreign consulate numbers, I Speak poster and poster for the Family Crisis Center of Johnson County.

During the onsite audit, the Auditor noted sight lines, potential blind spots, and camera locations throughout the [REDACTED] and [REDACTED]. There were no detainees processed into PDC during the onsite audit. The Auditor was able to view a video of a pat search for the last detainee processed into the facility.

PDC has [REDACTED] located throughout all areas of the facility that have the capability to tilt, pan and zoom and record sound. The cameras run 24/7 and video footage is stored for up to 30 days on a server before being stored on DVD/DVR. The Auditor viewed camera sight lines for direct viewing of [REDACTED], [REDACTED] and [REDACTED]. [REDACTED] and [REDACTED] provided privacy while a detainee was using the bathroom or changing. [REDACTED] contained a pixelized box that provided detainee privacy while performing bodily functions. Every housing unit provided individual showers with an enclosed area for change out and another enclosed area for showering.

The facility has 155 security staff positions, 22 medical, 3 mental health, and the remaining staff consists of non-security administrative, management, and support staff. The facility has volunteers that have detainee contact. The Auditor interviewed 18 staff members which consisted of the Warden, PSA Compliance Manager (who conducts retaliation monitoring, is an incident review team member and a facility investigator), Human Resources Manager (HR), Intake Staff, Classification Supervisor, Training Officer (TO), Disciplinary Officer, Grievance Officer (GO), First Responder (3), Segregation Supervisor, First Line Supervisor, Supervisor who Conducts Unannounced Rounds and Detention Officers (DO) (4). In addition, the Auditor interviewed ICE staff (4), an advocate from the Family Crisis Center of Johnson County and a volunteer. Thirty-one detainees were interviewed using interview guides for Random Sample of Detainees, Detainees who are Limited English Proficient (LEP), and Detainees who Reported Sexual Abuse History.

The facility Pre-Audit Questionnaire (PAQ) reported there are two facility investigators that have received specialized training on sexual abuse; however, only one investigator conducts the investigations. There were 14 allegations of sexual abuse reported at PDC during the audit period: Six detainee on detainee and eight staff on detainee of which four were during use of force incidents.

On November 16, 2023, an exit briefing was held in the PDC conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

- [REDACTED] Warden, PDC
- [REDACTED] Assistant Warden, PDC
- [REDACTED] PREA Coordinator, La Salle Corrections
- [REDACTED] PSA Compliance Manager, PDC
- [REDACTED] Assistant Field Office Director (AFOD), ICE/ERO

(b) (6), (b) (7)(C) SDDO, ICE/ERO
(b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) Certified Auditor, PM, Creative Corrections, LLC
(b) (6), (b) (7)(C) APM, Creative Corrections, LLC (via telephone)
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 35

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff training
- §115.33 - Detainee education
- §115.34 - Specialized training: Investigations
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.43 - Protective custody
- §115.51 - Detainee reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection duties
- §115.63 - Reporting to other confinement facilities
- §115.64 - Responder duties
- §115.65 - Coordinated response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.82 - 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 audit

Number of Standards Not Met: 4

- §115.32 - Other training
- §115.35 - Specialized training: Medical and mental health care

- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.86 - Sexual abuse incident review

Number of Standards Not Applicable: 2

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

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c)(d): 3.1.23 SAAPI states, "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 including written documentation requirements; procedures for detainees to report allegations; measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence; procedures for referral of incidents to appropriate investigative law enforcement agencies and OPR, and coordination with such entities; disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policy; and data collection and reporting." During the onsite audit the Auditor observed the DHS sexual assault awareness notice posted in the holding cells, intake area and housing units in English and Spanish. The Auditor also observed the facility and Agency zero-tolerance policy posters throughout the facility. The facility has appointed and employs a PSA Compliance Manager who serves as the facility point of contact for the agency PSA Coordinator. The Auditor reviewed the organizational chart and observed the PSA Compliance Manager reports to the Warden. Interview with the PSA Compliance Manager confirms that she is the point of contact for the facility and Agency PSA Coordinator. In addition, the PSA Compliance Manager confirmed she has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures. Interviews with four random DOs and two medical staff confirmed all were aware of the facility and Agency's zero-tolerance policy toward all forms of sexual abuse. The Auditor was provided documentation that the Agency has reviewed and approved the facility's PREA policy.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI states, "PrairieLand Detention Center shall ensure the Shift Supervisors are conducting and documenting frequent unannounced PREA 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." The Auditor reviewed the facility PAQ which indicated PDC employs 155 security staff (72 male and 83 female) with duty hours from 6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m. The remaining staff consists of administration, maintenance, medical, mental health, and food service staff. During the onsite audit the Auditor observed

appropriate staffing levels in the intake area, housing units and medical area. The intake desk is elevated to allow direct observation into a release area on one side of the room and intake area that includes the holding cells on the other side of the room. There were monitors on the (b) (7)(E) with camera views of the (b) (7)(E). Cameras are additionally monitored by a staff member from (b) (7)(E). During the onsite audit, the Auditor observed adequate cameras within the (b) (7)(E), (b) (7)(E), (b) (7)(E) and (b) (7)(E). The Auditor reviewed Control Room Officer, Medical Officer, Special Management Unit Officer, and Housing Unit Officer Post Orders which had been reviewed in 2023 by the Warden. PDC additionally provided documentation that comprehensive detainee supervision guidelines were reviewed in 2022 by a committee. The review also reflected that the facility took into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendation of sexual abuse incident review reports, or any other relevant factors, including but not limited to, the length of time detainees spend in Agency custody when determining adequate levels of detainee supervision and the need for video monitoring. Interviews with the Warden and PSA Compliance Manager confirmed that supervision guidelines are reviewed annually. During the onsite audit the Auditor observed housing unit logbooks which confirmed unannounced PREA rounds were being conducted on each shift. Interview with a supervisor who conducts unannounced rounds confirmed that rounds are conducted on each shift and an entry is made in the logbooks indicating that a PREA unannounced round was conducted. Interviews with four random DOs further confirmed that staff are not allowed to alert others that the rounds are being conducted.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ and interviews with the Warden, PSA Compliance Manager and four DOs, PDC does not accept juvenile or family unit detainees; therefore, the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d): 3.1.23 SAAPI states, “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 document all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches.” During the onsite audit the Auditor was not able to observe an intake process; however, a video was observed which confirmed same gender pat searches were conducted. The facility submitted a memorandum that PDC has not conducted any cross-gender pat-down searches during the audit period. The Auditor reviewed a blank Cross Gender Pat-Down Search log that would be utilized should a cross-gender pat search needs to be conducted. Interviews with four DOs confirmed that cross-gender pat searches are not allowed. Although the facility did not have any cross-gender pat searches completed during the audit period, all staff confirmed that these searches would only be conducted under exigent circumstances and should a cross-gender pat search need to be conducted it would be documented.

(e)(f): 3.1.23 SAAPI states, “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. 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 facility submitted a memorandum that PDC has not conducted any strip or visual cavity searches during the audit period. The Auditor reviewed a blank Cross Gender Strip Search log that would be utilized should a cross-gender strip search or cross-gender visual cavity search needs to be conducted. Interviews with four DOs and two medical staff confirmed that strip or body cavity searches have not been conducted at PDC during the audit period.

(g): 3.1.23 SAAPI states, “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. Prairieland Detention Center shall require staff of the opposite gender to announce their presence when entering a detainee-housing unit where Detainees are likely to be showering, performing bodily functions, or changing clothes.” During the onsite audit the Auditor observed staff of the opposite gender announce their presence upon entry into the housing units. Interviews with four DOs confirmed they are aware of this policy, and all stated they announce their presence when entering a unit of opposite gender. Interviews with 31 detainees also confirmed that opposite gender staff announce their presence when entering a housing unit.

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

(i): 3.1.23 SAAPI states, “The Prairieland Detention Center shall not search or physically examine a transgender or intersex detainees 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.” Interviews with four DOs confirmed that staff were knowledgeable that searches will not be conducted for the sole purpose of determining the detainee’s genital characteristics.

(j): 3.1.23 SAAPI states, “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 Auditor reviewed the PDC lesson plan for Searches of Detainees, Housing Units and Work Areas along with a corresponding attendance roster. The training plan included proper performance of pat-down or shake down searches and cross-gender, intersex, and transgender pat-down procedures along with strip search procedures. The Auditor reviewed 16 staff files that confirm staff received training in the proper procedures for conducting pat-down searches that included searches of transgender and intersex detainees. Interviews with four DOs additionally confirmed they had received training on proper procedures for conducting pat-down searches to include cross-gender pat-down searches of transgender and intersex detainees.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “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. 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.” During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance Manager’s name and contact information, ICE DRIL posters, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet in English and Spanish, Family Crisis Center of Johnson County posters and the I Speak Language Identification Guide on display. Detainees are provided with the 2021 ICE National Detainee Handbook during intake in a language of their understanding. The ICE National Detainee Handbook is available in 14 languages: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The SAA Information pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. Intake staff further confirmed that all languages for the ICE National Detainee Handbook and the SAA Information pamphlet are available on a facility shared drive. Intake staff provided the Auditor with posters for Lions Bridge language line and a form they would fill out should a detainee need this service. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Intake staff additionally provided a visual accommodation form that would be utilized for detainees with a visual disability. The intake information would be read to detainees and documented on the form. Should a detainee have a hearing disability, intellectual or psychiatric disability, material would be provided in written formats or read to the detainee utilizing vocabulary a detainee could understand. Interviews with four DOs confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee. Interviews with 28 detainees confirmed that interpretation services were utilized as needed while being processed into the facility. There were no detainees who required visual or audible accommodations during the audit period.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

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

Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity 3.1.23 SA-API 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 shall conduct criminal background checks for employees, contractors, and volunteers before enlisting them to work with Detainees. PDC shall 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 Prairieland Detention Center shall also impose upon Employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the Prairieland Detention Center shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The Auditor reviewed 16 staff files which confirmed background checks were completed prior to employment, as part of a promotion process and at the required five-year interval. An interview with the HR Manager confirmed new hires or contractors must complete a successful background investigation prior to hire. The HR Manager further explained that the PREA related questions are included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. The HR Manager further confirmed that background investigations are completed as part of the staff promotion process. The HR Manager also disclosed that any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer would be shared. The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit that included six ICE employees assigned to the facility to verify the completion of the background investigations. OPR PSO confirmed the background investigation status of all Agency employees submitted were completed and current. Interview with a Volunteer Coordinator confirmed that a background form is sent to ICE, who completes the background checks for prospective volunteers and responds to the coordinator with clearance results.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Not Applicable

Notes:

(a)(b): A review of the PAQ and interviews conducted with the Warden and PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. Therefore, subsections (a) and (b) of the standard are not applicable.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency’s policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency’s evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility’s incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. 3.1.23 SAAPI states, “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. The Prairieland Detention Center shall offer all victims of sexual abuse, only with the detainee’s consent and without financial cost, where evidentiary or medically appropriate, access to forensic medical examinations, whether on-site or at an outside the facility. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where practicable. 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. Prairieland Detention Center shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to address victim’s needs most appropriately. PDC 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. A qualified agency staff member or a qualified community-based staff member means as 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. 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. To the extent that PDC is not responsible for investigating allegations of sexual abuse, PDC shall request that the investigating agency follow the uniform evidence protocol requirements.” The Auditor reviewed documentation that the Agency has reviewed and approved PDC’s PREA policy. The Auditor reviewed a signed Memorandum of Understanding (MOU) dated August 30, 2021, between PDC and Family Crisis Center of Johnson County with no listed end date which confirmed the Family Crisis Center would provide, but not limited to, mental health services, counseling, and other available resources. The Auditor reviewed a memorandum stating that PDC had attempted to enter into an MOU with Harris Hospital for SAFE/SANE examinations but had not received documents back by the time of the onsite audit. PDC provided additional documentation that SAFE/SANE services can be conducted at three other local hospitals if alternatives are required. The Auditor reviewed an MOU between PDC and the Alvarado Police Department (APD) with no end date which has requested the police department follow the requirements of this standard. Interviews with the Warden and PSA Compliance Manager confirm that should an allegation of sexual abuse or assault occur, the incident would be reported immediately to ICE/ERO. Interview with an advocate at the Family Crisis Center confirmed that the center would accompany detainees to a SAFE/SANE examination, and they would provide advocacy services to a detainee. Interviews with two medical staff confirmed that if the detainee consented, they would be transported to Harris Hospital for a

SAFE/SANE examination and services would be provided free of cost. A review of 14 sexual abuse allegations during the audit period confirmed that no detainees were transported to an outside hospital for a forensic examination.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” 3.1.23 SA API states, “PDC has established a facility protocol, to ensure that each allegation of sexual abuse is investigated by the agency or facility or referred to an appropriate investigative authority. The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. 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.” A review of Agency policy and PDC policy confirm there is an established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. In addition, an administrative or criminal investigation is completed for all allegations of sexual abuse. The Auditor reviewed the facility’s website, <https://lasallemcorrections.com/human-rights/> and the Agency website, www.ice.gov and confirmed that the Agency website includes the Agency’s investigative protocol, and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. The facility website includes a link to review the LaSalle Corrections 2.11 Sexual Abuse and Assault Prevention and Intervention policy, which describes protocols related to investigations into allegations of sexual abuse. Interviews with the Warden and PSA Compliance Manager indicated that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format indefinitely. Interviews further indicated when a detainee of the facility in which an alleged e victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Additionally, when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD, and the appropriate law enforcement agency having jurisdiction for investigation if potentially criminal. The PSA Compliance Manager additionally confirmed that every allegation is reported to the APD for a case number or further investigation as a criminal case. In an interview with the SDDO it was confirmed he would be notified immediately and in turn would immediately notify the AFOD, who then would notify the JIC and ICE OPR or DHS OIG.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Meets Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “Training on the facility’s Sexual Abuse or Assault Prevention 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 a. The facility’s zero-tolerance policies for all forms of sexual abuse; b. definitions and examples of prohibited and illegal sexual behavior; c. 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; d. instruction that sexual abuse and/or assault is never an acceptable consequence of detention; e. recognition of situations where sexual abuse and/or assault may occur; f. how to avoid inappropriate relationships with detainees; g. working with vulnerable populations and addressing their potential vulnerability in the general population; h. recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; i. 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; j. The investigation process and how to ensure that evidence is not destroyed; k. Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; l. how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; m. Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and n. 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 PDC’s training curriculum for staff and provided attendance rosters. Review of the PDC training curriculum confirms that all sub elements of standard (a) are included. The Auditor reviewed 16 staff records that confirmed training had been received at the start of employment and a refresher training is provided annually. Interviews with two ICE staff confirmed that they had received PREA training within the past year and the Auditor was provided their certificates of completion for the Sexual Abuse and Assault Prevention and Intervention Training.

Corrective Action:

No corrective action needed.

§115.32 - Other Training

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “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 nonrecurring 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.” The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers and confirmed the training adheres to all elements required of the standard. After course completion, attendees are required to sign an acknowledgement of PREA training received. Interview with the TO confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties; however, the TO had no documentation to indicate that the facility implemented these procedures to ensure other contractors received the required training.

Corrective Action:

(a)(b)(c): The facility has not demonstrated that other contractors, as defined by provision (d) of this standard, have been trained on their responsibilities under the agency’s and facility’s sexual abuse prevention, detection,

intervention and response policies and procedures. To become compliant the facility must develop procedures to ensure all other contractors who have contact with detainees have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. Once developed and implemented, the facility must provide documentation of these procedures and evidence for five other contractors to indicate they have received the required training.

§115.33 - Detainee Education

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): 3.1.23 SA API states, "Detainees shall be informed about Prairieland Detention Center's 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 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; 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." During the onsite audit the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance Manager's name and contact information, DRIL posters, the DHS-prescribed SAA Information pamphlet in English and Spanish and Family Crisis Center of Johnson County posters within the housing units, program areas and medical area. The Auditor observed informational binders located within all housing units that contained the SAA Information pamphlet, consular numbers and DRIL poster. PDC provides detainee orientation by playing a video during the intake process presented in English and Spanish, providing the ICE National Detainee Handbook and facility handbook, and providing detainees with a PREA Zero-Tolerance Acknowledgement. Although the video is provided in English and Spanish, detainees have access to a binder located in each housing unit that contains comprehensive PREA information in prevalent languages encountered by ICE. The detainee must sign the acknowledgement form after viewing the video and receipt of written materials. The Auditor observed that the ICE National Detainee handbook is available on a shared drive in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) and DHS-prescribed SAA Information pamphlet is available in Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian. The Auditor reviewed 24 detainee files and observed that all acknowledged by signature for PREA orientation received at intake. Interview with intake staff confirmed that should a detainee be hearing impaired written material would be provided, visually impaired detainees would be provided material verbally and those with limited reading or mentally disabled would be provided verbal information in vocabulary that is easily understood. Interviews with 31 detainees confirmed that 28 received the facility handbook and ICE National Detainee Handbook in a language they could easily understand, and the video was shown during intake. Three detainees stated during interview that they did not recall receiving an ICE National Detainee Handbook upon intake and the auditor requested to view these three detainee's intake files. Upon review, the auditor

observed acknowledgement documents signed by the detainee that noted each accepted the required handbook. The Auditor additionally interviewed one detainee who was able to provide information on the content of the tablets in the housing unit. Upon logging into the tablet, the user has the option to select a resource button that brings up PREA information. Available PREA information includes the SAA information pamphlet and zero-tolerance informational sheet. Tablet instructions are available in different languages and PREA information is available in over 10 different languages.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): 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 conduct 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; LGBTI, and disabled residents; 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 requirement. 3.1.23 SAAPI states, “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. All investigations into alleged sexual abuse must be conducted by qualified investigators.” The facility reported that there are two investigators who have received specialized training on sexual abuse and effective cross agency coordination; however, only one investigator conducts investigations for the facility. The Auditor was provided with a certification of completion for PSA Compliance Manager, who conducts the facility investigations, from the National Institute of Corrections (NIC) for the course PREA: Investigating Sexual Abuse in a Confinement Setting. The training curriculum was reviewed and includes all elements required by the standard. The Auditor reviewed a transcript of PREA investigator training with certificate award dates for the investigator. There were 14 allegations of sexual abuse reported during the audit period. The Auditor reviewed the investigation files to determine who conducted the investigation and confirmed the assigned investigator completed generalized staff training required under standard 115.31 and specialized training pursuant to this standard. Interview with the facility investigator also confirmed completion of generalized and specialized training.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Does Not Meet Standard

Notes:

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

(c): 3.1.23 SAAPI states, “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. Prairieland Detention Center 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 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 was not provided documentation that medical or mental health staff had received specialized training. Review of curriculum provided to all staff under standard §115.31 and corresponding attendance rosters could not confirm that all medical and mental health staff have completed the general training. No specialized training curriculum was provided by the facility for review. Interview with two medical staff and one mental health staff confirmed that one had received training through NIC, but completion certificates were not provided to the Auditor. The facility does not conduct forensic examinations. The facility provided documentation that the agency had reviewed and approved the PDC PREA policy.

Corrective Action:

The facility is not in compliance with subsection (c) of this standard. The facility did not provide documentation that all medical and mental health staff have received the general PREA training required under standard §115.31 or specialized training required of this standard. In order to become compliant, the facility must submit a roster of all full time and part time medical and mental health staff and documentation that all medical and mental health staff have completed the training required under subsection (c) of this standard.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): 3.1.23 SAAPI states, "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. 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. 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 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; 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. 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. Detainees shall not be disciplined for refusing to answer or not disclosing complete information in response to questions. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing, security, and management decisions." During the onsite audit the Auditor observed two separate areas of intake. Detainees processed into the facility are brought into one side that contained benches and holding cells and are kept separate from the general population until the housing assignment is completed. The Auditor reviewed the PREA Screening for Risk of Sexual Victimization and Abusiveness utilized by PDC. Review of the screening tools confirms it takes into consideration: whether the

detainee has a mental, physical, or developmental disability, the age of the detainee, physical build, previous incarcerations, detainee criminal history, convictions for sex offenses, whether the detainee identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, whether the detainee has experienced prior sexual victimization and the detainee's concerns about physical safety. The assessment additionally considers prior acts of sexual abuse, prior convictions for violent offenses and history of institutional violence or sexual abuse. Interview with intake staff confirmed the assessment is completed within 12 hours of intake and classification staff confirmed that a reassessment is completed between 60 and 90 days or following receipt of new information or an incident of abuse or victimization. Review of 24 detainee files confirmed that classification is completed with 12 hours of admission. There were 14 allegations reported during the audit period. Review of the investigation files confirmed that reassessments were completed following incidents of abuse or victimization. Intake staff, classification staff and the PSA Compliance Manager also confirmed in interviews that assessment responses are disseminated on a need-to-know basis and a detainee would not be disciplined for refusing to answer any questions on the assessment. These interviews further confirmed that access to information entered into the system is assigned based on job roles. The Auditor observed detainee files located in a secure room.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information

Outcome: Meets Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, "PDC shall use the information from the risk assessment to inform assignment of detainee housing, recreation and other activities, and voluntary work assignments within the facility in order to keep potential victims away from potential abusers. Detainees identified as being a risk for sexual victimization are monitored and counseled and placed in least restrictive housing that is available and appropriate. In making assessment and housing assignments, for Transgender and Intersex detainees Prairieland Detention Center shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. Medical and mental health professionals shall be notified as soon as practicable on this assessment. 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 or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." PDC provided the Auditor with a PREA Screening for Risk of Sexual Victimization and Abusiveness and an Individualized Transgender Classification and Care Committee (TCCC) Detention Plan for one detainee that was previously housed at PDC. Medical was notified upon intake and the initial housing assignment was based on the detainee responses to a series of questions that asked if the detainee felt safe housed with others or if they would prefer to be housed alone. Prior to assigning a transgender detainee to a work assignment the facility reviewed the screening tool. The facility additionally provided TCCC updated plans to confirm that transgender detainees are reassessed on a monthly basis during a committee which included staff from PDC, ICE and medical or mental health. Interviews with Classification Staff and the PSA Compliance Manager confirmed that prior to housing assignment or work details the detainee's screening tool is reviewed. Interviews with the PSA Compliance Manager and four DOs confirm that transgender and intersex detainees would be allowed to shower separately if requested. There were no transgender or intersex detainees housed at PDC during the onsite audit.

Corrective Action:

No corrective action needed.

§115.43 - Protective Custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): 3.1.23 SAAPI states, “Use of administrative segregation by PDC to protect detainees vulnerable to sexual abuse or assault shall 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, as a last resort. PDC shall assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Detainees placed in administrative segregation for protective custody shall have access to programs privileges including visitation and counsel, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: The opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. A supervisory staff member shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation because of a vulnerability to sexual abuse or assault.” PDC has written procedures developed governing the management of the facility’s administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault that has been reviewed and approved by the agency. The facility did not have a detainee that requested administrative segregation due to vulnerability of a sexual abuse or assault during the audit period. The Auditor reviewed an Administrative Segregation Order which documents detailed reasons for placement of a detainee in administrative segregation and corresponding reviews that confirm reviews are conducted after 72 hours, 7 days and every week thereafter. The reviews contained signatures for ICE staff to concur, release or continue the detainee’s status. Interviews with the Warden and PSA Compliance Manager confirmed that detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The PSA Compliance Manager additionally confirmed that notification to ICE is made on the first business day after placement, but no later than 72 hours. There were 14 allegations of sexual abuse during the audit period, and none were placed in administrative segregation as a result of vulnerability to sexual abuse or assault.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “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. Prairieland Detention Center Employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.” During the onsite audit, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility's PSA Compliance Manager's contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and Family Crisis Center of Johnson County posters. The Auditor also observed posters that contained consulate contact numbers. The Auditor reviewed the facility handbook which instructs detainees to write or call the DHS OIG. Detainees are provided with the ICE National Detainee Handbook during intake which provides

reporting numbers and is available in all available languages available: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The Auditor was able to call the DRIL, OIG, JIC and the Family Crisis Center of Johnson County by utilizing an anonymous dial plan provided by the facility. Utilizing this method does not require a pin entry and provides for anonymous and confidentially in calling. Interview with the advocate at the Family Crisis Center confirmed that they would accept reports made from detainees and the detainee could remain anonymous upon request. Interview with the PSA Compliance Manager confirmed detainees could report utilizing the DRIL, OIG, JIC or the Family Crisis Center and the call could be made anonymously. Interviews with four random DOs confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. Review of the investigation files confirmed that in all cases where a report was made verbally to a staff member it was forwarded immediately for investigation and the incident was documented by a report.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): 3.1.23 SA-API states, “No time limits will be set when a detainee may submit a grievance regarding an allegation of Sexual Abuse or Sexual Assault. The Prairieland Detention Center staff shall be responsible for identifying and handling time sensitive grievances that involve an immediate threat to detainees, health, safety, or welfare related to sexual abuse. The Prairieland Detention Center staff shall be responsible for alerting proper medical personnel of any sexual abuse-related medical emergencies. A Final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. The Prairieland Detention Center may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the detainee in writing of any such extension and provide a date by which a decision will be made. 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 be file such requests on behalf of the alleged victim.” The Auditor reviewed the detainee facility handbook “Grievance System” section. The handbook includes information to detainees on how to file a formal grievance related to sexual abuse in lieu of lodging an informal grievance or complaint, explaining that the facility does not impose a time limit on when a detainee can file a grievance regarding an allegation of sexual abuse, facility timelines on when responses to grievances and appeals are due to the detainee, and notifies the detainee that they may obtain assistance from another detainee or staff to file the grievance. The Auditor reviewed a grievance filed related to sexual abuse and can confirm that the detainee was seen by medical and mental health within 24 hours, a decision was issued on the grievance within five days and the decision on the grievance was forwarded ICE. Interview with the GO confirmed that detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. The GO further confirmed that in addition to other detainees or staff, detainees may utilize family members or legal representatives for assistance in preparing a grievance. The GO additionally disclosed that decisions are issued within five days of each step of the process. Although review of policy does not indicate this timeline, interview with the GO and review of the grievance documents confirm that PDC does utilize a five-day response time. Interviews with four DOs confirmed that time-sensitive grievances would be immediately processed or forwarded to medical as needed.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI 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 memoranda of understanding (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 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 onsite audit the Auditor noticed postings for the Family Crisis Center of Johnson County on the walls within the intake area and in binders in the housing units with mailing address and telephone numbers. The Auditor reviewed an MOU with the Family Crisis Center that confirms the organization provides resources to victims of sexual abuse and/or assault that include mental health services, counseling, and access to other resources. Review of PDC PREA policy confirms the facility has written policies that establish procedures for utilizing the Family Crisis Center. Detainees are notified in the facility handbook and from posted signage near the phones that telephone calls may be monitored or recorded and the state law concerning mandatory reporting. The Auditor called the Family Crisis Center during the onsite audit and confirmed a victim advocate or other qualified representative would be available to accompany a detainee through a forensic examination, they would provide emotional support or crisis intervention and information or referrals would be provided. An interview with the PSA Compliance Manager confirmed that the Family Crisis Center would be utilized for services. The facility provides several speed dial numbers for detainee confidential calls. The detainee can confidentially call the Family Crisis Center. There were 14 allegations of sexual abuse during the audit period. Review of the investigation files confirm that the Family Services Center was not utilized although information was given to the detainee victim. There were no instances of reports learned through monitoring communication between a detainee and the Family Services Center.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

3.1.23 SAAPI 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.” During the onsite audit the Auditor observed third party reporting posters in English and Spanish located in the intake area, program areas and housing units. The Auditor reviewed PDC’s website, <https://lasallemcorrections.com/human-rights/> and confirmed it contains three different avenues for third party reporting. A review of the ICE web page (www.ice.gov/) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” 3.1.23 SAAPI states, “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; 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.” The Auditor was provided with documentation that confirms the agency has reviewed and approved PDC’s policy. The Auditor reviewed the staff training curriculum and confirmed that staff are instructed they may report a PREA incident by utilizing the PREA hotline number. Interviews with four DOs confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command. The DOs further confirmed that they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary on a need-to-know basis. Interview with the Warden and PSA Compliance Manager confirmed that if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

3.1.23 SAAPI states, “When PDC employees learn that a detainee is subject to substantial risk of imminent sexual abuse, they shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the reports (i.e., third party”) are credible and respond accordingly.” Interviews with the Warden, PSA Compliance Manager and four DOs confirmed that should a staff member become aware that a detainee is subject to a substantial risk of imminent sexual abuse the detainee would be removed from the situation immediately. There were no incidents during the audit period where a detainee was at substantial risk of imminent sexual abuse.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI states, “Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.” The Auditor reviewed an email notification and confirmation of response notifying a transferring facility that a detainee housed at PDC alleged sexual assault at the transferring facility. The PSA Compliance Manager notified the transferring facility within 24 hours of the detainee reporting the abuse. Interviews with the Warden and PSA Compliance Manager confirmed that should PDC receive a notification from another facility that a detainee reported sexual abuse while housed at PDC, the FOD would be notified, and an investigation would be initiated immediately. The PSA Compliance Manager further confirmed that notification to another facility would be made by email for tracking purposes. There were no occurrences where a detainee from was transferred from PDC, and a notification of sexual abuse was made to PDC from the receiving facility.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): 3.1.23 SAAPI states, “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; 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, 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; If the abuse occurred within time period that still allows for the collection of physical evidence, including, an appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; Immediately notify the Facility Administrator or on call supervisor and remain on the scene until relieved by responding personnel. In the event this occurs, the ICE AFOD or designee will be notified. 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.” Review of staff and medical training confirmed that all staff are trained to separate, secure, and protect the scene and request the alleged victims not take action and ensure alleged abusers do not take action to destroy potential physical evidence. Interviews with four DOs confirmed that should an incident occur, the parties would be separated, the scene would be secured and protected, and staff would report the incident immediately. Staff further confirmed that they would request the alleged victim not to take actions and ensure the alleged abuser not take any actions to destroy evidence if time still allowed for evidence collection. Interview with a non-security first responder confirmed that the incident would be immediately reported to security, the victim kept safe, and a request would be made that the victim not to take actions to destroy physical evidence. PDC reported 14 allegations during the audit period. A review of the investigation files confirmed that victim and abuser were separated and if required the crime scene was protected and evidence collected.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI states, “The Prairieland Detention Center has developed a plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plans shall coordinate actions of staff responders, which are Medical and Mental Health Practitioners, PREA Coordinator, Duty Warden and any other staff deemed necessary by the Facility Administrator. When a transferal of a detainee victim from an ICE facility to another ICE facility, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services. If a victim is transferred from a DHS immigration detention facility to a facility not covered by DHS, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.” The Auditor reviewed a confidential facility PREA Coordinated Response plan located in the PSA Compliance Manager’s office. The plan is located with other facility plans within binders and other sets of binders are located in facility leadership and other key staff member’s offices. The plan is multidisciplinary coordinates actions among leadership, security, medical, mental health, and the PSA Compliance Manager. Interviews with the Warden and PSA Compliance Manager confirmed that should a detainee be transferred to a DHS facility PDC would inform the receiving facility of the detainee’s need for potential medical or social services. Interviews further confirmed that should a detainee be transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

3.1.23 SAAPI states, “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.” Interviews with the Warden, PSA Compliance Manager and Investigator confirmed that any staff, contractor, or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of the investigation. PDC had seven allegations of sexual abuse involving a staff member during the audit period. One case was an unknown staff member, three cases involved a use of force incident, and three cases involved a named staff member. Review of investigatory documents confirmed that all three staff members were removed from duties with detainee contact and did not return until the investigation was completed.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, “ICE employees 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 assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” 3.1.23 SAAPI states, “Staff, contractors, volunteers, and detainees, shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. 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. For at least 90 days following a report of sexual

abuse, Prairieland Detention Center shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Prairieland Detention Center shall monitor any detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. DHS shall continue to monitor beyond 90 days for retaliation whenever a continuing need.” The Auditor reviewed a PREA Retaliation Monitoring sheet that would be utilized to monitor detainee or staff retaliation. The facility monitors safety, asks for additional information from the victim and asks if the victim is experiencing any problems from other detainees or staff. The form additionally reviews if the detainee is on a Safety/Special Management Plan. Interview with the staff member designated to monitor for retaliation also confirmed that monitoring would occur for 90 days and would additionally consider HR issues or shift changes for staff and housing moves or disciplinary actions for detainees. Review of investigation files confirmed that retaliation monitoring was conducted utilizing the PREA Retaliation Monitoring sheet. Interviews with the Warden, PSA Compliance Manager and four DOs confirmed that the facility does not tolerate retaliation.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI states, “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. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation because of a vulnerability to sexual abuse or assault.” The Auditor reviewed a detainee file where the detainee requested protective custody after a PREA allegation. Corresponding reviews conducted on an Administrative Segregation Order confirm that reviews were conducted pursuant to §115.43 and the detainee requested to remain in protective custody status until his release from PDC. In the provided example, the detainee requested protective custody and did not request return to general population with ICE notification made within 48 hours. Interviews with the Warden and PSA Compliance Manager confirmed that detainee victims would be held in the least restrictive environment and would not be held any longer than five days except in unusual circumstances or if the detainee requested it. Interviews additionally confirmed that a reassessment would be completed before returning the detainee to general population.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): 3.1.23 SAAPI states, “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 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. When outside agencies investigate sexual abuse, Prairieland Detention Center shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” PDC utilizes one investigator to conduct administrative investigations. Review of 14 investigation files confirmed that administrative investigations were completed promptly, thoroughly, objectively and were conducted by a specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed. Additionally, all files followed the written procedures for administrative investigations and provisions as required by subsection (c) of the standard. Interview with the PSA Compliance Manager, who is the investigator, further confirmed that should an allegation result in a criminal investigation an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. The PSA Compliance Manager further disclosed that each allegation is reported to the APD, and a report incident number is generated. Interview with the Warden confirmed that the facility utilizes 3.1.23 SAAPI for administrative investigations procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigations. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility the investigation would continue until it was finished. Should a criminal investigation need to be conducted, PDC would remain informed through telephone calls, emails or in person updates with the APD.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

ICE Policy 11062.2 states, “Administrative investigations imposes no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault.” Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations to be a preponderance of the evidence. 3.1.23 SAAPI states, “PDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Interviews with the PSA Compliance Manager who is the facility investigator confirmed that there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had 14 allegations of sexual abuse during the audit period. A review of the investigatory documentation confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

3.1.23 SAAPI states, “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. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the detainee. Following a detainee’s allegation that a staff member has committed sexual abuse against the detainee, the agency shall subsequently inform the detainee (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the detainee’s unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a detainee’s allegation that he or she has been sexually abused by

another detainee the agency shall subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.” The PSA Compliance Manager confirmed that after an investigation was completed notification would be made to ICE/ERO who would then notify the detainee of the outcome, or any responsive action taken. If the detainee was still housed at the facility, PDC would provide the notification. There were 14 allegations of sexual abuse reported during the audit period. Review of investigation files confirmed that notification was made to the detainee upon conclusion of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): 3.1.23 SAAPI states, “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 of a detainee. 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 Auditor was provided documentation that confirms the agency has reviewed and approved PDC policy. A review of PDC policy confirms it does not contain the verbiage, “including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies” or “removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer.” However, as termination is greater than removal from Federal Service, the Auditor finds PDC SAAPI in substantial compliance with the wording required by subsection (b) of the standard. The Auditor reviewed documentation that the agency has reviewed and approved PDC’s policy. The Auditor reviewed a blank Reprimand Form and Employee Offense and Prehearing Investigation Report that would be utilized for staff disciplinary action. There was one investigation file that involved a staff member during the audit period that involved a disciplinary sanction. Review of this case confirms the staff member was subject to disciplinary action, the APD and ICE were notified of the incident and the staff member did not have licensure for additional notification to a regulatory body. Interview with the Warden confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The Warden further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, and to relevant licensing bodies, unless the activity was clearly not criminal. 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 Auditor was provided a memorandum that stated PDC does not have a letter/notice for corrective action for contractors or volunteers. Interview with the Warden confirmed any contractor or volunteer who has engaged in sexual abuse will be prohibited from any detainee contact, have their security clearance revoked and would not be able to enter the facility until the investigation was completed. The Warden further disclosed that any contractor or volunteer who engages in sexual abuse would be reported immediately to the APD and any relevant licensing bodies. There were no allegations of sexual abuse reported at PDC during the audit period involving a contractor or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): 3.1.23 SAAPI states, “PDC shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse or assault. At all steps in the disciplinary process any 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’s detainee disciplinary system operates with progressive levels of reviews, appeals, procedures, and documentation procedures. 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 Auditor reviewed the facility detainee handbook which lists offense categories, prohibited acts under the category and associated sanctions. The Auditor additionally reviewed an Incident of Prohibited Acts and Notice Charges that PDC would utilize for detainee misconduct. The form is utilized to document the prohibited act, description of the incident and date and time blocks. Interview with the Disciplinary Officer confirmed that detainee’s mental disability or illness would be considered in determining sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Interviews with the Warden, PSA Compliance Manager, and a security supervisor confirmed that disciplinary process is progressive with increasing penalties and several layers of appeals. PDC did not have any disciplinary sanctions for a detainee found to have engaged in sexual abuse during the audit period.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “If during the intake screening assessment, intake officers or medical staff screening the detainees determine if a detainee in 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.” The facility provided two PREA Screening for Risk of Sexual Victimization and Abusiveness pursuant to §115.42. Provided examples show that the detainee had a prior or current conviction for sexual offenses but was not referred to

Mental Health. The Auditor reviewed 24 detainee files and confirmed that detainees who had experienced previous sexual victimization were referred to medical or mental health; however, detainees who had perpetrated sexual abuse were not referred to medical or mental health for further assessment. Interviews with two medical staff and one mental health staff confirmed that if a detainee were referred medical would complete an evaluation within two working days and mental health would complete an evaluation with three working days.

Corrective Action:

The facility is not compliant with subsection (a) of the standard. Review of detainee files confirmed that detainees whose risk screening indicates that they have perpetrated sexual abuse during the intake screening are not referred to medical or mental health as appropriate. To become compliant the facility must implement a practice that requires intake staff to refer detainees who have perpetrated sexual abuse to medical or mental health as appropriate. If applicable, the facility must provide 5 detainee files, and corresponding medical and mental health documentation, of any detainee who was identified during the intake screening as having perpetrated sexual abuse prior during the CAP period.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): 3.1.23 SAAPI states, “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, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). 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.” Interviews with two medical staff confirmed that detainees would be transported to Harris Hospital for emergency treatment as needed. Medical staff additionally confirmed that treatment would be provided free of charge to the detainee. Detainee treatment plans would continue at the facility with follow up care provided by a doctor as needed and whether the detainee cooperates with the investigation. Review of 14 investigation files confirmed that detainees were brought to medical, triaged for medical or mental health as requested and then given information for the next steps. None of the allegations required the use of a SANE/SAFE examination.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): 3.1.23 SAAPI states, “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. 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and shall immediately notify the appropriate medical and mental health practitioners. 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, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling). Each facility 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with

medical and mental health services consistent with the community level of care. 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. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections and emergency contraception as medically appropriate. 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. PDC 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.” The Auditor reviewed 14 investigation files. All files confirmed that medical and mental health services were offered following report of an incident. Interviews with two medical staff confirmed that detainees are provided services consistent with care in the community, that females would be offered pregnancy tests, comprehensive pregnancy-related education and timely access and comprehensive education about lawful pregnancy-related services. Services would also include tests for sexually transmitted infections. All treatment would be free of cost to the detainee regardless of whether they cooperate with the investigation. An interview with the mental health provider confirmed that detainee care is consistent with care received in the community and mental health evaluations are provided following an incident and treatment would continue.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): 3.1.23 SAAPI states, “PDC shall ensure a sexual abuse incident review is conducted 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. If the allegation is unfounded, the facility shall document that no formal review was completed. The review team shall: Include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 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; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and PDC shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director, for transmission to the ICE PSA Coordinator. 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 Auditor reviewed 14 investigation files which confirmed a sexual abuse incident review and, if required, corresponding written report was completed on allegations with a substantiated or unsubstantiated findings; however, the facility does not complete sexual abuse incident reviews on unfounded allegations. Review of the written reports confirmed that the team considered if the incident was motivated or caused by race, ethnicity, gender identification or any other group dynamics. This report also concluded that no recommendations for policy or procedural changes were warranted. The Auditor reviewed PDC’s 2022 PREA annual review which discussed previous cases, potential changes to the video monitoring system and SAPPI

education. The team did not find any deficiencies or recommend corrective action during the annual review. The facility annual report was sent from the PSA Compliance Manager to the ICE/AFOD Dallas Field Office. Interviews with the Warden and PSA Compliance Manager confirmed that a sexual abuse incident review is conducted on substantiated and unsubstantiated cases and the reviews and written report was completed within 30 days upon conclusion of the investigation. Staff confirmed that an annual review would be conducted, and a report prepared and forwarded to required ICE personnel if the facility had no reports of sexual abuse during the reporting period.

Corrective Action:

The facility is not compliant with subsection (a) of the standard. The facility is not completing a sexual abuse incident review on unfounded cases. The facility must implement a procedure to ensure that unfounded incidents of sexual abuse are reviewed at the conclusion of the investigation. To become compliant, the facility must provide the Auditor evidence that the unfounded cases closed during the audit period have been reviewed and that procedures have been implemented to ensure an incident review is conducted on all cases upon conclusion of the investigations. In addition, the facility must provide documentation of any unfounded case reviews conducted, as applicable, for investigations closed within the CAP period.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): 3.1.23 SAAPI states, “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 Manager’s office in a locked file cabinet, (ALDF-4D-22-8) consistent with the confidentiality requirements of the Detention Standards on “Medical Care” and “Detention Files.” Interview with the PSA Compliance Manager confirmed that case records associated with claims of sexual abuse are secured in a locked cabinet, which the Auditor observed onsite.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was allowed to interview staff and detainees in private. The Auditor did not receive correspondence from any detainee, staff, or outside entity prior to the onsite review.

Corrective Action:

No corrective action needed.

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.

Jodi Upshaw

Auditor's Signature & Date

1/10/2024

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

Program Manager's Signature & Date

1/11/2024

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

Assistant Program Manager's Signature & Date

1/11/2024