

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Joseph W. Ehrhardt	<b>Organization:</b>	Creative Creations LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	609-510-(b)

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Washington
<b>Field Office Director:</b>	Russell Holt
<b>ERO PREA Field Coordinator:</b>	(b) (7)(F)
<b>Field Office HQ physical address:</b>	2675 Prosperity Ave., Fairfax, VA 20598
<b>Mailing address:</b> <i>(if different from above)</i>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	Immigration Centers of America - Farmville		
<b>Physical address:</b>	508 Waterworks Road, Farmville, VA 23901		
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	434-395-8114		
<b>Facility type:</b>	DIGSA		
<b>Facility Leadership</b>			
<b>Name of Official/Officer in Charge:</b>	Jeffrey Crawford	<b>Title:</b>	Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	434-395-(b)
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	Mark Guilfoyle	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	434-395-(b)(7)(C) extension (b)

## AUDIT FINDINGS

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

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

A Prison Rape Elimination Act (PREA) on-site audit of the Immigration Centers of America Farmville (ICAF) in Farmville, Virginia was conducted on April 18-20, 2018 by Joseph W. Ehrhardt and Douglas K. Sproat, certified PREA Auditors contracted through Creative Corrections, LLC of Beaumont, Texas. This was the first PREA audit for ICA-Farmville. ICA-Farmville is an Immigration and Customs Enforcement (ICE) contract detention facility (Subpart A), operated by Immigration Centers of America. The facility has a designed capacity of 690 beds. The detention facility only houses adult male detainees, to hold, process and prepare individuals pending the results of a judicial removal review. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards.

The point of contact established for ICAF was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7) Ms. (b) (6), provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents on the secure ERAU SharePoint website approximately two weeks prior to the on-site portion of the audit. Pre-audit preparation included a thorough review of all documentation and supporting materials provided by the facility along with the data included in the completed PAQ. In addition, an on-line search was conducted of public records pertaining to the operation of ICAF. The documentation received included agency policies with corresponding attachments, procedures, Memoranda of Understanding (MOUs), forms, training records and curricula, facility schematic, company and facility tables of organization and other PREA-related materials provided to demonstrate compliance with the PREA standards. The documentation submitted was very complete and allowed both Auditors to conduct a comprehensive pre-audit review of the facility.

An entry-briefing, led by the ERAU Team Lead, who was present in substitution for (b) (6), (b) (7) was conducted shortly after arrival at the facility on day one of the on-site review. Those in attendance at the entry-brief were:

ERAU Team Lead (b) (6), (b) (7)  
ICE Assistant Field Office Director (AFOD) (b) (6), (b) (7)  
ICE Contracting Officer Representative (COR) (b) (6), (b) (7)  
ICAF Director (b) (6), (b) (7)  
ICAF Deputy Director of Programs (b) (6), (b) (7)  
ICAF Deputy Director of Operations (b) (6), (b) (7)  
ICAF Deputy Director of Detention Services (DDDS) (b) (6), (b) (7)  
ICAF Deputy Director of Training (b) (6), (b) (7)  
ICAF Human Relations Director (b) (6), (b) (7)  
ICAF PSA Compliance Manager Mark Guilfoyle  
ICAF Quality Assurance Manager (b) (6), (b) (7)  
ICAF Physical Security Supervisor (b) (6), (b) (7)  
ICAF Chief of Security (b) (6), (b) (7)  
ICAF Operations Manager/Dorm Supervisor (b) (6), (b) (7)  
ICAF Processing Manager (b) (6), (b) (7)  
ICAF Transportation Manager (b) (6), (b) (7)(C)  
Health Services Administrator (HSA) (b) (6), (b) (7) (employed by Armor Correctional Health Services, Inc.)  
ICAF Investigator (b) (6), (b) (7)  
ICAF Chaplain (b) (6), (b) (7)

Introductions were given and both the Auditors provided a tentative schedule and an overview of the audit process.

Immediately following the entry-briefing, the Deputy Director of Operations, the Deputy Director of Detention Services, and the PSA Compliance Manager led the Auditors and ERAU Team Lead on a tour of the facility. All areas of the facility were toured to include processing, medical, eight general population housing units, laundry, mechanical room, commissary, barber shop, administrative segregation, protective custody, law library, sally port, outdoor recreation, kitchen, master control, contact and booth visiting, main lobby, indoor recreation facility and chapel. Detainees dine remotely in their housing units. The facility has 600 employees, of which 600 are security staff (600 male and 0 female). Health services are contracted out to Armor Correctional Health Services Inc. (ACHS), who provides 38 medical and mental health staff. An additional seven per diem nurses, contracted by ACHS are available to maintain levels of service as required. The facility has three buildings and nine dormitory housing units. Each dorm has a quarter wall separate area which allows for private toileting, changing and showering. The showers have shower curtains which allow for privacy during showering and (b) (7)(E). There are also two multiple occupancy cell units which house the Restrictive Housing Unit (RHU) and Protective Custody Housing Unit (PCHU), with seven cells in each unit. The medical unit has 12 beds and there are 2 additional separate beds for mental health patients.

The detainee count on the first day of the on-site audit was 624. Over the preceding year, the average detainee population was 707 and the average time in custody was 54.23 days. Both Auditors spoke freely with detainees and staff during the tour. Cross-gender announcements were noted upon entry to all housing units. Those announcements were made in English. Camera placements were noted, as well as the capabilities of each camera. (b) (7)(E). PREA posters and notices were checked and found in each housing unit. Posters were large and bright, attracting immediate attention. They were available in both English and Spanish. Notices guaranteeing privacy of PSA reporting hotlines were present in each unit as well, but were more difficult to read and to discern. Audit notices were posted throughout the facility including the lobby and visiting areas. They were available in both English and Spanish. The Auditors received no letters of concern from either detainees or third person parties.

Immediately following the tour, the Auditors interviewed staff and detainees. All detainee interviews were conducted in a secure, private setting with interpretation services available. Random interviews were selected by the Auditors utilizing detainee and staff rosters provided by the ICA PSA Compliance Manager. In all, 33 detainee interviews were conducted. These included 1 detainee who identified as gay, 2 detainees with disabilities, 6 detainees who were limited English proficient (LEP) and 24 random detainees. There were no detainees in the facility who had identified as transgender or intersex, or who had disclosed sexual abuse prior to their detention. All housing units were represented by the

detainees interviewed and those interviewed came from 26 different countries of origin. Of the 33 detainees interviewed, only 4 required interpretive services provided by Language Services Associates. The other two LEP detainees were able to understand and accurately answer the Auditor's questions. The facility's Grievance Officer indicated that there were no grievances filed by detainees regarding sexual abuse.

The Auditors also conducted a comprehensive record review on the second and third days of the on-site audit. This included a sample of six personnel files, six training records, two referred mental health records and six detainee files.

There were two completed investigations of sexual abuse allegations at ICAF during the audit period. The PREA allegations spreadsheet provided during the Pre-audit phase by the ERAU Team Lead revealed that both investigations were unfounded. Upon the on-site review of the investigative files, the Auditors found a discrepancy as the investigative files revealed one unfounded incident and one unsubstantiated incident of abuse. In response to finding an unsubstantiated case, the Auditors reviewed the unsubstantiated case to a higher standard, as supported by standard provisions 115.22 and 115.71. All investigative reports were reviewed as was available video footage, which supported the unsubstantiated finding. The Auditors were satisfied that the investigative process which resulted in these findings was in accordance with the standard provisions for investigative responses to a detainee allegation of sexual abuse.

In addition, the Auditors interviewed a total of [REDACTED] staff, including [REDACTED] designee staff and [REDACTED] random staff representing both shifts and various posts. The Lead Auditor made contact with Southside Center for Violence Prevention, Inc.-Madeline House (MH) Assistant Executive Director. The Assistant Executive Director reported no concerns with ICAF and reinforced the MOU and good working relationship in relation to support for sexual abuse victims. The Auditors also spoke with the Senior Program Director, Detained Adult Program from the Capital Area Immigrant's Rights Coalition (CAIR). The Senior Program Director confirmed that there were no outstanding concerns regarding detainee sexual safety at ICA-Farmville.

**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.

On Thursday, April 19, 2018, an exit-briefing was conducted. The exit-brief was opened by ERAU Team Lead (b) (6), (b) and then turned over to the Auditors for an overview of the on-site findings, recommendations, and close-out summary. Those in attendance for the briefing were:

- ERAU Team Lead (b) (7)(C)
- ICE Assistant Field Office Director (AFOD) (b) (6) – via teleconference
- ICE Contracting Officer Representative (COR) (b) (6) – via teleconference
- ICAF Director (b) (6), (b)
- ICAF Deputy Director of Detention Services (b) (6), (b)
- ICAF Deputy Director of Operations (b) (6), (b)
- ICAF Deputy Director of Programs (b) (6), (b)
- ICAF Deputy Director of Training (b) (6), (b) (7)
- ICAF Human Resources Director (b) (6), (b)
- ICAF PSA Compliance Manager Mark Guilfoyle,
- ICAF Quality Assurance Manager (b) (6),
- Health Services Administrator (b) (6), (b) (Armor Correctional Health Services, Inc.)
- ICAF Transportation Manager (b) (6), (b) (7)(C)
- ICAF Operations Manager (b) (6),
- ICAF Processing Manager (b) (6), (b) (7)
- Food Service Manager (b) (6), Trinity Food Service)
- ICAF Assistant Shift Commander (b) (6), (b)
- ICAF Investigator (b) (6),
- ICAF Investigator (b) (6), (b) (7)
- ICAF Recreation Officer (b) (6),
- ICAF Board Member/CEO (b) (6), (b) .

During the exit briefing, the Auditors discussed their observations regarding the operation of Immigration Centers of America-Farmville. The Auditors observed a positive atmosphere where all levels of staff are approachable and responsive to detainees. Administrative and management staff make daily rounds to housing units where they engage and are engaged in conversation by detainees. There is a strong commitment to direct supervision of detainees by all staff. There was no instance during the on-site audit in which the Auditors observed unsupervised detainees. Security staff were actively walking the housing units and not sitting at desks or in offices. In the Central Control room, (b) staff are assigned to ensure that the camera system is actively monitored. ICAF maintains a "Daily Blotter", where Central Control staff record noteworthy occurrences as they happen in the facility during their tour of duty. Upon review, the facility's "Daily Blotter" had an entry where Central Control detention officers noticed a specific housing unit security issue on the monitor and followed-up with housing unit and supervisory security staff. (b) (7)

(b) (7)(E)

Questions surrounding the practices of zero tolerance and sexual safety for detainees were answered quickly and affirmatively. Detainee identification cards carry PSA provisions on the back and it was evident that these provisions had been explained to detainees upon their admission to the facility. These include zero tolerance mandates at ICAF, how to recognize attempts of sexual abuse, and how to report sexual abuse both inside and outside the facility. Many of the detainees referred to the cards when interviewed. There is an atmosphere of respect and caring demonstrated by the security staff at ICAF which is manifested by pride in their performance. Both Auditors thanked ICE and facility staff for the hospitality and cooperation received, leading to a very smooth and comprehensive PREA audit.

During the complete audit process, the Auditors reviewed the compliance of 41 Department of Homeland Security-Prevention of Sexual Abuse (DHS-PREA) standards at ICAF. The Auditors found that ICAF exceeded 4 standards (115.13, 115.31, 115.32, and 115.33), met 36 standards, had zero standards in non-compliance and had 1 standard (115.14) that was non-applicable. During document reviews, the sample size of random files was six. Two investigative files of completed sexual abuse allegation investigations, which occurred within the past year were reviewed. One was unfounded and the other was unsubstantiated. There were three recommendations made to the facility at the exit-briefing. 1) The facility should consider making cross-gender announcements in housing units in both English and Spanish given the large percentage of Spanish-speaking detainees. 2) Enlarging the posted announcements on housing units that guarantees privacy and anonymity to detainees who use the third-party hotline to report sexual abuse at the facility. 3) The facility should consider entering into a formal MOU with Centra Lynchburg Hospital regarding the provision of SAFEs/SANes to perform forensic examinations of sexual abuse victims, even though this practice was confirmed by hospital staff.

It should be noted that one-half domed mirrors were noted in the Processing Unit holding areas with concern that cross-gender viewing could occur that potentially could exceed incidental viewing. This issue was discussed with both the Director and the PSA Compliance Manager on Day Three of the audit and the mirrors were immediately removed before the Auditors conducted the exit briefing. It should be noted that there were no detainee complaints in this regard.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	36
<b>Number of standards not met:</b>	0
<b>Number of standards N/A:</b>	1

## PROVISIONS

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

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

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

**Notes:**

(c) ICAF Prevention of Sexual Abuse Policy ICA-F DO-06 has been developed and adopted by the ICA Board to mandate zero tolerance for and to outline the facility's responsibilities in preventing, detecting and responding to sexual assault/abuse.  
(d) Facility Policy ICA-F DO-06 mandates the appointment of a PSA Compliance Manager who promulgates policies for implementation which prevent sexual assault/abuse and support compliance to DHS-PREA standards. This appointment was supported by review of the facility's organizational chart, interview of the facility's director, and interview of the PSA Compliance Manager, who indicated that he had the time and support to fulfill his duties.

### §115.13 – Detainee supervision and monitoring.

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

**Notes:**

(a-b) Facility Policy ICA-F DO-06 ensures the supervision requirements and staffing levels mandated by this standard provision are met. The Lead Auditor reviewed ICAF's staffing analysis, a sampling of shift schedules, staff: detainee ratios, logs of unannounced supervisory rounds and camera placements and records. Every camera view was examined. The facility director was interviewed and explained the development and implementation of their staffing analysis and review using the National Institute of Corrections (NIC) model. The Auditor also reviewed the facility's annual staffing analysis conducted on June 9, 2017.  
(c) The Auditors reviewed steps taken by the facility to determine adequate detainee supervision, including generally accepted correctional practices, the physical layout of the facility, the composition of the detainee population and the prevalence of substantiated and unsubstantiated sexual abuse incidents. The Director and the PSA Compliance Manager indicated that there had been a brief time period where the facility had exceeded their detainee occupancy capacity in 2017; the matter was reported to and discussed with ICE; and definitive steps were taken to resolve and prevent this issue in the future.  
(d) Unannounced rounds were found to be properly logged after being made by designated supervisors. The Auditor was able to confirm these rounds from interviews with supervisors and line detention staff. These rounds were logged in as PREA rounds when conducted.  
Note: ICAF exceeds this standard because the Director has assigned all administrative staff to make daily visits to all housing units in an effort to engage detainees and housing unit staff about personal or housing unit issues. The involved staff include the Deputy Directors, the PSA Compliance Manager and the Shift and Deputy Shift Commanders. These rounds were seen during all three days of the on-site audit and it was clearly discernable that these rounds were not staged during the audit due to the ease with which the detainees approached the administrative staff. Interviews of detainees also confirmed these daily visits.

### §115.14 – Juvenile and family detainees.

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

**Notes:**

This standard does not apply to ICAF as the facility reports that there are no juveniles or families detained at this facility. The interviews, documents, and on-site review support this report.

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

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

**Notes:**

Facility Policy ICA-F DO-06 and Post Order 1 specifically replicate (a) and (f) of the standard provision. As a result of extensive review, ICAF has included in both their institutional policies and post order that cross-gender pat-frisk and strip searches are prohibited under any circumstances at the facility. The facility administration instituted this policy because they could not envision any circumstance that would necessitate a cross-gender search by staff. Same-sex strip searches are always performed by two officers and a written report is generated. 100% of both detainee and staff interviews supported this policy and these procedures. Therefore, (b), (c), (d), and (e) are not applicable.  
(g) ICA Policy DO-06-7 also contains language which enables detainees to shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender. The policy also requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The cross-gender announcement was observed during the on-site review and supported by detainee and staff interviews. When announcements were witnessed, they were only in English. This was verified during detainee interviews. Due to the high number of Spanish-speaking detainees in most housing units, the Auditors recommended that cross-gender announcements be delivered in both Spanish and English.  
Note: Concerns that concave mirrors in the processing unit holding cells and areas could allow for cross-gender viewing beyond incidental viewing were shared with the Director and PSACM. An administrative decision was made to immediately remove the mirrors, as there was also sufficient camera coverage of the areas. (b) (7)(E) . It should also be noted that during the audit process, no complaints were received about the mirrors.  
(h) The facility is not a family residential facility.  
(i) Interviews of both security staff and medical staff support that ICAF does not conduct strip searches for the sole purpose of identifying a detainee's genital characteristics. Gender identification of detainees is determined by interview upon admission. The detainee is asked, but not required, to identify.  
(j) Facility staff report that there has not been an identified transgender or intersex detainee admitted within the past two years. Training records revealed that all staff had been trained within the past 12 months in how to proceed with searches of transgender or intersex detainees. Interviewed security staff were well-versed in the requirements of this standard provision.

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

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

**Notes:**

(a) Facility Policy ICA-F DO-06 mandates all sections of the standard provision. The policy requires that detainees with disabilities have equal access to the protection and benefits of the facility's efforts to prevent, detect, and respond to sexual assault/abuse. Written materials are provided in basic and understandable formats. During the on-site review, the Auditors were shown written materials, a copy of the PREA policy and procedures in Braille, and a TTY machine. The Auditor interviewed one Hearing Impaired detainee who indicated that he was offered an accommodation, but refused them. When asked about staff cross-gender announcements, the detainee reported that staff yell them so loud that he has always heard them. The Auditors interviewed the staff member responsible for reading the policy and procedures to those who can't read. There are two officers assigned to the library who perform this function for non-reading detainees. Documentation supports these alternatives being utilized. The Auditors interviewed a hearing-impaired detainee who was informed of the policy and procedures. Detainees with developmental or psychiatric needs are serviced by the medical unit.

(b), (c) The majority of the LEP population at ICAF speak Spanish. The facility provides all PREA materials and educational videos in English and Spanish. The videos are looped and played for all new admissions. PSA materials are contained within the detainee handbooks and are available in English and Spanish. Posters are available in Spanish as well as instructions on utilizing the Madeline's House hotline or writing to Madeline House, the third-party advocacy group. ICAF also provides audio tapes of the PSA policy/procedures in over 30 languages and has the ability to add languages/dialects to this library. Language Line Solutions provides interpretive services throughout the building for use by processing and security staff and both shifts have the services of on-duty bilingual (English/Spanish) Detention Officers. Interviews with detainees and staff support the above information and the Facility Policy ICA-F DO-06 that detainees are prohibited from being used as interpreters to gather incident-related investigative information. The Policy does allow that other detainees may be used to interpret on behalf of a detainee who is trying to report and allegation of abuse or harassment and to solicit information regarding the allegation.

### §115.17 – Hiring and promotion decisions.

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

**Notes:**

(a-f) Facility Policy ICA-F DO-06 supports each section of the standard provision. The Auditors reviewed a sample of both new hires and seasoned employees who were considered for promotion. Background checks had been performed on all employees sampled and record checks were repeated on all employees with tenure exceeding five years. Both the facility application for employment and the ICE Electronic Questionnaires for Investigations Processing (e-QIP) application require the applicant to disclose any previous criminal convictions or job actions taken due to sexual abuse. All employees are asked to disclose any misconduct as required in section (a). An affirmative response to any prior sexual abuse would be cause not to hire or to promote an employee.

Interview with the facility's Human Resources Director revealed that both a facility and ICE background check are conducted of all new hires, prior employers are contacted, and all contract staff are held to the same standards described above. (e) Record reviews of employees with greater than five years tenure confirmed that record checks are repeated as required. There is also an affirmative requirement for employees to disclose any arrest or criminal charge. Both the facility Director and the Director of Human Resources stated that upon request, they would provide information regarding substantiated allegations of sexual abuse by a former employee as described in section (f).

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

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

**Notes:**

(a) The facility is currently working with ICE officials to plan the construction of a new self-contained RHU which will contain single cells with enhanced digital video surveillance. This unit was designed with PREA concerns in mind and would house alleged sexual abuse perpetrators in accordance with facility and DHS-PREA guidelines. Victims would not be housed in this unit and would continue to be housed in the medical unit, general population or protective custody as determined by the incident review process.

(b) The last modification to the facility involved an expansion which included an addition and enhancement to the camera system in 2016. The total number of cameras in operation at ICAF (b) (7)(E) This improvement involved the installation of digital cameras some with (b) (7)(E) which allow for much crisper images of suspected criminal/prohibited behavior by detainees and/or staff.

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

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

**Notes:**

(a) Facility Policy ICA-F DO-06 requires all staff to follow a Coordinated Response Plan to all allegations of sexual abuse by detainees. This plan includes an evidence protection protocol for the handling of the victim, alleged perpetrator and crime scene. These three elements shall be protected in coordination with ICE officials pending the arrival and disposition by local law enforcement. ICAF detains no juveniles.

(b) The Coordinated Response Plan includes victim advocacy/counseling services provided on a 24 hour/7-day basis by Madeline House. There is a MOU in-place for services.

(c) Interviews and a follow-up telephone call support that SAFES/SANES are available at Centra Lynchburg Medical Center where detainees can be transported for forensic examination in the company of a victim advocate from Madeline House.  
Note: The Auditors recommend that a MOU be developed with Centra Lynchburg Medical Center.

(d) Both the Facility Director and the Assistant Executive Director of Madeline House confirmed that a victim of sexual abuse may have their victim advocate present during any forensic examination or investigatory interviews.

(e) The executed MOU between ICAF and the Farmville Police Department (P.D.) was viewed during the on-site audit and details that the P.D. shall follow a uniform protocol to maximize the collection of physical evidence, the coordination of evidence protection between ICAF and the P.D., the involvement of the rape crisis center, and the presence of a victim advocate during forensic examinations and investigatory interviews. The MOU was presented and approved by the ICE AFOD.

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

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

**Notes:**

(a) Facility Policy ICA-F DO-06 Policies to Ensure Investigation and Appropriate Agency Oversight ensures that all allegations of sexual abuse are investigated by the appropriate investigative authority. ICAF forwards all allegations of sexual abuse to the Farmville Police Department. At the conclusion of Farmville P.D.'s criminal investigation, and regardless of whether charges are filed, ICAF shall commence an administrative



investigation. The policy also provides appropriate oversight to ensure such investigations are conducted as required by requiring notification to the ICE Field Office Director, the Joint Intake Center, ICE Office of Professional Responsibility (OPR) or the DHS Office of the Inspector General. These notifications are made by the facility DDDS. The facility has two trained full-time investigators who conduct all administrative investigations. In accordance with U.S. ICE Policy 11062.2: Sexual Abuse and Assault Intervention (SAAPI), the ICE OPR has oversight responsibilities to ensure that all components of the investigative process have been conducted. OPR shall also coordinate all investigative efforts with federal, state, and local law enforcement or facility investigators.

(b) Facility Policy ICA-F DO-06 requires the storage of all investigative records for five years following the closing of the investigation(s).

(c) The investigative protocol is posted on the facility website [www.ica-farmville.com/PREA](http://www.ica-farmville.com/PREA), as well as posted in the lobby and visitation areas of the facility.

(d) ICA-Farmville is the only facility operated by ICA and the Facility Policy ICA-F DO-06 ensures prompt and proper notification of all parties delineated in sections (e), and (f).

### §115.31 – Staff training.

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

#### Notes:

(a-b) Facility Policy ICA-F DO-06 requires that all facility staff be trained in bullet points 1-9 of section (a), including the facility's zero-tolerance policies for all forms of sexual abuse, definitions of prohibited and illegal behaviors, rights of detainees to be free from sexual abuse, recognition of situations where abuse could occur, recognition of the signs of sexual abuse, avoiding inappropriate relationships with employees, communicating effectively with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees, procedures for reporting suspicion of sexual abuse and the requirement to limit the reporting of sexual abuse to a need-to-know in order to make decisions regarding the detainees welfare and support investigative efforts. Staff interviews and an Auditor review of the staff training curricula support this practice. A random check of staff training records shows that staff were retrained on this standard annually, plus regular refresher discussions during daily staff briefings. Interviews with staff reflected that they received pre-hire PREA training, yearly refresher trainings, and briefing training. These practices exceed the standard provision.

(c) Reviewed training records show the date that training was completed and the score that the employee received on the corresponding examination for that training.

### §115.32 – Other training.

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

#### Notes:

(a), (b), (c) Facility Policy ICA-F DO-06 requires that all volunteers and contract staff receive training under the agency's sexual abuse prevention, detection, intervention, and response policies and procedures. Interviews with the PSA Compliance Manager, HSA and contract staff affirm that the facility exceeds these training requirements in both content and frequency of training conducted. Armor Correctional Health Services, Inc. and Trinity Food Services staff are trained at the same level as security staff and volunteer training on the PREA requirements utilizing the same training afforded to all staff plus the boundaries associated with being a volunteer in a correctional facility. Reviewed training records for volunteers and contractors contained written confirmation that training was received. Volunteers and contractors also receive annual retraining, which exceeds the standard provision.

### §115.33 – Detainee education.

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

#### Notes:

(a) Facility policy ICA-F DO-06 ensures that detainees receive required information regarding the facility's zero tolerance of sexual abuse in all forms and includes all elements of section (a) of this standard including the facility's zero-tolerance policy for sexual abuse and prevention and intervention strategies, definitions and examples of detainee-on-detainee and staff-on-detainee sexual abuse, explanation of methods for reporting abuse, information about self-protection and indicators of sexual abuse, prohibition against retaliation and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. All media including posters, detainee handbooks, videos and memoranda were reviewed by the Auditors. Each element of the standard was completely covered by the available and displayed media.

(b) Interviews of security staff, processing staff and the detainees confirmed that the PREA materials are available in both English and Spanish and will be explained by staff using the Language Line Solutions language line or interpreters if necessary. The facility also provides the PREA requirements in many languages via a headset. There is a TTY system for the hearing impaired and the PREA requirements are available in Braille. Processing staff indicate that they quickly identify LEP and disabled detainees and work with medical, mental health and recreation staff to provide one-to-one instruction as needed on the PREA rights and requirements. The facility also provides the PREA requirements on the back of the detainee's identification cards which they are required to have in their possession at all times.

(c) A random review of detainee intake records confirmed participation in the PREA orientation process.

(d, e) All posting requirements required by these sections were confirmed during the tour and subsequent walks throughout the facility. Posted in English and Spanish were the DHS-prescribed sexual assault awareness notice, the name of the PSA Compliance Manager, and the name of the local organizations that can assist detainees who have been victims of sexual abuse. Postings in Spanish and English also included the DHS Sexual Abuse and Assault Awareness Pamphlet, third-party via another detainee, family member, or DHS Office of the Inspector General or Field Office and how to access the Madeline's House hotline to report sexual abuse or receive victim's advocacy via Madeline's House. The Lead Auditor, in the presence of the PSA Compliance Manager, was able to successfully access Madeline's House staff via the hotline and to check telephone records to ensure that the call was processed with no identifying information.

Note: It was suggested at the exit briefing that the notice that hotline calls are anonymous and confidential be enlarged and highlighted. The notice was present but blended into other postings that did not "jump out" at the reader.

(f) The Auditors reviewed the detainee handbook and the required reporting information was found on pages 10-11.

The facility exceeds the requirements of this standard provision due to the individual focus given by specially designated staff to ensure that all detainees have received and understand the PREA requirements and reporting information. They also went beyond the standard in having the information printed on detainee identification cards in Spanish and English, in printing the information in Braille and having TTY readily available.

### §115.34 – Specialized training: Investigations.

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

#### Notes:

- (a) Facility policy ICA-F DO-06 ensures that ICAF administrators and investigators who participate in administrative investigations of sexual abuse have received specialized sexual abuse investigation training by qualified agencies, in addition to the training mandated in 115.31. These agencies include the American Jail Association, Training Force USA and the Moss Group. Those trained include the Deputy Director of Detention Services, the Deputy Director of Operations, the PSA Compliance Manager, and the two full-time facility investigators. The two reviewed sexual abuse investigations were conducted by the facility's two full-time trained investigators.
- (b) The Auditors reviewed the written training documentation for all staff receiving the specialized training.

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

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

**Notes:**

- (a), (b), (c) Armor Correctional Health Services, Inc. has developed and promulgated a specialized training curriculum for all full and part-time healthcare workers providing medical and mental health services to detainees at ICAF. These policies and procedures include all elements detailed in section (b) of the standard provision and have been approved by both the ICAF administration and the AFOD of the local ICE Field Office. These elements include how to detect and assess signs of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, how and to whom to report allegations or suspicions of sexual abuse and how to preserve physical evidence of sexual abuse. Medical staff do not perform forensic examinations. A random sample of training records and several interviews confirmed that the specialized training has been delivered to medical and mental health staff.

**§115.41 – Assessment for risk of victimization and abusiveness.**

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

**Notes:**

- (a), (b) Facility policy ICA-F DO-06 requires that all detainees be assessed using an objective instrument to identify those likely to be sexual abusers or sexual abuse victims and to house those detainees in such a manner as to prevent sexual abuse. ICAF uses ICA Form 74 PREA Assessment Tool, an instrument developed for this purpose by the facility. All arriving detainees are kept separate from the general population until screened and classified. They are then housed according to classification and security/safety needs. This initial classification process must be completed within 12 hours. Interviews with both detainees and staff indicate that the average detainee stay in the Processing Unit is six hours. A review of detainee files confirmed that processing is completed under 12 hours.
- (c) Both a review of ICA Form 74 and interview with several processing staff confirmed that all elements of section (c) are satisfied by the screening process. These elements included any physical, developmental or mental health disability that the detainee has; the detainee's age, build and physical appearance, whether the detainee has been previously incarcerated, the nature of the detainee's criminal history, whether the detainee has any convictions for prior sexual offenses, whether the detainee identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the detainee has self-identified as having experienced sexual abuse victimization and the detainee's own concerns about their personal safety. The Auditors interviewed the Processing Unit Director and a Processing Officer and both identically stated how they would expand upon the screening process to ensure that all elements of the ICA Form 74 and this section were satisfied.
- (d) Sexual abuse and offense history plus history of violent offense convictions are given critical attention. This practice was clearly stated by the Processing Unit Supervisor.
- (e) The Auditors randomly selected files to review the reassessments required for detainees who remained at the facility within 60-90 days of the original screening. The facility's classification system flags detainees who require reassessment on the daily population sheet. All records checked indicated that the required reassessments were completed.
- (f-g) Facility policy ICA-F DO-06 and processing staff interviews support that detainees are not disciplined for refusing to answer any of the screening questions. This policy and the processing staff interviews also support the practice of "need to know" confidentiality around screening tool responses.

**§115.42 – Use of assessment information.**

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

**Notes:**

- (a) Facility Policy ICA-F DO-06 requires that processing, medical, mental health and security administrators/managers work together to use screening information to determine housing, recreation and activities and voluntary work for detainees. Interviews with staff members from each of the above units support a two-tiered process where processing staff present the first tier of screening and then medical staff screen more directly for victimization, as indicated. The Medical Unit will schedule mental health screenings based on the victimization or sexually abusive history of the detainee. At all stages, both units have the ability to include the Shift Commander or their Assistant, the PSA Compliance Manager, and upper administration as the situation may require. Due to the availability of several housing units with different configurations at ICAF, housing alternatives are available to protect vulnerable detainees without using administrative segregation.
- (b) Facility Policy ICA-F DO-06 mirror both of these sections of the standard provision with regard to the detainee's self-identification and assessment by medical/mental health and security staff of the detainee's health and safety needs. Upon self-identification of their gender to a processing officer or other staff member by a transgender or intersex detainee, the processing and medical units will work in concert with the shift commander to make a housing assignment which protects the health and safety of the detainee. The detainee's concerns plus the recommendations of the attending physician or mental health clinician shall play an integral part in determining placement. The facility's placement of a transgender or intersex detainee shall be consistent with the safety and security considerations of the facility. The facility PSA Compliance Manager reports that no transgender or intersex detainees have been housed at ICAF during the year preceding the audit.
- (c) All interviewed security staff indicated that a transgender or intersex detainee would be given an opportunity to shower separately. All showers at ICAF are separate stalls with shower curtains for privacy. They also indicated that a transgender or intersex detainee could shower and perform personal hygiene tasks on the Medical Unit.

**§115.43 – Protective custody.**

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

**Notes:**

- (a) Facility policy ICA-F DO-06 supports this section of the standard provision and have been developed in consultation with the ICE-Enforcement and Removal Operations Field Office Director (ERO FOD). The facility Director was interviewed and explained that while ICAF has a Protective Custody Housing Unit (PCHU) separate from the Restrictive Housing Unit (RHU), it is their agreement with the ICE-ERO FOD that detainees shall not be placed in the PCHU based solely on victimization and that detainee victims who can be maintained safely in population shall remain there.
- (b) Interviews with the Director, DDDS and PSA Compliance Manager support that no detainee who has been the victim of sexual abuse has been or would be placed into Administrative Segregation for protection. The facility shall attempt to keep sexual abuse victims in general population



safely and has the PCHU and Medical units available for placement, if necessary. A detainee could also ask to be placed in the PCHU. These units would allow for continued program services.

(c) Facility Policy ICA-F DO-06 and interviews with the DDDS support this standard provision.

(d-e) Facility Policy ICA-F DO-06 supports the reviews for vulnerable detainees, the notification of the ICE-FOD and the review of any placement of a vulnerable detainee in administrative segregation or protective custody, as required by the standard provision. These requirements include a review of the detainee placement in administrative segregation by a supervisory staff member, within 72 hours, to determine if the placement is still necessary. There will be additional reviews of the placement by a supervisory staff member every seven days for the first month and every 10 days thereafter. The ICE-FOD shall be notified within 72 hours of the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. In the year prior to the audit, no detainees at ICAF were placed into administrative segregation due to sexual abuse victimization.

### **§115.51 – Detainee reporting.**

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

**Notes:**

(a) Facility Policy ICA-F DO-06 supports that detainees may report sexual abuse, retaliation for reporting sexual abuse, neglect or violations of responsibilities that led to the abuse to any staff member within the facility. This includes staff outside the housing unit to include administrators, the PSACM, medical unit staff, recreation staff, kitchen staff, chaplains, and volunteers. Detainees may also report these matters to their consular official, the DHS Office of the Inspector General and the ICE Local Field Office. Reports can be written or verbal and can be anonymous. All reports are confidential. Facility PREA posters, PREA notices, detainee handbooks, ICE PREA pamphlets and ICE PREA posters and the orientation video all outline how detainees can make these reports.

(b) The policy provides for sexual abuse reports to be made on the confidential hotline which is staffed through MOU by Madeline’s House (MH), a sexual abuse victim’s advocacy organization. During the on-site audit, the Lead Auditor successfully made an anonymous confidential call to (MH) on the hotline with no record of identification. Notices throughout the housing units and above the telephones instruct detainees how to make hotline reports of sexual abuse.

(c) All interviewed staff members advised the Auditors of both the process to accept detainee reports and their “duty to accept and act upon these reports”. These reports can be verbal, written or made through a third party.

### **§115.52 – Grievances.**

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

**Notes:**

(a-d) The ICAF Detainee Handbook outlines the rights of detainees to submit formal grievances regarding sexual abuse. A formal grievance regarding sexual abuse may be submitted without following normal grievance procedures and immediately triggers the facility’s sexual abuse response plan. Detainees may obtain grievance forms from their housing unit officer, a recreation officer and medical unit staff. There is no time limit for a detainee to submit a formal grievance reporting sexual abuse. Facility Policy ICA-F DO-06 which requires staff to expedite any grievance (either formal or medical) that a detainee identifies as being emergent. Detention Officers are instructed to forward emergent medical grievances to the medical staff immediately and emergent formal grievances are delivered to the Shift Commander or their Assistant immediately. Interviews with staff and detainees support the practice that detainees are never denied grievance forms and may turn the form into the staff member of their choice. All staff interviewed responded that they would forward an emergent grievance immediately as required by facility procedure.

(e) The facility Grievance Officer produced a sample of grievance forms that satisfied the five-day response time for grievance answers and 30-day response time for appeals. Emergency grievances were found to have been forwarded immediately as required.

(f) Facility Policy ICA-F DO-06 supports section (f) of the standard provision that detainees may receive help in filing grievances from other detainees, staff members, family members and other third parties. Staff and administrative interviews support the facility’s practice in this regard.

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

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

**Notes:**

(a-b) Facility Policy ICA-F DO-06 supports the standard provision. MH and ICAF have entered into an inter-agency collaborative agreement where MH will serve the ICAF and provide its detainees with sexual abuse victim advocate service. This agreement has been memorialized in a formal MOU. MH’s services are included in the facility’s sexual abuse prevention, intervention and response protocols.

(c) Posters and notices are posted throughout the facility in both Spanish and English to inform detainees of MH’s services and that the services are confidential and can be anonymous via the hotline. All reports made to MH will be routed back to the facility under these guidelines.

(d) Facility Policy ICA-F DO-06 requires that detainees be informed of the limits of confidentiality when mandatory reporting laws require the advocacy service to inform law enforcement authorities. The ICAF Detainee Handbook details mandatory reporting requirements. Postings by the telephones also inform detainees of these requirements and that their use of the hotline is confidential.

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

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

**Notes:**

The ICAF has established several avenues to receive third party reports of sexual abuse which include access to facility administrators by all detainees; staff access to a third-party entity, Lighthouse; access to several DHS investigative bodies and facility and public access to MH. Lighthouse is a sexual abuse hotline that is separate and apart from MH. This provides facility staff with a separate entity to anonymously report sexual abuse/harassment. In addition to reports to facility staff by both third-party detainees and calls from the public; reporting information has been posted in the facility’s lobby, in the visiting areas and on the facility’s website under PREA.

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

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

**Notes:**

(a-b) Facility Policy ICA-F DO-06 requires staff reporting of all alleged sexual abuse as outlined in section (a) of the standard provision. These reports would include knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility; concerns about retaliation against detainees or staff who reported sexual abuse or cooperated in a sexual abuse investigation; and any staff neglect or violation of

facility policies or procedures. The policy also requires regular facility review of reporting procedures and allows all staff to report sexual abuse outside of the chain of command without repercussion. All interviewed staff clearly stated their "duty to report" sexual abuse to the Auditors. (c) Interviewed staff clearly reported that information concerning a sexual abuse report was confidential and that need to know was governed by the safety of the victim and other detainees and/or staff in the facility. (d) There are no juveniles housed at ICAF. Incidents involving vulnerable adults would be reported to the ICE Field Office and to required State agencies.

#### **§115.62 – Protection duties.**

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

##### **Notes:**

Facility Policy ICA-F DO-06 requires all staff to take immediate action to physically protect a detainee who reports or who they have a reasonable belief is at substantial risk of imminent sexual abuse. All interviewed staff indicated having been trained on this scenario, of understanding their "duty to act", and stated that they would keep the detainee physically at their side until their supervisor arrived at the scene and the detainee was removed to a safe area.

#### **§115.63 – Report to other confinement facilities.**

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

##### **Notes:**

(a-d) Facility Policy ICA-F DO-06 requires that staff receiving an allegation or report that a detainee entering ICAF as sexually abused at another facility must immediately generate a written incident report, which is then forwarded to the attention of the facility Director. The Director shall report the allegation to the Director of the other facility and forward all available information. The Director shall ensure that this report occurs within 72 hours of their notification. The Director shall also ensure that the other facility has reported the allegation to the appropriate ICE Field Office. Interview with the ICAF Director supported their intention to follow the procedure and make the report, as required. The Director also advised that there were no such reports requiring this action in the year preceding this PREA audit.

#### **§115.64 – Responder duties.**

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

##### **Notes:**

(a) Facility Policy ICA-F DO-06 requires all security staff to perform the four bulleted first responder tasks contained within this section of the standard provision. These tasks include separation of the alleged victim and abuser; preservation and protection of the alleged crime scene; and preservation of physical evidence on the bodies of the alleged victim and abuser, if viable. All facility staff have a copy of the first responder tasks outlined in the standard provision printed on the back of their facility identification card. During staff interviews, the majority of the staff referenced the cards when questioned about first responder responsibilities. (b) This procedure also requires non-security first responders to ensure that the victim does not destroy evidence and then notify security staff. All interviewed non-security first responders supported an understanding of Policy ICA-F DO-06 and their duty to act accordingly.

#### **§115.65 – Coordinated response.**

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

##### **Notes:**

(a-b) Facility Policy ICA-F DO-06 provide details of the required coordinated response to reported detainee sexual abuse utilizing a multi-disciplinary team. This team would include the first responder, the Shift Commander and/or Assistant Shift Commander, appropriate medical and mental health staff, facility investigator, and facility leadership. There is a Coordinated Response plan which details the response responsibilities of each team member. (c-d) ICA-F DO-06 requires a report to the receiving facility of a transferred sexual abuse detainee victim, as allowed by law. The Auditor was advised by the DDDS that there were no reports made in the year preceding this PREA audit because there were no applicable incidents for residents being transferred to other facilities. If there were such an occurrence, the Director, or the DDDS as designee, would contact the Director of the receiving facility. Upon completion of this notification, the HSA would forward the detainee's treatment plan to the receiving facility, if they received the detainee's written consent to do so.

#### **§115.66 – Protection of detainees from contact with alleged abusers.**

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

##### **Notes:**

Facility Policy ICA-F DO-06 requires the removal from all duties requiring detainee contact of staff, contractors and volunteers suspected of perpetrating sexual abuse pending the outcome of an investigation. Interview with the facility Director confirmed this practice. In the unfounded allegation of sexual contact by a staff member, the staff member was reassigned duties without detainee contact until the investigation was concluded. The unsubstantiated allegation involved two detainees, whose housing assignments were changed.

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

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

##### **Notes:**

(a) Facility Policy ICA-F DO-06 prohibits retaliation 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. The Deputy Director of Training and the PSA Compliance Manager confirm training on retaliation as do reviews of random training files. (b-c) The above policy requires the facility, and in particular, the administration, management, and the PSA Compliance Manager to employ multiple measures to prevent retaliation. The facility is compliant with these sections and utilizes measures including the separation of the victim and the perpetrator and any detainees who might act on behalf of the perpetrator; review of incident reports; status checks of the victim by security and medical/mental health staff; and close monitoring by security staff. These measures shall remain in place for 90 days or longer, if required. Interviews with the Director and PSA Compliance Manager support that these measures are in place. The PSA Compliance Manager advised that there had been no reports of retaliation during the 12 months preceding this audit.

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

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

**Notes:**

(a) Facility Policy ICA-F DO-06 and ICA-F DO-07 support this section of the standard provision. The procedure requires supervisory staff to place the detainee in the least restrictive safe housing assignment. Placements are reviewed by the PSA Compliance Manager, the DDDS and the Director in these cases. Interview with the Director indicated strong support for this procedure. The Director states that sexual abuse victims shall not be placed in administrative segregation, but could request placement in the PCHU.

(b) The above policies and Director's interview support this section of the standard provision.

(c) Facility Policy ICA-F DO-06 requires that victims of sexual abuse be re-assessed for vulnerability using a coordinated multi-disciplinary approach before being returned to general population. ICAF's multi-disciplinary response requires the participation of all departments including Administration, Security, Medical, Mental Health, Processing, and the PSA Compliance Manager. In discussing the institutional placement of a sexual abuse victim, there would be a clear consensus by all members of the team as to what placement was in the best interest of the detainee's physical, mental and emotional well-being. This requirement meets this standard provision. Practice was confirmed by the PSA Compliance Manager.

(d) The Deputy Director of Detention Services reports that no detainee who was a victim of sexual abuse has been placed in administrative segregation in the past 12 months. If the facility were to place a detainee in administrative segregation, ICA-F DO-06 requires that the ICE FOD be notified of the placement within 72 hours. ICAF's Director indicated that the report would be immediate.

**§115.71 – Criminal and administrative investigations.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a-b) Facility Policy ICA-F DO-06 supports the sections (a) and (b) of the standard provision. Upon receipt of a sexual abuse allegation, specially trained, qualified investigators at ICAF shall collect the reports and turn appropriate criminal investigations over to the Farmville Police Department. The investigators shall act in cooperation with Farmville P.D. to facilitate the investigation and evidence collection. Upon completion of the criminal investigation and after consultation with the appropriate DHS investigative office, the ICAF investigators shall commence an administrative investigation. Procedures require that those investigations be completed promptly, thoroughly, and objectively. ICAF has two trained, qualified investigators who are supervised by three administrators who were equally trained in sexual abuse investigations. The trained administrators are the (DDDS), the Deputy Director of Operations (DDOO), and the PSA Compliance Manager. Interviews with two administrators, one investigator, plus a review of the two administrative investigations supports compliance to sections (a-b).

(c) Facility Policy ICA-F DO-06 plus Armor CMS Procedures J-B-04 support all provisions regarding evidence preservation, collection, interviews, document collection, and assessment as required under section (c). Interviews with the Director, PSA Compliance Manager, and investigative staff support this practice. Record retention by facility procedure is as long as the alleged abuser is detained or employed by the facility plus five years. The above procedures detail the coordination and sequencing of the two types of investigations. Review of the two investigative case files by both Auditors supports this practice.

(e-f) Facility Policy ICA-F DO-06 mirrors sections (e) and (f) of the standard. Section (e) requires the facility to not close the investigation upon the departure or employment of either the alleged victim or abuser. Section (f) requires the facility to cooperate and remained informed of investigations performed by outside agencies. Review of the unsubstantiated case file indicates that the case was kept open past the victim's transfer. The Unfounded investigation was closed prior to the detainee's departure. The Auditors conducted a thorough review of the investigative files of both sexual abuse allegations. Because there was an unsubstantiated determination, the Auditors reviewed all reports, interviewed the facility investigator involved, reviewed available video recordings, and had a lengthy discussion with the PSA Compliance Manager. The review also revealed that the ICAF investigator remained in contact with the police investigator and was regularly informed of the outside investigation until it was closed by Farmville P.D. The Auditors were satisfied that the facility had exhausted all available investigative resources.

**§115.72 – Evidentiary standard for administrative investigations.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Facility Policy ICA-F DO-06 ensures the standard of evidence to substantiate an administrative investigation is preponderance of evidence and no higher. Interviews with the Director, PSA Compliance Manager and investigative staff confirmed this practice.

**§115.73 – Reporting to detainees.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Facility Policy ICA-F DO-06 ensures that notification of investigative outcomes to detainees making allegations does occur as required. Interview with the PSA Compliance Manager revealed that the detainee who made an unsubstantiated allegation was informed of the outcome by the PSA Compliance Manager upon completion of the outside and administrative investigations and this notification was documented. The detainee who made the unfounded allegation recanted his previous factual accounts of the incident and was informed by the PSA Compliance Manager that the investigation would not proceed.

**§115.76 – Disciplinary sanctions for staff.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a) Facility memorandum from the DDDS reports that there were no substantiated allegations of sexual abuse or violation of agency or facility sexual abuse policies by staff members in the year preceding this audit. No disciplinary action against staff was required.

(b-d) Facility Policy ICA-F DO-06 and ICA-F SO-03 (Standards of Conduct) require that staff are subject to disciplinary action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating sexual abuse policies. Also, ensuring that all removals or resignations for such incidents or violations are reported to the appropriate law enforcement agency or relevant licensing body. Interview with the Director supported the facility's practice with each section of the standard.

**§115.77 – Corrective action for contractors and volunteers.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

(a-c) Facility Policy ICA-F DO-06 and ICA-F SO-03 contain language to ensure that any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The policy requires reporting such an incident to law enforcement or any relevant licensing body. Those suspected of sexual abuse shall be removed from all duties pending the outcome of an investigation. The policy also requires the facility to

consider whether to prohibit further contact with detainees for contractors and volunteers who have not engaged in sexual abuse but violated other provisions of these standards. Interviews with the Director, Deputy Director of Program Services (DDPS) and the PSA Compliance Manager confirmed this practice.

#### **§115.78 – Disciplinary sanctions for detainees.**

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

##### **Notes:**

(a-f) Facility Policy ICA-F DO-06 contains language which mirrors each section of 115.78 to support compliance. (a) Any detainee who is found to have engaged in sexual abuse as the result of a criminal or administrative hearing shall be referred to the facility's formal disciplinary process. (b) All disciplinary charges are commensurate with the severity of the prohibited behavior. (c) The detainee disciplinary system has a progressive level of appeals and reviews with documentation at each level. (d) The detainee's mental health and developmental status are factors in determining the level of sanction imposed. (e) The policy specifically prohibits disciplinary charges against a detainee who engaged in consensual sexual contact with a staff member. (f) Reports of sexual abuse made in good faith are not cause for disciplinary action against a detainee. The facility's procedures are consistent with ICE PBNDS Formal Disciplinary Procedures and support the standard provision. The facility had no substantiated incidents in the past year that would have required such disciplinary actions. The Auditors did review the facility's formal disciplinary process. The facility's process allows for the detainee to be presented written charges consistent with the rules posted in the Detainee Handbook. The detainee is permitted to present evidence and witnesses to defend these charges and may appeal the findings of the Disciplinary Committee and DDDS. Interviews with the Director and DDDS, who supervises the disciplinary process, support the facility's practice of this standard provision.

#### **§115.81 – Medical and mental health assessment; history of sexual abuse.**

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

##### **Notes:**

Facility Policy ICA-F DO-06 and Armor Correctional Health Care Policy: J-E-05 require that detainees who disclose prior sexual abuse victimization or abusiveness through the assessment process pursuant to 115.41 are immediately referred to the medical and/or mental health practitioner for follow-up. Referred detainees all receive a mental health screening. Positive results for abuse victimization/perpetration result in a full mental health evaluation with follow-up as determined. Review of detainee files included two with histories of sexual abuse victimization. Both detainees were referred to the appropriate health and mental health practitioners within the required time-frames. Process and medical staff interviews supported facility practice of this standard provision.

#### **§115.82 – Access to emergency medical and mental health services.**

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

##### **Notes:**

(a) Facility Policy ICA-F DO-06 and Armor Correctional Health Care policy: J-B-04 require that detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment including sexually transmitted disease prophylaxis and forensic examinations by SAFES/SANES. Such treatment shall be provided via transport to Centra Lynchburg General Hospital. Facility medical staff shall ensure the victim is stable for transport but will not provide comprehensive treatment of sexual abuse and are prohibited from performing forensic examinations. These practices were confirmed by interviews with the Director, the HSA and the PSA Compliance Manager. (b) Facility Policy ICA-F DO-06 ensures the services described in section (a) of this standard shall be provided without charge to the detainee victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of this incident. While no detainee required these services during the 12-month period preceding this audit, the practice was confirmed by the HSA and PSA Compliance Manager.

#### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

##### **Notes:**

(a) Facility Policy ICA-F DO-06 requires that ICAF offer medical and mental health evaluation and as appropriate, treatment for all detainees who have been victimized by sexual abuse while in immigration detention. This practice was confirmed by the HSA. (b-c) Facility Policy ICA-F DO-06 and Armor Correctional Health Care Policies J-E-05 and J-B-04 require that 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, placement in other facilities or release. The facility shall provide such victims with medical and mental health services consistent with the community level of care. These practices were confirmed by the Director and HSA. (d) This section is non-applicable to ICAF. There are no female detainees housed at ICAF. (e) Facility policy ICA-F DO-06 requires that detainee victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. This practice was confirmed by the HSA. (f) Facility Policy ICA-F DO-06 require that treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This practice was confirmed by the Director. (g) Facility Policy ICA-F DO-06 requires that the facility attempt to conduct a mental evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by a mental health practitioner. This practice was confirmed by interview of one of the facility's mental health practitioners who responded accordingly to a screening report of a self-identified abuser received from another detention facility.

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

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

##### **Notes:**

(a) Facility Policy ICA-F DO-06 requires the ICAF PSA Compliance Manager to conduct a sexual abuse review within 30 days of the conclusion of every sexual abuse investigation. A review of the two completed ICAF sexual abuse investigation case files (one unfounded and one unsubstantiated) documented that the sexual abuse review was completed within the required timeline. The review of the unsubstantiated case report showed that the committee concluded that no change in policy or practice was required to better prevent, detect, or respond to sexual abuse. (b) The ICAF Sexual Assault Review Team met the requirements of section (b) by considering whether the factors contained in the section were motivation for the reviewed incident described above. These factors include retaliation, retribution and the sexual orientation of the victim. It was determined by the Sexual Assault Review Team that if the incident did occur, although unsubstantiated, it most likely occurred due the victim's gender identity. Available investigative reports reviewed by the team indicated that there had been harassment of the alleged victim due to his

gender expression as a gay male. Video records reviewed by the team were inconclusive that the incident occurred. The Review Team concluded that this factor could have contributed to the alleged sexual abuse or the report of such by the alleged victim.

(c) A copy of the ICAF Sexual Abuse Review Report was reviewed that confirmed that ICAF had conducted the annual review of all sexual abuse investigations and resulting incident reviews. The results were provided to all recipients required in section (c) who included the Director, the FOD, and the PSA Coordinator.

#### **§115.87 – Data collection.**

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

**Notes:**

(a) Facility Policy ICA-F DO-06 requires that ICAF maintain all records specified in section (a) in a secure area. These records include all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with PREA standards and applicable agency policies. The Auditors were able to review the storage areas of all relevant PREA documents and found them to be both secure and accountable.

#### **§115.201 – Scope of audits.**

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

**Notes:**

The Auditors were able to tour and observe all areas of ICAF. During the tour, the Auditors were able to engage and question random staff and detainees and to ask relevant questions about the facility's operations. The Auditors were able to re-visit areas of the facility and to view all relevant documentation requested. The Auditors were able to conduct private and confidential interviews with staff, contractors, and detainees. The Auditors were able to contact community partners and advocacy groups with operational knowledge of ICAF. The audit notice was posted throughout the facility in English and Spanish. The Auditors received no correspondence from detainees or third parties to date.

#### **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.

Joseph W. Ehrhardt

June 24, 2018

**Auditor's Signature & Date**