

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditors:	Thomas Eisenschmidt Joseph Rion	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-730-(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:	San Antonio Field Office
Field Office Director:	Daniel Bible
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1777 NE Loop 410, San Antonio, Texas 78217
Mailing address: (if different from above)	NA

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	South Texas Family Residential Center		
Physical address:	300 El Rancho Way Dilley, Texas 78017		
Mailing address: (if different from above)	P.O. Box 608, Dilley, Texas, 78017		
Telephone number:	830-378-6500		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	830-378-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Assistant Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	830-378-(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the South Texas Family Residential Center (STFRC) in Dilley, Texas was conducted on August 28-30, 2018 by Thomas C. Eisenschmidt and (b) (6), (b) (7)(C) certified PREA Auditors contracted through Creative Corrections, LLC of Beaumont, Texas. This was the first PREA audit for STFRC-Dilley. CoreCivic manages the South Texas Family Residential Center (Subpart A) in Dilley, Texas, on behalf of U.S. Immigration and Customs Enforcement (ICE). The facility has a designed capacity of 2,400 beds. The detention facility only houses adult women and children residents, 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 STFRC was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C). The ERAU is an entity within the ICE Office of Professional Responsibility. (b) (6), (b) (7)(C) 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 the STFRC. The documentation received included agency policies with corresponding attachments, procedures, Memoranda of Understanding (MOUs), forms, training records and curricula, facility schematic, 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, was conducted shortly after arrival at the facility on day one of the on-site review. Those in attendance at the entry-brief were:

(b) (6), (b) (7)(C)	ERAU Team Lead
(b) (6), (b) (7)(C)	ICE Assistant Field Office Director (AFOD)
(b) (6), (b) (7)(C)	STFRC Facility Administrator
(b) (6), (b) (7)(C)	STFRC PSA Compliance Manager
(b) (6), (b) (7)(C)	CoreCivic PREA Coordinator
(b) (6), (b) (7)(C)	Contracting Officer Representative
(b) (6), (b) (7)(C)	Supervisory Detention and Deportation Officer
(b) (6), (b) (7)(C)	Health Services Administrator
(b) (6), (b) (7)(C)	Detention Officer

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

Immediately following the entry-briefing, a tour of the facility was conducted. All areas of the facility were toured to include processing, medical, eight general population housing units, laundry, commissary, barber shop, law library, sally port, outdoor recreation, kitchen, master control, contact visiting, main lobby, indoor recreation facility (3) and school. Residents dine remotely in one of the two dining areas. The facility has 743 employees, of which 405 are security staff (193 male and 212 female). Health services are contracted out to Maxim, who provides 126 medical and mental health staff. The facility has five living units referred to as neighborhoods. Each of these neighborhoods has 4 living complexes with ten rooms in each of these complexes. Each of the rooms within the complex contains 12 bunk style beds. The showers, male and female, are located outside of the living areas at the ends of each complex. Showers have curtains and doors which allow for privacy during showering and camera locations do not create any privacy concerns. There are no cells at the STFRC.

The resident count on the first day of the on-site audit was 1,674. Over the preceding year, the average resident population was 1,520 and the average time in custody was 18.16 days. Both Auditors spoke freely with residents and staff during the tour. Cross-gender announcements were noted upon entry to all housing units. Those announcements were made in English and Spanish. Camera placements were noted, as well as the capabilities of each camera. PREA posters and notices were checked and found in each housing unit and in areas of the facility residents have access to. Posters were large and bright, attracting immediate attention. They were available in both English and Spanish. Notices guaranteeing privacy of PREA reporting hotlines were present in each unit. Residents have access to phones in their living areas as well as in a room located in each of the complexes. Audit notices were posted throughout the facility including the lobby area. They were available in both English and Spanish. The Auditors received no letters of concern from either residents or third person parties.

Immediately following the tour, the Auditors interviewed staff and residents. All resident interviews were conducted in a secure, private setting with interpretation services available and utilized. Random interviews were selected by the Auditors utilizing resident and staff rosters provided by the PREA Compliance Manager. In all, 35 resident interviews were conducted. These included 3 residents who were interviewed using the limited English protocol questions, 1 disclosing prior victimization, and 31 random residents. There were no residents in the facility who had identified as transgender or intersex. All housing units were represented by the residents interviewed and those interviewed came from 5 different countries of origin. Of the 35 residents interviewed, all required interpretive services provided by Inter Language Services Associates. The facility's Grievance Officer indicated that there were no grievances filed by residents 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 5 personnel files, 11 training records, and 5 detainee files.

There was one investigation of a sexual abuse allegation made during the previous 12 months. At the time the PAQ was provided the investigation was still in progress. When the Auditors arrived at the facility for the site visit the investigation was completed. The allegation was made against a staff member, investigated by the Dilley Police Department and found to be unsubstantiated. The entire file was reviewed during the site visit.

In addition, the Auditors interviewed a total of 28 staff, including 16 designee staff (Executive Director, PREA Compliance Manager, Medical Staff, Mental Health Staff, Intake Staff (2), Risk Assessment, Human Resources, Grievance Staff, Dilley Police Chief, San Antonio Rape Crisis Center Director, Facility Investigator and contractor/volunteer) and 12 random staff representing all three shifts and various posts. The Lead Auditor made

contact with Rape Crisis Center- San Antonio -PREA Assistant Director. The Assistant Executive Director reported no concerns with STFRC and reinforced the MOU and good working relationship in relation to support for sexual abuse victims. The Lead Auditor also interviewed Dilley Police Chief who reinforced the MOU and his Department's responsibility when conducting investigations at STFRC.

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 August 30, 2018, an exit briefing was held in the ICE Conference Room. In attendance were:

- (b) (6), (b) (7)(C) ERAU Team Lead
- (b) (6), (b) (7)(C) ICE Assistant Field Office Director (AFOD)
- (b) (6), (b) (7)(C) STFRC Facility Administrator
- (b) (6), (b) (7)(C) STFRC PSA Compliance Manager
- (b) (6), (b) (7)(C) CoreCivic PREA Coordinator
- (b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer

- (b) (6), (b) (7)(C) Detention Officer
- (b) (6), (b) (7)(C) Managing Director-CoreCivic
- (b) (6), (b) (7)(C) CoreCivic

The LEAD Auditor discussed observations made during the on-site audit and gave preliminary findings of the audit. The Auditor informed those in attendance that both Auditors found staff to look and act professional during the visit. Staff interaction with residents was remarkable. Those interviewed were well versed on how to respond to any sexual assault should it become necessary. It was apparent during the tour line staff were aware of the Executive Staff and the line Supervisors were observed actively involved in the day-to-day operations. During the Facility Administrator interview he stressed the high priority PREA plays in the day to day operations at STFRC and it was obvious to both Auditors.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	1
Number of standards met:	40
Number of standards not met:	0
Number of standards N/A:	0

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) Policy 14-2 FRS Sexual Abuse and Assault Prevention and Intervention is the facility's policy mandating zero tolerance toward all forms of sexual abuse and outlining the facility's approach to preventing, detecting, and responding to such abusive conduct.

(d) (b) (6), (b) (7)(C) is designated by the Executive Director as the PREA Compliance Manager (PCM) who serves as the facility point of contact for the agency Facility Support Center (FSC) PREA Coordinator.

Compliance based on policy review, interview conducted with the Facility Administrator who appointed the PCM and interview with the PREA Compliance Manager who indicated that he is responsible for PREA related duties and has sufficient time and authority to oversee facility efforts to comply with the facility sexual abuse prevention and intervention policies and procedures.

§115.13 – Detainee supervision and monitoring.

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

Notes:

(a) Policy 14-2 FRS requires the facility develop a staffing plan that provides adequate levels of staffing for the facility to protect residents against sexual abuse. The location of video monitoring equipment was and continues to be considered as a determining element when assessing adequate levels of staffing.

(b)(c) Policy 14-2 FRS requires the facility plan be a comprehensive guideline to determine and meet the facility's resident supervision needs taking into account each of the elements in (c) of the standard which include taking into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, physical layout of the facility, composition of the resident population, prevalence of substantiated and unsubstantiated incidents of sexual abuse, findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. This plan is reviewed annually with the last being completed in October 2017.

(d) Policy 14-2 FRS requires supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Compliance based on policy review, documentation and review of the October 2017 annual staffing review in which the facility took into account requirements of section (c) of the standard and determined staffing levels were adequate. The interview with the Facility Administrator detailed the staffing plan and it's review feeling the staff levels were adequate for STFRC. The assessment is based on the mission of the facility, the size and physical plant of the facility, type of resident, number of Supervisors applicable State and Federal laws, mission of the facility, length of time residents are kept at the facility and review of grievance and sexual abuse allegations. The Auditors conducted supervisory interviews indicating they conduct rounds to identify and deter staff sexual abuse and sexual harassment by staggering round times and round locations and the review of logbooks demonstrating security supervisor rounds completed on each tour.

§115.14 – Juvenile and family detainees.

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

Notes:

(a)(b)(c) STFRC has no Restrictive Housing and does not hold juveniles from adult detainees. These children are accompanied by their mothers and housed with their mothers. ICE determines the existence of the family unit prior to arrival at the facility. Compliance was determined through policy review and interviews with the Facility Administrator, the PREA Coordinator, random residents and personal observations during the site visit.

(d) These subsections of the standard are not applicable as facility does not detain unaccompanied children or those juveniles convicted as an adult.

Compliance based on interviews with the Facility Administrator and the PREA Coordinator.

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

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

Notes:

(b)(c)(d)(e)(f)(i)(j) STFRC does not allow or perform pat searches, strip searches or body cavity searches under any circumstances per the Facility Administrator and Executive staff interviews. Policy 14.2 was changed at the direction of ICE staff to clarify pat searches are not conducted and eliminated the need for training (j) in this regard, as facility staff are not allowed to conduct any searches except for the wand. The change to

policy request by ICE was verified by the Facility Administrator and PREA Compliance Manager. Subpart (j) of the standard requires agency staff training for conducting pat down searches, including cross gender and searches of transgender and intersex detainees. CoreCivic staff receive no training as residents requiring searching beyond a wand are referred to ICE and must be conducted by a Detention Officer. The training requirements for all Detention Officers with respect to this subpart was verified by one of the auditors.

(g)(h) Policy 14-2 FRS requires facility to have procedures and practice enabling residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination. Staff of the opposite gender is required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Compliance based on policy review, interviews with staff acknowledging the policy of announcing upon entry into living areas, interview with residents indicating staff announces upon entering the living areas, interviews with the Executive Director and Supervisors indicating no searches are conducted on any residents at the facility, interviews with random staff indicating that they do not conduct any type search, except wand, and random residents indicating searches have not been performed on them at the facility and the review of the access and (b) (7)(E) (b) (6), (b) (7)(C) Camera access is only available to the facility Control Center staff and Executive staff. The Facility Administrator and PREA Compliance Manager indicated that no CoreCivic staff are allowed to conduct any types search except with a wand. In those rare occasions where a pat search would need to be performed the facility would have to have it completed by an ICE Detention Officer. This process was confirmed through an interview with a Detention Officer. The auditor observed the monitoring capabilities and found no privacy concerns.

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

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

Notes:

(a)(b) Policy FRS 14-2 requires sexual safety education be provided in formats understood and accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In the event any resident has difficulty understanding this provided information and/or procedures, employees must ensure that such information is effectively communicated to them on an individual basis. Auxiliary aids (TTY phone, Language Services Associates written informational materials, closed captioned video) are utilized for residents who have reading, language, hearing, or seeing difficulties.

(c) Staff at STFRC speak more than one language according to interviews conducted with the Facility Administrator and PREA Compliance Manager. During the tour, posted ICE and STFRC PREA information, including telephone numbers to call to report sexual abuse or assault, were observed in both English and Spanish in areas accessible to all residents. Interviews with Residential Safety staff assigned to the intake processing area also confirmed STFRC's Resident Handbooks are available in both English and Spanish. The staff in this area indicated should a resident arrive for which no staff member can interpret, there is a Language Line available for interpretations. Interviews with Detention Officers confirmed residents who may be illiterate or blind, then the facility staff would read PREA material to them and in a manner understood by the resident.

Compliance based on policy review, intake staff interviews, observation of the intake process in which residents were provided information in language they understood. In the cases where the facility does not have this sexual safety information in a language they understand of have a staff member who can translate or the resident is provided this information through Language Services Associates. This process was verified through interviews with staff as residents observed during the intake process visit did not require this service. The resident interviews detailed information provided to them verbally and written, posters throughout the facility and the contract and use of the facility interpretive services Language Line.

§115.17 – Hiring and promotion decisions.

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

Notes:

(a)(b) Policy 14-2 FRS requires the facility, to the extent permitted by law, to refuse to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor or volunteer who may have contact with residents, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard. This policy requires new hires, staff awaiting promotions and all staff annually to complete and submit the Self-Declaration of Sexual Abuse/Sexual Harassment form. The individual directly responds to questions about previous misconduct as required in the standard and as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct. The form is to be retained in the employee's personnel file. Policy 14-2 FRS also indicates that every effort is to be made to contact all prior institutional employers for information on sexual abuse incidents prior to hiring.

(c)(d) Policy 14-2 FRS requires the facility to conduct criminal background checks on all staff and contractors who may have contact with residents prior to being allowed entrance into the facility. It further requires a background recheck be conducted every 5 years on all employees and unescorted contractors. The HR Manager confirmed ICE completes all background checks for all ICE staff, CoreCivic staff and unescorted contractors. Review of documents provided by ICE's Personnel Security Unit (PSU) Unit Chief confirmed that the 11 background checks requested by the Auditor were performed prior to them reporting to work. This documentation also demonstrated that 10 of the 11 background rechecks were completed within the 5 year recheck requirement with the remaining 1 (ICE staff) initiated within the 5 years but not complete.

(e) Policy 14-2 FRS details the facility right to decline to hire or promote and terminate the employment of anyone based on material omissions regarding sexual abuse/harassment misconduct, or the provision of materially false information. The HRM interview confirmed compliance with the policy requirement.

(f) Policy 14-2 FRS details that unless prohibited by law, STFRC will 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 an employee has applied to work.

Compliance based on interviews with the Facility Administrator, PREA Compliance Manager, and HRM, policy review and random review of five employees (CoreCivic) folders demonstrating annual affirmative duty to report forms signed and submitted, interview with HR Manager describing policy and practice with (a)(b)(c)(d)(e)(f), documentation indicating background checks being completed prior to the start of work.

§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) Policy 14-2 FRS requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse and assault. However, the facility has had no major modifications since being built in December 2014.

(b) Policy 14-2 FRS requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in an immigration detention facility, the facility or agency, as appropriate, shall consider how such technology may enhance their ability to protect residents from sexual abuse. The camera system was added to STRCF in 2015 and there have been no changes to the system since then.

Compliance based on interviews with the Executive Director, the Assistant Executive Director, review of camera assignments and review of the facility staffing review which takes into consideration cameras during the review.

§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) Policy 14-2 FRS and ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention requires investigators follow uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols (Recognize the evidentiary purpose of the exam, strive to collect as much evidence from patients as possible, guided by the scope of informed consent, the medical forensic history, exam findings, and instructions in the evidence collection kit, be aware of and document evidence and injuries that may be pertinent to the issue of whether the patient consented to the sexual contact with the suspect, understand how biological evidence is tested, prevent exposure to infectious materials and risk of contamination of evidence, understand the implications of the presence or absence of seminal evidence, modify the exam and evidence collection to address the specific needs and concerns of patients, explain exam and evidence collection procedures to patients, conduct the general physical and anogenital exam and document findings on body diagram forms, collect evidence to submit to the crime lab for analysis, according to jurisdictional policy, collect other evidence and keep medical specimens separate from evidentiary specimens collected during the exam) must be developmentally appropriate for youth where applicable and shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive authoritative protocols developed after 2011. Compliance based on the investigator interview, review of the training curriculum for the investigator training (National Institute of Correction: Investigating Sexual Abuse in Confinement) and the training record review for the investigator.

(b)(c)(d) Policy 14-2 FRS requires a victim advocate from a rape crisis center, community-based organization, or a qualified staff member be made available to the victim. And if requested by the victim, the victim advocate will be allowed to accompany and support the victim through the forensic medical examination and investigatory interviews. The facility maintains a current MOU with the Rape Crisis Center of San Antonio. This MOU details their ability to provide the services required by (b)(c)(d) of standard. A Memorandum of Understanding (MOU) dated 2015 with no sunset also exists with the Methodist Hospital San Antonio to provide a Forensic Nurse should an incident at the facility require one.

Compliance based on interviews conducted with the investigator confirming victim advocates are allowed to be present during interviews, interview with the staff from the Rape Crisis Center- San Antonio. There were no sexual abuse allegations in the last year that warranted a forensic medical examination.

(e) Policy 14-2 FRS requires if the facility is not responsible for investigating sexual abuse allegations, it must request that the investigating agency comply with the requirements of the standards regarding evidence protocols, forensic medical examinations, and victim advocate services.

Compliance based on review of the PAQ document, interviews with the Facility Administrator and PREA Compliance Manager, MOU with the Dilley Police Department, review of the MOU with Methodist Hospital, and interview with the Dilley Chief of Police confirming they will comply with a-d of the standard requirements if it becomes necessary. The facility had one allegation made where the Dilley Police Department responded and investigated the allegation within the last 12 months. Based on review of the case file both agencies adhered to the requirements of the MOU.

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

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

Notes:

(a)(b) ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention and Policy 14-2 FRS ensure an administrative investigation and/or a criminal investigation, when appropriate, is completed for all allegations of sexual abuse/harassment. Criminal investigations are conducted by federal, state, or local law enforcement, DHS OIG and/or OPR. Policy 14-2 FRS further requires the facility enter into a written MOU with the outside investigating entity outlining the roles and responsibilities of both the facility and the investigating entity. Policy 14-2 further requires that each allegation of sexual abuse is investigated and that all related reports and documentation are maintained for at least five years.

(c) A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. A review of CoreCivic's website (www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea) confirms the protocols are also available to the public.

(d)(e)(f) Policy 14-2 FRS requires the facility report to the Joint Intake Center staff all incidents promptly involving staff or resident perpetrators.

Compliance based on policy reviews in which the auditor reviewed protocol requirements of ICE and the facility, the MOU with the Dilley Police Department outlining both parties roles and responsibilities, interview with the Dilley Police Chief who outlined the investigative roles and responsibilities of the two agencies, interviews with the Facility Administrator, PREA Compliance Manager indicating notifications are promptly provided to OPR, the Ice Field Office Director, the Joint Intake Center, and Facility Investigator, review of the closed investigative file with the investigation checklist demonstrating notifications were made promptly as required by policy and MOU. The PREA Compliance manager confirmed that all investigative reports are retained by STFRC for a minimum of 5 years after the resident release or post-employment of the alleged abusers.

§115.31 – Staff training.

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

Notes:

(a)(b) Policy 14-2 FRS requires all staff that has contact with residents be trained on the agency zero-tolerance policy on sexual abuse and sexual harassment during pre-service and at annual in-service training. The training each staff member receives includes the zero-tolerance policy for all forms of sexual abuse, the definitions and examples of prohibited and illegal sexual behavior and the right of detainees and staff and the rights of staff and detainees to be free from sexual abuse, and retaliation for reporting it. The training also provides information on where sexual abuse may occur, recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences. Staff is instructed in, how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming detainees. Staff responsibilities are also discussed including procedures for reporting any knowledge or suspicion of sexual abuse and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

(c) Policy 14-2 FRS requires training is documented by staff signature acknowledging they understand this training.

Compliance based on staff interviews and their detailing of the training they received, random sampling of five staff training records demonstrating training they received, review of the PREA training curriculum, interview with training staff detailing pre-service and annual in-service requirements and curriculum, interview with PREA Coordinator, and interview with the Facility Administrator.

§115.32 – Other training.

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

Notes:

(a)(b) Contract staff and volunteers, who have resident contact, must receive training on their responsibilities pertaining to sexual abuse/harassment prevention, detection, reporting and response as required by Policy 14-2 FRS. These individuals receive the same training information and curriculum that all CoreCivic employees receive including the zero-tolerance policy. They are also required to attend a refresher annually. This curriculum is also the same that all staff receives.

(c) Policy 14-2 FRS further requires contract staff and volunteers document by signature each has been trained and understands their responsibilities regarding PREA.

Compliance based on interviews with four contractors, review of the training curriculum for contract staff and volunteers, review of the policy, and a random sampling of five contractor training files.

§115.33 – Detainee education.

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

Notes:

(a)(c) Policy 14-2 FRS requires that during the intake process all residents receive information regarding the facility's zero tolerance of sexual abuse including: 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, including to any staff member, including a staff member other than an immediate point-of-contact line officer, 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 sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. This includes the facility's zero-tolerance policy for sexual abuse and prevention and intervention strategies, definitions and examples of resident-on-resident and staff-on-resident prohibited acts, explanation of the means for reporting abuse, information about self-protection and indicators of sexual abuse, the prohibition against retaliation and the right of a resident who has been subjected to sexual abuse to receive treatment and counseling. Receipt of this information must be documented.

(b) Policy 14-2 FRS requires residents be provided information in formats understood and accessible to all, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In the event any resident has difficulty understanding this provided information and/or procedures, employees must ensure that such information is effectively communicated to them on an individual basis. Auxiliary aids (TTY phone, Language Interpreter Service, written informational materials, closed captioned video) are utilized for residents who have reading, language, hearing, or seeing difficulties. Staff interviews indicated in cases where information cannot be effectively communicated and understood by the resident. The resident is provided this information through Language Services Associates (this process was verified through interviews with staff as residents observed during the intake process visit did not require this service).

(d)(e)(f) Policy 14-2 FRS requires the facility post on each of the housing unit bulletin boards copies of the ICE sexual assault awareness notice, the name of the facility Compliance Manager and the name of local organizations that can assist residents who have been victims of sexual abuse and

assault. The facility is also required to provide each resident with a copy of the DHS "Sexual Assault Awareness Information" pamphlet. Information about reporting sexual abuse shall be included in the agency Resident Handbook, in English and Spanish, is made available to all immigration detention facility residents.

Compliance based on review of the policy, interviews with random residents indicating receipts of the zero tolerance policy including information as required in (a) above, direct observation of the intake process including the issuance of PREA information in Spanish and English provided to each resident, the MOU with interpretive service, review of the PREA video, interview with Residential Supervisors working in the intake area who indicated if a resident is unable to read or understand English or Spanish, they call Language Line and read the Sexual Assault and Sexual Abuse-Zero Tolerance Orientation Education sheet which includes an overview of the areas and PREA information in the Resident handbook, and the observation in each of the living areas of the posted PREA required posting information.

§115.34 – Specialized training: Investigations.

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

Notes:

(a)(b) Policy 14-2 FRS requires PREA Investigators at STFRC receive additional specific training on conducting sexual abuse investigations. This training includes effective cross agency coordination, techniques for interviewing sexual abuse and assault victims in confinement settings, sexual abuse and assault evidence collection and this training must be documented. STFRC currently has only one Investigator and a backup.

Compliance based on policy review, interview with the facility investigator, review of the training curriculum for Investigator Training (National Institute Of Correction: Investigating Sexual Abuse in Confinement), review of the Investigator training record and her backup showing both completed the Investigator Training course and the review of the one investigative case files demonstrating the individual who was involved in the investigation completed the required 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:

Policy 14-2 FRS requires that in addition to the general PREA training provided to all employees, all full and part-time qualified Health Care Professionals and qualified Mental Health Professionals working at STFRC receive specialized training in how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault and how to respond effectively and professionally to victims of sexual abuse and assault. The majority of medical staff are contracted through Maxim. On very occasions where the facility has a need to have a service not provided by Maxim would contract with a provider to perform the requires service after approval is obtained.

Compliance based on policy review, review of training curriculum (Sexual or Physical Assault Abuse or Neglect) requirements as outlined in the standard, interview conducted with the Facility Health Service Administrator who acknowledged all her staff was up to date with this one time required training, and a random selection and review of five medical staff training records confirming each received this training. There are no forensic exams conducted on site. Residents requiring this type exam are sent to the Methodist Hospital San Antonio.

§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) Policy 14-2 FRS requires that upon admission to STFRC all residents be screened within 12-hours of arrival to assist in keeping separate those at high risk of being sexually victimized from those at high risk of being sexually abusive. Classification for each of them must also be accomplished within this same 12 hours. New arrivals are kept separate from the general population until the resident is assessed and classified. Residents with any history, or identified as "high risk", of sexually assaultive behavior are not eligible for placement in a family residential center.

(c)(d) Attachment 14-2B Sexual Abuse Screening Tool contains all the assessment requirements of the standard. The form documents, among other things, whether the resident has a history of victimization, history of sexual abuse in the past, or is a potential predator.

(e) Policy 14-2 FRS requires a reassessment be conducted within 60-90 days of the date of the initial assessment, and when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization/abusiveness. The average stay at STFRC currently is 18 days. The current law prohibits residents be held at STFC beyond 20 days. For a short period, after this law was passed, residents remained at STRFC beyond the 20 day limit waiting to be reunited with family members separated at the border. At the time of the site visit there were no residents held beyond the 60-90 day standard requirement for a second assessment. Second reassessments would however be done when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization/abusiveness.

(f)(g) Policy 14-2 FRS indicates that residents cannot be disciplined for refusing to answer, or for not disclosing complete information, in response to the questions asked during the initial assessment or the reassessment. The policy also requires that appropriate controls of the assessment information given in response to the questions asked be provided only to those with a need to know. All information is password protected and is only available to those individuals requiring access to this information.

Compliance based on review of the policy, review of attachment 14-2B, interviews conducted with staff who conduct the assessment, interview conducted with the Classification Chief, random review of five resident files demonstrating completion of the initial assessment within 12 hours of arrival, Auditor observing the entire intake and Sexual Abuse screening and the interview with the Facility Administrator indicating STFRC does not accept residents with histories of violence or predatory behavior. Most screenings are done within two hours of arrival.

§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) Policy 14-2 FRS requires information obtained during the risk assessment be utilized to assist in making housing, voluntary work, and program assignments.

(b)(c) Transgender or intersex residents are not housed at STFRC. Based on the interview with the Facility Administrator and PREA Compliance Manager.

Compliance based on review of policies, interview with the Classification Chief detailing the living area protocols, and the interview with the Facility Administrator indicating STFRC does not house transgender or intersex residents. The Classification Chief and Executive Director informed the auditor and provided him with the complex housing assignment matrix based on five categories each related to the ages and gender of the children. The Auditor was shown a housing assignment based on this matrix. As previously noted anyone with a history of violence or discloses that they are transgender and transferred immediately from the facility to another ICE facility.

§115.43 – Protective custody.

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

Notes:

South Texas Family Residential Center does not have protective custody or administrative segregation. In fact, the facility has no cells at all. The facility has no applicable policy regarding the management of or placement in Segregation. Both the Facility Administrator and the PREA Compliance Manager indicated that STFRC has no administrative segregation units. The Auditors observed no segregated housing units during the tours.

§115.51 – Detainee reporting.

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

Notes:

(a)(b) Policy 1.4-2 FRS details for STFRC residents the means to report sexual abuse/harassment to include: submitting a request to meet with the Health Services staff and/or reporting to a Health Services staff member during sick call, calling the facility's twenty-four (24) hour toll-free notification telephone number, verbally telling any employee, including the facility Chaplain, forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee, calling or writing someone outside the facility who can notify facility staff, contacting their respective consular office, and/or forwarding a letter to the FSC PREA Coordinator. The policy further indicates the DHS OIG as the way to report sexual abuse to an entity not part of the agency. A review of the PAQ, Resident Handbook, and posters throughout the facility, in English and Spanish observed during the tour, informing residents the various means to report to either to their consular or DHS OIG. Residents are allowed to make calls anonymously if they like to the DHS Office of the Inspector General, not part of the agency, through the posted hotline.

(c) Policy 14-2 FRS requires STFRC staff accept sexual abuse reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports.

Compliance based on documents issued to residents including the handbook detailing reporting means, posters in the living and common areas accessible to residents alerting them to reporting means, and the ICE Sexual Abuse and Assault Awareness pamphlet issued to each resident on admission alerting them to reporting means. The random interviews conducted with the residents confirmed that they were provided information on how and whom to report any allegation of sexual abuse. Also interviews with intake staff indicating during interviews that all residents are provided written and verbal reporting means. For those residents that do not understand English or Spanish, the PREA reporting information is provided to them through an interpreter service. Interviews with resident supervisors confirmed awareness of the need to accept all reports alleging sexual abuse and document all verbal reports. Staff indicated in their interviews that they must submit verbal reports to their Supervisors in writing. One of the auditors tested the reporting phone line to the DHS OIG.

§115.52 – Grievances.

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

Notes:

(a)(b)(c) (f) Policy 14.2 FRS, policy 4.101 Resident Rights, Resident Grievance Procedures and the Resident Handbook provides residents information about the opportunity to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The facility shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The policy also allows the resident to obtain assistance from facility staff, family members or legal representatives if they choose.

(d) Policy 4.101 Resident Rights, Resident Grievance Procedures requires staff follow sexual abuse policy when a resident makes an allegation through the grievance office as an emergency grievance. Policy 14.2 section M 1 (a) requires all staff to ensure the resident is escorted to the Medical Unit. This process was discussed with the Grievance Coordinator during her interview.

(e) There were no grievances alleging sexual abuse at STRFC during the previous twelve months.

Compliance based on policy review, interview with the Grievance Coordinator who outlined the grievance process including allowing assistance if needed, review of the written materials provided to residents during intake outlining how to file a grievance dealing with sexual assault, and interviews with residents who disclosed their knowledge of reporting through the grievance office if necessary.

§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) Policy 14-2 FRS requires STFRC maintain or attempt to enter into Memorandums of Understanding (MOU) with a community service provider or if local providers are not available, with a national organization that provide legal advocacy and confidential emotional support for immigrant victims of sexual abuse. A review of the PAQ and interview with the PREA Compliance Manager revealed STFRC has entered into a MOU effective March 2015, and renews automatically annually, with the Rape Crisis Center-San Antonio to provide a 24-hour hotline for crisis intervention services, information on community resources available to victims, and on-site hospital support services if needed.

(b)(c)(d) Policy 14-2 FRS requires the facility make available to residents information about local organizations that can assist residents who have been victims of sexual abuse, including mailing addresses and telephone numbers. Such information shall be included in the facility's Resident Handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Compliance based on policy review, review of the MOU with the Rape Crisis Center San Antonio, interview with the Rape Crisis Center Director detailing the services they provide, postings throughout the facility and within the resident handbook providing mailing and phone contact information for the Rape Crisis Center to the residents. STFRC does not have the capability to monitor phone calls and all outgoing mail is sealed by the resident and is not censored so contact with this advocacy group remains confidential. Information about mail and phone monitoring is provided to residents in the facility handbook.

§115.54 –Third-party reporting

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

Notes:

Policy 14-2 FRS requires the facility to establish a method to receive third-party reports of sexual abuse and sexual assault and shall provide this information on the facility PREA link (<https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>).

Compliance based on the review of ICE's website (www.ice.gov) and CoreCivic's website (www.corecivic.com) confirming the public is provided information on how to report incidents of sexual abuse and/or sexual harassment on behalf of any resident. CoreCivic home page has an email address and phone number to report unethical treatment and the ICE Home page has reporting links to both their office and the Office of the Inspector General. Interviews conducted with resident supervisors confirm they are aware of the requirement to accept and report sexual abuse allegations from third parties and interviews with residents indicated their awareness to have family and/or friends report sexual abuse on their behalf.

§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) Policy 14-2 FRS requires all staff to report immediately any knowledge, suspicion, or information regarding any incident of sexual abuse that occurred in the facility, retaliation against residents 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 to their supervisor. Staff may also privately report to the Facility Administrator.

(c) Policy 14-2 FRS requires staff at STFRC not to 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 residents or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions.

(d) Policy 14-2 FRS further requires when the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the facility shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance based on the review of the facility policy approval by ICE, interview with the Facility Administrator confirming the requirements of (d) and interviews conducted with staff acknowledging their responsibility as required by (a)(b) about reporting both within and outside their normal reporting structure, and their responsibility of maintaining confidentiality of information they become aware of. Staff interviewed indicated reporting obligations and confidentiality are presented in the annual PREA training they receive.

§115.62 – Protection duties.

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

Notes:

Policy 14-2 FRS requires staff at STFRC upon receiving any information indicating that a resident is subject to substantial risk of imminent sexual abuse or assault, facility employees shall take immediate action to protect the resident.

Compliance based on interviews conducted with resident supervisors confirming their awareness to take immediate action including housing changes and transfer from the facility if necessary in order to safeguard any resident who they become aware of who may be at substantial risk of imminent sexual abuse. There were no incidents of residents being at risk of imminent sexual abuse in the last 12 months.

§115.63 – Report to other confinement facilities.

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

Notes:

(a)(b)(c) Policy 14-2 FRS requires the Facility Administrator upon receiving an allegation of sexual abuse to contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. If the allegation was not reported or not investigated, a copy of the statement of the resident will be forwarded to the appropriate official. STFRC is required to notify, in writing, the allegation notification and the facility's response to the allegation.

(d) Policy 14-2 FRS requires the Facility Administrator, upon receiving an allegation from another facility about an allegation occurring at his facility, initiate and complete an investigation.

Compliance based on policy review and interviews conducted with the Facility Administrator and PREA Compliance Manager confirming the notification requirements of the policy and obligation to conduct an investigation if notified. Auditors were informed that the facility was not made aware of any allegations of sexual abuse occurring at this facility by a resident at another facility. They also indicated that they did not receive any allegations from any resident about sexual abuse occurring at another facility. There have been no notifications made or received in the last year.

§115.64 – Responder duties.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) Policy 14-2 FRS requires upon learning of an allegation that a resident was sexually abused, the first Resident Supervisor staff member to respond is to report to his or her supervisor and shall be required to, separate the alleged victim and abuser, preserve and protect the crime scene, if the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim and abuser do not to take any actions that could destroy physical evidence. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Compliance based on, interviews with Resident Supervisors who detailed responding protocols as outlined in the policy, and interviews with non-security first responders describing their duties. There were no files available to review in which security staff was the first responders. All staff at STFRC is trained as first responders. Each of the random first responder interviewed demonstrated a thorough and complete understanding of how to respond to any allegation of sexual abuse. Both Auditors were extremely impressed with the first responder question responses but also the responses to the different scenarios posed during the interviews. Their knowledge and commitment to responding should they become confronted with a sexual abuse situation was very impressive. Although all staff carry a small credit card size document listing their responsibilities when responding none of those interviewed needed to refer to them.

§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) Policy 14-2 FRS establishes a Sexual Assault Response Team (SART) comprised of the PREA Compliance Manager, security representative, Victim Services Coordinator, a member of the medical staff and a member of the mental health staff. The policy further describes, in detail, the teams' responsibility to coordinate the actions taken by the staff first responders, the medical and mental health practitioners, investigators, and the facility leadership in response to any incident of sexual abuse. The local police are notified of any allegation of sexual abuse but are not members of the facility SART Team. The policy provides a checklist (14-2C-FRS: Sexual Abuse Incident Checklist) that is completed after an alleged incident insuring the policy and plan was followed.

(c)(d) Policy 14-2 FRS requires if the victim of sexual abuse and/or assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services.

The facility concluded a sexual abuse allegation investigation after the PAQ was provided to the Auditors. The information and documentation provided to the Auditors at the time of the site visit demonstrated the coordinated response and involvement of the key staff. Compliance based on policy review, the interview conducted with a member of the SART team who described the team responsibilities, and review of this case demonstrating involvement of the facility SART Team. There were no cases of victims being transferred to another facility in the last 12 months. The SART Team member did indicate a notification would be made if a victim was transferred.

§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:

Policy 14-2 FRS requires any staff, volunteers or contract employees suspected of sexual abuse be removed from all duties requiring resident contact pending investigation.

Compliance based on the interview with the Facility Administrator confirming staff, volunteers, and contract employees would be removed from all duties requiring resident contact pending an investigation. The facility concluded a sexual abuse allegation investigation after the PAQ was provided to the Auditors. There was one allegation of sexual abuse involving a staff member. That person was placed on Administrative leave until the investigation was completed. The allegation was unsubstantiated, and the staff member returned to work.

§115.67 – Agency protection against retaliation.

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

Notes:

(a)(b)(c) Policy 14-2 FRS prohibits staff, contractors, and volunteers, and other residents, from retaliating against any person, including a resident, 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 policy designates the PREA Compliance Manager as the retaliation monitor who is required to ensure thirty/sixty/ninety (30/60/90) day monitoring is completed following report of any allegation of sexual abuse and assault. This shall include periodic status checks of residents and review of relevant documentation (including any resident disciplinary reports housing or program changes, or negative performance reviews or reassignments of staff). Monitoring shall be documented on form 14-2D-FRS: Retaliation Monitoring Report. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need.

Compliance based on policy review, interview with the PREA Compliance Manager, and review of one case file demonstrating monitoring commenced the day the allegation was made. At the time the PAQ was provided the investigation was still in progress. When the Auditors arrived at the facility for the site visit the investigation was completed. The monitoring of this individual lasted one day as the resident was released from the Center.

§115.68 – Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The South Texas Family Residential Center does not have Protective Custody Units or Segregation Units. All housing is the same with none that are less restrictive than the other.

Compliance based on the interview with the Facility Administrator and the facility tour which revealed no special housing or restrictive housing anywhere at STFRC. The facility Director, during his interview, stated to the Auditor that he would provide any victim of sexual abuse a supportive environment in his facility until a decision was made by ICE if the alleged victim would remain at the facility. The supportive environment provided would include placement a private housing location with no other residents and staff closely monitoring.

§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) Policy 14-2 FRS requires the Facility Administrator ensures that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse or assault. Upon the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon the 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. STFRC refers all investigations to the Dilley Police Department for consideration of criminal investigation/charges. During the previous 12 months there was one allegation of sexual abuse that was open at the time the facility prepared the PAQ. At the time the Auditors were present at the facility for the site visit the investigation was completed. It was immediately referred to the Dilley Police Department where it was investigated and found unsubstantiated.

(c) Policy 14-2 FRS requires that administrative investigations conducted by the facility investigator include the preservation of all direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years.

(e) Policy 14-2 FRS requires the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation.

(f) Policy 14-2 FRS requires when the outside agency investigates sexual abuse, the facility shall cooperate with the outside investigators and shall endeavor to remain informed through bi weekly contact with the criminal investigators about the progress of the investigation.

Compliance based on policy review, interviews with the Facility Administrator and PREA Compliance Manager confirming they refer all investigations to the Dilley Police Department, interview with the Dilley Chief of Police about the conduct of criminal cases, interview with the facility investigator who described the elements of her investigations including the items under (c) and (d), review of the one criminal case file demonstrating (c), and the interview with the PREA Compliance Manager who is responsible for maintaining contact with the Dilley Police Department during the conduct of investigations. At the time the PAQ was provided the investigation was still in progress. When the Auditors arrived at the facility for the site visit the investigation was completed.

§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:

Policy 14-2 FRS requires administrative investigations impose no higher standard than a preponderance of evidence.

Compliance based on policy review and the interview with the facility investigator who confirmed she is aware of this evidentiary standard of for determining case outcomes in administrative investigations.

§115.73 – Reporting to detainees.

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

Notes:

Policy 14-2 FRS requires victims of sexual abuse/assault be notified of the results of the investigation and any action taken. This notification is to be documented by resident signature on form 14-2E-FRS: Resident Allegation Status Notification and placed in the resident file.

Compliance based on policy review, interview with the facility Investigator who described the notification process and is the individual responsible for making them, and review of the completed investigative file documenting the required notification in the file. This allegation investigated during the prior 12 months resulted in the individual being released prior to the completion of the investigation. At the time the PAQ was provided the investigation was still in progress. When the Auditors arrived at the facility for the site visit the investigation was completed. The unsigned notice was part of the investigative file.

§115.76 – Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) Policy 14-2 FRS requires employees be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse and assault policies. Termination is the presumptive disciplinary sanction for employees who have engaged in or attempted or threatened to engage in sexual abuse and assault. The facility shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies, to the extent known.

Compliance based on policy review and interviews with the Facility Administrator and PREA Compliance Manager who confirmed termination as the presumptive discipline and the reporting of such incidents to local police and licensing bodies as required. At the time the PAQ was provided the listed open investigation was still in progress. When the Auditors arrived at the facility for the site visit it was completed. The one case alleging sexual abuse against a staff member was investigated by the Dilley Police Department and determined to be unsubstantiated.

§115.77 – Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) Policy 14-2 FRS requires any volunteer or contractor who engages in sexual abuse and/or assault be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body, to the extent known. It further requires the facility to take appropriate remedial measures and consider whether to prohibit further contact with residents by civilians or contractors who have not engaged in sexual abuse and assault; but have violated other provisions within this policy.

Compliance based on policy review, interview with the Facility administrator, and interview with 4 contractors. There have been no cases requiring discipline of either a contractor or volunteer during the last 12 months

§115.78 – Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c) Policy 14-2 FRS requires residents be subject to disciplinary sanctions, pursuant to a formal disciplinary process, following an administrative or criminal finding that the resident engaged in sexual abuse. The sanctions should be commensurate with the severity of the incident. Policy 15-100, Resident Rules and Discipline details the levels of review and appeals including the resident right to appeal sanctions through the grievance process if they desire.

(d)(e)(f) Policy 14-2 FRS Policy 15-100 requires the facility to consider whether the resident's mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, be imposed. It further requires residents not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact and not be disciplined for any allegation made in good faith.

Compliance based on policy review, the interview with PREA Compliance Manager and Facility Administrator confirming compliance to sections (a)(b)(c)(d)(e)(f) requirements of the standard, and interview with grievance staff indication residents can appeal disciplinary sanctions. There were no cases of resident discipline for any violation of the zero-tolerance policy during the previous 12 months.

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

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

Notes:

(a)(b)(c) Policy 14-2 FRS and Ice Health Service Corp (IHSC) policy 03-01, Sexual or Physical Assault and/or Neglect, requires that if the assessment pursuant to §115.41 indicates that any resident experienced prior sexual victimization or perpetrated sexual abuse, staff shall ensure that the resident is immediately referred to a qualified medical or mental health practitioner. Residents are required to receive a health evaluation no later than two working days from the date of assessment and a mental health evaluation within 72 hours. Residents with a history of sexually assaultive behavior shall not be eligible for placement in a family residential center. During the risk assessment if any history of sexual abuse is noted an email is immediately sent to the Health Services Department and the PREA Compliance Manager.

Compliance based on review of policy, interviews conducted with intake staff, interviews with medical and mental health practitioners, interviews with residents who disclosed prior victimization and were offered medical/mental health services, interview with both the Facility Administrator and PREA Compliance Manager indicating residents with any history of sexually assaultive behavior are not allowed or placed at STFRC, and a review of four resident files demonstrating being seen the same day by medical after disclosing prior victimization.

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

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

Notes:

(a)(b) Policy 14-2 FRS and IHSC policy 03-01 requires resident victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. This treatment is without financial cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance based on policies review, interview with medical and mental health practitioners who indicated residents have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis and are not charged for service regardless if they cooperate with the investigation. No one at the STFRC is charged for any service that is provided.

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

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

Notes:

(a)(b)(c) Policy 14-2 FRS and policy 03-01 requires the facility offer a medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse or assault in a detention facility. These policies further require the evaluation and treatment 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 consistent with the community level of care.

(d)(e) Policy 14-2 FRS and policy 03-01 requires resident victims of sexually abusive vaginal penetration 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. All resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

(f)(g) Policy 14-2 FRS and policy 03-01 requires treatment services be provided to the victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As previously noted residents with a history of sexually assaultive behavior shall not be eligible for placement in a family residential center.

Compliance based on policy review, interview conducted with the PREA Compliance Manager, interview with the Health Service Administrator and the Mental Health Administrator indicating where appropriate, resident victims are offered follow up treatment and services, related medical services, crisis intervention, mental health referrals and community resources, pregnancy treatment and tests for sexually transmitted diseases. There have been no allegations of sexual abuse by any residents in the last 12 months requiring medical or mental health services. care.

§115.86 – Sexual abuse incident reviews.

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

Notes:

(a)(b)(c) Policy 14-2 FRS requires a review of a sexual abuse and assault incident is conducted at the conclusion of every sexual abuse allegation except where the allegation was determined to be unfounded. At the conclusion of the review a written report must be prepared within thirty (30) days. The review includes any recommendations for changes in policy or practice that could better prevent, detect, or respond to sexual abuse. The facility shall implement these recommendations for improvement or document the reasons for not doing so. The policy further requires the review determine whether the incident was motivated by race, ethnicity, or sexual identity of the victim and conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts.

Compliance based on policy review, interview with PREA Compliance Manager who is the individual responsible for insuring the review is completed, and the interview with the Facility Administrator who detailed the review process (a)(b)(c), and the review of the only allegation made during the previous 12 months. At the time the PAQ was provided the listed open investigation was still in progress. When the Auditors arrived at the facility for the site visit it was completed allowing the Auditors to verify i a review. The review was completed within 30 days as required and contained a recommendation to the Facility Director. The recommendation was adopted and documented in the review and forwarded to the PSA PREA Coordinator. The PREA Compliance Manager indicated during his interview that the facility will conduct their first annual review as required (c) during October 2018.

§115.87 – Data collection.

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

Notes:

(a) Policy 14-2 FRS requires all specified records specified in section (a) are maintained in a secure area. These records include all records associated with allegations of sexual abuse including incident reports, investigative reports, resident information, the case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with PREA standard.

Compliance based on policy review, review of file storage area in medical and the Investigators office: secured by key and the interview with the PREA Compliance Manager.

§115.201 – Scope of audits.

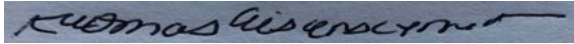
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditors were allowed access to the entire facility and able to question staff and residents about sexual safety during the site visit. Audit notices were posted and observed throughout the facility in English and Spanish. Formal interviews with staff, contractors, and residents were conducted in private settings and confidential interviews. The Auditors were able to re-visit areas of the facility and to view all relevant documentation as requested.

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.



February 8, 2019

Auditor's Signature & Date