

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Elisabeth Copeland	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(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) Assistant Field Office Director
Field Office HQ physical address:	1777 N. E. Loop 410 Suite (b) (6), (b) (7)(C) San Antonio, TX 78217
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	T. Don Hutto Residential Center		
Physical address:	1001 Welch Street, Taylor, TX 76574		
Mailing address: (if different from above)	P. O. Box 1063, Taylor, TX 76574		
Telephone number:	512-218-2400		
Facility type:	FRC		
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:	(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Angela Myers	Title:	Assistant Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(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 T. Don Hutto Residential Center in Taylor, Texas was conducted on May 8 – 10, 2018, by Elisabeth Copeland, PREA Auditor contracted through Creative Corrections, LLC. This was the first PREA audit for T. Don Hutto Residential Center. The T. Don. Hutto Residential Center is an Immigration and Customs Enforcement (ICE) contract residential facility, operated by CoreCivic with designed capacity of 512 beds. The residential facility houses adult female residents to hold, process, and prepare individuals pending the results of judicial removal review. The purpose of this audit was to determine compliance with The Department of Homeland Security (DHS) PREA standards.

The point of contact established for T. Don Hutto Residential Center was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C). (b) (6), (b) (7)(C) provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documentation approximately 10 days prior to the on-site portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the date included on the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records and curriculum, facility layouts and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was well organized and provided a picture of PREA implementation at T. Don. Hutto Residential Center.

An entry-briefing, led by ERAU Team Lead (b) (6), (b) (7)(C) was conducted shortly after arrival at the facility on May 8, 2018, day one of the on-site review. Those in attendance at the entry-briefing were as follows:

(b) (6), (b) (7)(C)	Supervisory Detention and Deportation Officer
(b) (6), (b) (7)(C)	Deportation Officer/Contracting Officer Representative (DO/COR)
(b) (6), (b) (7)(C)	ERAU Section Chief
(b) (6), (b) (7)(C)	Health Services Administrator (HSA)
(b) (6), (b) (7)(C)	Facility Administrator (FA), T. Don Hutto Residential Center
Angela Myers	Assistant Facility Administrator (AFA)/Prevention of Sexual Assault (PSA) Compliance Manager, T. Don Hutto Residential Center
(b) (6), (b) (7)(C)	Chief of Unit Management/Acting Chief of Security, T. Don Hutto Residential Center
(b) (6), (b) (7)(C)	Quality Assurance, T. Don Hutto Residential Center
(b) (6), (b) (7)(C)	Facility Investigator, T. Don Hutto Residential Center

Once the introductions were given, the Auditor introduced herself and provided an overview of the audit process.

Immediately following the entry-briefing, the Facility Investigator led the Auditor, the ERAU Team Lead, ERAU Section Chief, FA, and AFA on a tour of the facility. All areas of the facility were toured to include: intake, sally port, kitchen, dining room, warehouse, law library/library/chapel, barbershop, housing units, laundry, medical, programs, outside recreation, inside recreation, commissary, and visitation. T. Don Hutto Residential Center has (b) (7)(E) security staff ((b) (7)(E) male and (b) (7)(E) female) and (b) (7)(E) medical and mental health staff, (b) (7)(E) food service staff, and (b) (7)(E) hair stylist. The facility has 4 buildings which encompasses 11 housing units (256 double occupancy cells), 1 medical bed, and 0 segregation cells. Each housing pod houses 40 residents, double occupancy cells, except for pods A and B which each house 64 residents, day room, and shower area. Each cell contains an open toilet with a privacy curtain that surrounds the toilet. Residents are instructed to close their cell door and close the privacy curtain when using the restroom. The shower area contains individual shower stalls with double curtains and no top enclosure. Residents are instructed to dress and undress behind the first curtain and close the second curtain while showering. To ensure privacy while showering, the Auditor viewed the showers from the top tier of the housing pod and was unable to see into the shower stall.

During the tour of all housing units, cross-gender announcements were made by T. Don Hutto Residential Center staff. These announcements were made in English and consisted of "male on the floor." These announcements are documented in a housing book. The Auditor reviewed the housing book and viewed documentation of cross-gender announcements as well as unannounced supervisory rounds.

The housing pods contained audit notices, PREA posters highlighting reporting methods for sexual abuse and assault as well as zero tolerance. At each resident phone, a resident phonebook was present. This phone book contained PREA information as well as instructions on how residents can make an anonymous PREA report via the phone.

Immediately following the tour, the Auditor began interviewing both staff and residents. The Auditor was provided an unoccupied office to conduct private interviews. This office also contained a phone to contact interpretive services as needed. Interview sampling of staff and residents were selected randomly by the Auditor from T. Don Hutto Residential Center provided facility staff and resident rosters. The residents interviewed were randomly selected and included representative samples from each housing pod. The staff interviewed were randomly selected and included representative samples from each shift. The Auditor remained at the facility beyond normal working hours on the second day of the on-site audit to interview additional facility staff. The Auditor selected a total of 33 residents to be interviewed. Of the 33 residents selected, two residents were released from the facility on the day of interviews. The remaining resident interviews (31) consisted of seven targeted interviews: one resident with physical disability, 1 resident with impaired vision, 4 residents who reported a history of sexual abuse, 1 limited English proficient resident who spoke Mandarin and the remaining resident interviews (24) were non-targeted resident interviews. Spanish interpretive services were used for most of the resident interviews. Four of the residents interviewed spoke English. The interpretive service used for those residents who were limited English Proficient (LEP) was Language Services Associates. No other targeted residents were on-site to be interviewed. Multiple administrative staff verified this fact. This included no residents who filed a grievance related to sexual abuse, who had reported sexual abuse, juvenile residents, residents who identified as transgender or intersex, or residents housed in segregation due to risk of sexual abuse. In addition, the Auditor interviewed [REDACTED] staff including [REDACTED] random staff representing all shifts and [REDACTED] designated staff.

T. Don Hutto Residential Center reported three allegations of sexual abuse that occurred during the review period. At the time of the audit, one case remained open and a finding had not been determined. Due to this case remaining open, the Auditor was unable to review it. However, the Auditor could review the two cases that were closed during this review period. They included one unsubstantiated resident on resident touching case and one unsubstantiated staff on resident sexual abuse case.

During the resident interviews, two incidents occurred that should be mentioned as this is a reflection of the facility's culture of sexual safety for residents. During one interview, a resident shared a history of past sexual abuse that occurred as a child. She had not reported this abuse to the facility. She also shared she would like to talk to mental health about her experiences. At the end of this interview, the Auditor notified the facility of this resident's request for mental health services. During another interview, a resident reported feeling uncomfortable and pressured by a male staff person. She advised she had not reported this to the facility as she feared it would interfere with her immigration case. With her permission, the Auditor stopped the interview and contacted the ERAU Team Lead who in turn contacted the facility investigator. The facility investigator promptly interviewed this resident. During the post-audit review, the Auditor contacted the ERAU Team Lead for information on follow-up services provided to these two residents. The facility confirmed that the first resident was referred for mental health services and the second resident received medical and mental health services because of her report.

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, May 10, 2018, (day three), an exit-briefing was conducted at approximately 3:30 p.m. local time. The exit-briefing was opened by the ERAU Team Lead (b) (6), (b) (7)(C) and then turned over to the Auditor for an overview of the on-site findings and close-out summary. Those in attendance for the exit-briefing were as follows:

- (b) (6), (b) (7)(C) Enforcement and Removal Operations (ERO)/Assistant Field Office Director (AFOD)
- (b) (6), (b) (7)(C) DO/COR
- (b) (6), (b) (7)(C) ERAU Section Chief
- (b) (6), (b) (7)(C) Assistant Health Services Administrator (AHSA)
- (b) (6), (b) (7)(C) FA, T. Don Hutto Residential Center
- (b) (6), (b) (7)(C) Chief of Unit Management/Acting Chief of Security, T. Don Hutto Residential Center
- (b) (6), (b) (7)(C) Quality Assurance, T. Don Hutto Residential Center
- (b) (6), (b) (7)(C) Facility Investigator, T. Don Hutto Residential Center

During the exit-briefing, the Auditor discussed her observations made during the on-site review. The Auditor observed that staff were visible and active in the direct supervision of the residents. Staff were also knowledgeable of the coordinated response. The residents knew their rights and how to report sexual abuse. The group was advised that further review of the policies and procedures as well as the notes from the tour and interviews needed to be reviewed by the Auditor before a determination of compliance or non-compliance could be determined.

Of the 41 standards reviewed, the Auditor found the T. Don Hutto Residential Center exceeded 2 standards (115.35 and 115.86), met 35 standards, had 0 standards that do not meet expectations and had 4 standards (115.14, 115.18, 115.43 and 115.68) that were non-applicable. As a standard practice while onsite, the Auditor reviews random files to support compliance. While onsite, the Auditor reviewed (b) (6), (b) (7)(C) human resource files for back ground checks, (b) (6), (b) (7)(C) staff training files for PREA training, 33 resident files for resident orientation, 33 resident files to verify that a reassessment of risk had been completed on those detainees housed longer than 60-90 days, and 2 completed investigative files closed in 2017.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	2

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) CoreCivic's policy 14-105, Sexual Abuse Prevention and Response, dated April 26, 2018 mandates zero tolerance towards all forms of sexual abuse. "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse...This policy outlines CoreCivic's approach to prevention, detecting, and responding to such conduct..."

(d) T. Don Hutto Residential Center has designated a PSA Compliance Manager who is responsible for overseeing all aspects of the facility's efforts to comply with the zero-tolerance policy 14-105. The policy states, "The facility shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point-of-contact for the local ICE/ERO field office and ICE/ERO PSA Coordinator. The PSA Compliance Manager shall have sufficient time and authority to oversee facility efforts to comply with the facility sexual abuse and assault prevention and intervention policies and procedures. The PSA Compliance Manager shall: 1) Assist with the implementation of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program; 2) Assist with the development of initial and ongoing training protocols; 3) Serve as a liaison with the other agencies; 4) Coordinate the gathering of reports on allegations of sexual abuse or assault; 5) Review the results of every investigation of sexual abuse and assist in conducting an annual review of all investigations to assess and improve prevention and response efforts; 6) Review facility practices to ensure required levels of confidentiality are maintained."

The organizational chart shows the PSA Compliance Manager is also the AFA and reports directly to the FA. The pre-audit documentation also included a copy of memo dated February 1, 2018 assigning the AFA this additional title and job duties. Another memo, with the same date, was addressed to the staff of the facility announcing this assignment and shared that the AFA's additional duties would include: ensure that more than one person at the facility receives training as a sexual abuse investigator; complete the 14-21 Annual PREA Staffing Plan Assessment; and serve on the facility's Sexual Abuse Response Team (SART).

However, during the interview with staff it was learned the Facility's Investigator performs the duties of the PSA Compliance Manager with the final approval falling to the AFA. The Investigator shared, "I review policies relating to PREA, do all of the PREA training, complete reports and ensure compliance. If there is an issue with compliance, my AFA has the authority to make the necessary changes."

RECOMMENDATION: To ensure the role of the PSA Compliance Manager has sufficient authority to ensure compliance, the AFA needs to either assume all the responsibilities of the PSA Compliance Manager or the FA needs to appoint the Facility Investigator as the facility's PSA Compliance Manager and grant her the authority to ensure compliance.

§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)(b) CoreCivic's policy 14-105 ensures the supervision requirements and staffing levels at T. Don Hutto Residential Center. This policy states, "...Each facility will ensure sufficient supervision of residents including through appropriate staffing levels and, where applicable, video monitoring, to protect residents against sexual abuse... The facility shall maintain a Policy Manual that includes comprehensive resident guidelines to determine and meet the facility resident supervision needs. These guidelines shall be approved by the ICE/ERO and shall be approved annually." The FA explains, "We review this annually and send it up to corporate and ICE for approval." This was confirmed by the Auditor.

(c) CoreCivic's policy 14-105 states, "In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: a) Whenever necessary, but no less frequently than once a year, for each, an annual PREA staffing plan assessment is completed; b) The Facility PSA Compliance Manager will complete the 14-21-DHS Annual PREA Staffing Plan Assessment and forward it to the Facility Administrator for review: Upon completion of the Facility Administrator's review, the 14-21-DHS Annual PREA Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator; c) In consultation with the facility, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to the staff plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staff plan; d) Changes to staffing, policy/procedure, physical plant, approved capital expenditures, video monitoring and/or technology require the approval of the Business Unit Vice President/Designee."

The Auditor reviewed T. Don Hutto's PREA Staffing Plan Assessment and samples of staffing schedules for all shifts, as well as the lay of their video monitoring capabilities which ensures sufficient supervision. T. Don Hutto Residential Center has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for each respective area of the facility. (b) (7)(E), (b) (5)

The interview with the Facility Investigator revealed that she prepares the PREA Staffing Plan Assessment and it is submitted to the FA and AFA for review.

(d) CoreCivic's policy 14-105 states, "Staff, including supervisors, shall conduct frequent unannounced facility rounds to identify and deter sexual abuse of residents. The occurrence of such rounds shall be documented in the applicable log (e.g. Administrative Duty Officer post log, shift report, etc.) This practice shall be implemented for all shifts and all areas where residents are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcements are related to the legitimate operational functions of the facility." The pre-audit documentation provided examples of three shift logs from various shifts on March 29, 2018, April 11, 2018 and April 12, 2018 to demonstrate unannounced facility rounds.

During the tour of all housing units, the Auditor ask how unannounced rounds were documented and was advised that each housing pod had a housing book for documentation. The Auditor reviewed random housing books and viewed documentation of unannounced supervisory rounds from various shifts.

T. Don Hutto Residential Center upper-level supervisors are very active and visible throughout the facility. This adds to the strength of direct supervision the facility provides to the residents.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard does not apply to T. Don Hutto Residential Center as they reported they do not house juvenile residents at this facility. The interviews with staff and residents along with the on-site review supports 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:

(b) This does not apply to T. Don Hutto Residential Center as this facility only houses adult female residents.

(c) CoreCivic's policy 14-105 states, "Cross-gender pat-down searches of female residents shall not be conducted unless in exigent circumstances. If required, a cross-gender pat-down search must be authorized by the ICE/ERO AFOD...In accordance with 2007 ICE/ERO Residential Standards, a pat-down search during admission to a facility, or at any time thereafter, shall not be conducted on any resident unless a reason and articulable suspicion can be documented. There must be a reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred. If required, pat searches must be authorized by the ICE/ERO AFOD." All staff interviewed reported that pat-search of the residents is not allowed unless approved by ICE. Interviews with intake revealed that residents are not pat-searched upon admission to the facility. They do go through a metal detector to determine if there is anything on their person. Interviews with the female residents also supported this finding that they have not been pat searched.

T. Don Hutto Residential Center reported zero cross-gender pat-searches have occurred between the reporting period of April 1, 2017 and April 23, 2018.

(d) CoreCivic's policy 14-105 states, "All pat searches will be documented in a log book." T. Don Hutto Residential Center reported zero cross-gender pat-searches have occurred between the reporting period of April 1, 2017 and April 23, 2018. This practice was confirmed through interviews with staff and residents.

(e)(f) CoreCivic's policy 14-105 states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted. If a strip search or body cavity search of any resident does occur, the search shall be documented on the 5-1B Notice to Administration (NTA)." All staff interviewed reported that strip and body cavity searches are not allowed. They also shared they have never been asked to witness this type of search. Interviews with the female residents also supported this finding.

T. Don Hutto Residential Center reported zero strip searches or visual body cavity searches have occurred between the reporting period of April 1, 2017 and April 23, 2018.

(g)(h) CoreCivic's policy 14015 states, "Residents at T. Don Hutto Residential Center shall be able to shower, perform bodily functions, and change clothing without being viewed by staff, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movements." Each housing pod

houses 40 residents, double occupancy cells, except for pods A and B which each house 64 residents, day room, and shower area. Each cell contains an open toilet with a privacy curtain that surrounds the toilet. Residents are instructed to close their cell door and close the privacy curtain when using the restroom. The shower area contains individual shower stalls with double curtains and no top enclosure. Residents are instructed to dress and undress behind the first curtain and close the second curtain while showering. To ensure privacy while showering, the Auditor viewed the showers from the top tier of the housing pod and was unable to see into the shower stall. Interview with the residents revealed they felt they had adequate privacy to shower, change clothes and use the restroom. They felt the staff was very respectful of their personal privacy.

CoreCivic's policy 14-105 also states, "Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing." During the tour of all housing units, cross-gender announcements were made by T. Don Hutto Residential Center staff. These announcements were made in English and consisted of "male on the floor." These announcements are documented in a housing book. The Auditor reviewed the housing book and viewed documentation of cross-gender announcements as well as unannounced supervisory rounds. Interviews with staff shared that this announcement is always made. Interviews with the residents revealed that while the residents heard the announcements, some of those who are LEP residents had to learn from other residents what the announcements meant.

RECOMMENDATION: T. Don Hutto Residential Center has a high number of staff who are bilingual (Spanish). It is recommended that Residential Supervisors who are bilingual also make the announcement of "male on the floor" in Spanish. While this will not encompass every language spoken by the residents, it will reach the largest group of the resident population at this facility. It is also recommended that T. Don Hutto Residential Center develop a plan to address residents who are hard of hearing or deaf, so they are also given the opportunity to be notified when male staff enter the living units.

(i) Interviews of both security and medical staff support that T. Don Hutto Residential Center does not conduct strip searches for the sole purpose of determining detainee's genital characteristics. Language in CoreCivic's policy 14-105 mirrors the standard and supports this practice

(j) CoreCivic's policy 14-105 states, "All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consisted with security needs and policy, including officer safety. Interviews with staff revealed that staff would use the backs of their hands if they were ever required to conduct a pat-search. Staff was also quick to point out that ICE had to approve such measures before it happened. The Auditor reviewed "Searches/Updates to Policies" curriculum which was delivered at an inservice training. The Auditor reviewed the training roster for this inservice which included [REDACTED] employees on April 5, 2017.

§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) CoreCivic's policy 14-105 states, "The T. Don Hutto Residential Center ensures that residents with disabilities (including, but not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse. When necessary to ensure effective communication with residents who are deaf or hard of hearing, or residents who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall accommodate the residents by providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary and providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication. Auxiliary aids such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTY), interpreters and note takers, may be provided as needed."

Talton, a communications provider who specializes in designing phone systems and tablets for detainees, provided T. Don Hutto Residential Center with four TTY Telephones for resident use. One phone is located in intake and the others are in various case managers' offices. This facility also has access to the "Stratus" application via the Internet that allows for video relay services for sign language interpretive services.

When interviewing intake staff, the Auditor was told that if they had a detainee arrive who could not hear they would use the TTY telephone that was available. The staff also advised that if the hard of hearing or deaf resident could read English or Spanish, they would write out the information the resident would need.

The Auditor spoke with a resident who spoke Mandarin. Through the interpretive services provided by the facility, this resident reported she was made aware of the zero-tolerance policy at the facility and felt comfortable that she could make a report of sexual abuse if she needed to the facility with no problems.

Intake staff also shared that if a resident had low vision or was blind, they would read all information to the resident and check with the resident to make sure they understood the information that was read to them. This would also occur if the resident reported

they were unable to read. For those residents who displayed low cognitive behaviors or behaviors that may require psychiatric interference, Intake staff reported they would immediately contact medical staff to assist with the intake process. It should be noted that medical staff do have an office in the intake area and can immediately be available for residents either at the staff request or the request of the resident.

During the on-site portion of this audit, T. Don Hutto had no residents who were hard of hearing or deaf. However, they did have a resident who had low vision and a resident with a physical disability. The Auditor spoke to both women and was advised that both knew how to report any allegations of sexual abuse and that information was available to them. They also advised they did not need special accommodations to make a report. They both said that if they did need help, the staff would help them.

(b) CoreCivic's policy 14-105 states, "The facility shall ensure meaningful access to all aspects of ICE/ERO's and the facility's efforts to prevent, detect, and respond to sexual abuse to residents who are LEP, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively, and expressively, using any necessary specialized vocabulary." This same policy also states, "Where practicable, provisions for written translation or materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP. Oral interpretation or assistance shall be provided to any resident who speaks another language in which written material has not been translated or who is illiterate. All written materials provided to residents shall generally be translated into Spanish. Information provided to residents will be available in both English and Spanish, including but not limited to, written information provided to residents at intake, and in orientation, PREA information posted on housing unit bulletin boards and orientation videos." LEP residents advised they have translated materials available to them and knew how to report sexual abuse. Intake staff shared that if a resident spoke a language other than English or Spanish, interpretive services would be used to read intake materials to the resident. (It should be noted that this same interpretive service can be used to translate written materials in English into written materials in the language spoken by the resident.) The Auditor viewed the pamphlet "Preventing Sexual Abuse and Misconduct" in the facility. This pamphlet is available in English and in Spanish. Intake staff reported the PREA orientation video is provided in English and in Spanish.

The Auditor reviewed a memo dated March 28, 2018 providing CoreCivic authorization to utilize ICE's provider language line: Lionbridge Technologies.

(c) CoreCivic's policy 14-105 states, "In matters relating to allegations of sexual abuse, translation services shall be provided by someone other than another resident, unless the resident expresses a preference to another resident to provide interpretation and ICE/ERO determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, residents who witnessed the alleged abuse, and residents who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." The interviews with staff supported the practice of this policy. Staff reported they would immediately take the resident to medical and use interpretive services in that location to allow for privacy.

§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) CoreCivic's policy 14-105 states, "To the extent permitted by law, CoreCivic will decline 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 engaged in sexual abuse in a prison, jail holding facility, community confinement facility, juvenile facility or other institution; who has been convicted of engaging in or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. All applicants and employees who may have direct contact with residents shall be asked about previous misconduct as outlined above in B.2.a.i-iii, in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The 14-2H-DHS Self-Declaration of Sexual Abuse form will be completed upon application for employment and as part of the promotional interview process. The 14-2H-DHS Self-Declaration of Sexual Abuse form shall also serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above...Consistent with federal, state, and local law makes the best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined in this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers Form shall be used to solicit such prior employment information." The Human Resources (HR) Director stated, "If it has been confirmed, we cannot move forward with the process. We will dig into questionable items. We will terminate the interview and refer to HR if there is any sexual harassment or sexual abuse allegations. We always ask these questions. The 1402H form is a part of all interview packets. We contact prior institutions. In fact, it is mandated that we have to make at least two attempts to gather the necessary information."

The HR Director provided the employment files for every staff member interviewed while onsite. Of these files, the Auditor selected 10 files and found the form 3-20-2B PREA Questionnaire for Prior Institutional Employers was present and completed in each file reviewed.

5 Code of Federal Regulations part 73 states, “§731.202 Criteria for making suitability determinations. (a) General. OPM, or an agency to which OPM has delegated authority, must base its suitability determination on the presence or absence of one or more of the specific factors (charges) in paragraph (b) of this section. (b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action: (1) Misconduct or negligence in employment; (2) Criminal or dishonest conduct...”

All potential ICE employees and contractors must complete the self-declaration form titled, “Department of Homeland Security, 6 Code of Federal Regulations Part 115 (Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities).” This self-declaration form asks potential employees and contractors about any prior sexual abuse allegations they may have had in the past. These questions are also asked directly to the employee and contractor during their personal interview as part of the required background investigation.

All employees and contractors at T. Don Hutto Residential Center have been vetted and completed the required background checks.

(c)(d)(e) CoreCivic’s policy 14-105 states, “Before hiring new employees who may have contact with residents, CoreCivic shall conduct background investigation to determine whether the candidate for hire is suitable for employment with the facility, including a criminal background records check. Upon request by ICE/ERO, the facility shall submit for the agency’s approval written documentation showing the detailed elements of the facility’s background check for each staff member and the facility’s conclusions. CoreCivic shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Upon request by ICE/ERO the facility shall submit for the agency’s approval written documentation showing the detailed elements of the facility’s background check for each contractor and the facility’s conclusion. CoreCivic shall conduct criminal background records check at least every five (5) years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information.” This policy also states, “To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct or the provision of materially false information. The HR Director reported, “We use (b) (7)(E) checks locally. We do this biannually for everyone in the facility, including contractors.” The FA reported that during this reporting period, the facility has not had any staff member or contractor terminated or withdraw an offer of employment due to material omissions regarding sexual misconduct or providing false information.

ICE Directive 6-7.0: ICE Personnel Security and Suitability Program, effective date February 4, 2008 states, “Investigations conducted on job applicants and employees that serve as the basis for determinations of suitability for employment and eligibility for assignment to, or retention in, sensitive national security positions. These investigations focus on an individual’s character and past conduct that may have an impact on the integrity and efficiency of the service. Types of investigations and histories covered: Background Investigation (BI): Consists of a National Agency Check (NAC); a personal Subject Interview and source interviews; employment - 5 years; education 5 years/most recent degree; residence - 3 years; law enforcement agency checks - 5 years; and credit check - 5 years. Child Care National Agency Check and (written) Inquiries: An enhanced National Agency Check with Inquiries (NACI) that, to meet special investigation requirements for those in child care provider positions, searches records of State Criminal History repositories of the state where the subject resides...”

(d) ICE Directive 6-8.0: ICE Suitability Screening Requirements for Contractual Personnel, effective date May 29, 2011 states, “Investigations conducted on contractor personnel that serve as the basis for determinations of suitability for employment and eligibility for access to ICE facilities and sensitive information. These investigations focus on an individual’s character and past conduct that may have an impact on the integrity and efficiency of ICE. Types of investigations are as follows... Background Investigation (BI): Coverage period is 10 years. Consists of a National Agency Check (NAC) (see Section 5.13(5) below); a personal Subject Interview and source interviews; employment (5 years); education (5 years and most recent degree); residence (3 years); law enforcement agency checks (5 years); and a credit check (5 years). Child Care National Agency Check and (written) Inquiries: An enhanced National Agency Check with Inquiries (NACI) (see Section 5.13(6) below) that, to meet special investigation requirements for those in child care provider positions, searches records of State Criminal History repositories of the state where the subject resides...”

While on-site, the Auditor requested to view the HR files of the (b) (7)(E) staff persons interviewed. Of these files, (b) (7)(E) files were randomly selected and were found to have CoreCivic background checks completed in each file. The auditor also viewed (b) (7)(E) files of contractors/volunteers and found background checks had been completed on those individuals also. The 14-2H-DHS Self-Declaration of Sexual Abuse form was also present in all files.

(f) CoreCivic’s policy 14-105 states, “Unless prohibited by law, CoreCivic shall provide information of substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The HR Director advised that these requests would be forwarded to CoreCivic’s legal department for response.

§115.18 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

While T. Don Hutto Residential Center has policy located in CoreCivic's 14-105 that mirrors language in this standard, for this PREA audit this standard is non-applicable. The facility has not expanded the facility or updated their video monitoring systems since May 6, 2014.

§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)(e) CoreCivic's policy 14-105 states, "The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions...The facility shall enter into a written Memorandum of Understanding (MOU) with an outside agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. The facility shall request that the investigating agency adhere to the following requirements of this section. The MOU at T. Don Hutto Residential Center is with the Williamson County Sheriff's Office." The Auditor reviewed the MOU with the Williamson County Sheriff's Office and found it does outline the roles of each entity. On page 2, B.1.a of this MOU under the Williamson County Sheriff's Office agrees to items it states, "Follow a uniform evidence protocol that maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The Facility Investigator stated that there is strong relationship between the two entities and that they have even trained together. She also advised that she provided a training to the Sheriff's Office regarding the PREA requirements.

During the review of the two closed sexual abuse cases, the Auditor found that the collection of evidence and interviews conducted followed the National PREA Standards as approved by the Department of Homeland Security (DHS).

(b)(d) CoreCivic's policy 14-105 has language that mirrors this standard. T. Don Hutto Residential Center has a MOU with the Williamson County Crises Center, doing business as Hope Alliance. This MOU is dated April 10, 2018. Information on this service is also located in all housing pods. This service does provide a victim advocate to the resident.

(c) CoreCivic's policy 14-105 states, "The investigating entity shall offer all victims of sexual abuse access to forensic medical examinations whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. The HSA and other medical personnel interviewed advised that this facility has an MOU with Balor Scott and White, a local tertiary health care organization, to include access to emergency department service and access to Sexual Assault Nurse Examiner services. The HSA stated, "They always have a SANE/SAFE on call at all times." The Auditor did review a letter from Balor Scott and White confirming the MOU with T. Don Hutto Residential Center.

There have been zero SANE/SAFE exams in the past 12 months.

§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) CoreCivic's policy 14-105 states, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all investigations of sexual abuse. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted only after consultation with ICE/ERO and the assigned law enforcement agency conducting any criminal investigation."

Administrative investigations were conducted on the two investigations the Auditor reviewed. This was done according the requirements per this standard.

(b) The record retention schedule for T. Don Hutto Residential Center includes 5-1 Incident Reports (included entire incident packet – PREA) is for 10 years and PREA investigative files are kept 5 years after resident release or post-employment of alleged abuser.

The was confirmed through interviews with administrative staff.

(c) CoreCivic's investigative protocols are located on its' website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The investigative protocol for all ICE detention facilities is posted on the ICE website at www.ice.gov/prea.

(d)(e)(f) CoreCivic's policy 14.105 states, "When a resident, staff member, contractor, or volunteer is alleged to be the perpetrator of resident sexual abuse, the facility shall ensure that the incident is promptly reported to the ICE/ERO AFOD who will then in turn notify the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, and appropriate ICE Field Office Director." Interviews with the FA and the Facility Investigator confirmed this practice at T. Don. Hutto Residential Center.

The review of the two investigative files also confirmed this practice. In the case of the resident on resident touching allegation, the alleged aggressor was moved to a new housing unit. In the case of the staff on resident sexual abuse allegation, the victim was moved to a new housing unit away from the staff member.

§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)(c) CoreCivic's policy 14-105 states, "Training on the facility's Sexual Abuse or Assault Prevention and Interpretation Program shall be included in the training for all new employees and shall also be included in the annual refresher training thereafter." The policy goes on to state, "Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file using the 14-21-DHS Policy and Training Acknowledgement form." The pre-audit documentation provided by the facility included a list of [REDACTED] employees who have completed PREA training.

The Auditor reviewed the PREA Overview curriculum dated January 6, 2017 and found all the elements listed under 115.31a.

While on-site, the Auditor requested the training records of the [REDACTED] staff members interviewed. The auditor was provided individual electronic printouts of training these staff members have received. The Auditor also reviewed files and found the 14-21-DHS Policy and Training Acknowledgement form for these employees.

Interviews with staff supported the Auditor's findings that training is being held at this facility and that staff retained knowledge from this training.

§115.32 – Other training.

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

Notes:

(a) CoreCivic's policy 14-105 states, "The facility shall ensure that all volunteers and other contractors who have contact with residents have been trained on their responsibilities under facility's sexual abuse prevention, detection, intervention and response policies and procedures.

(b)(c) CoreCivic's policy 14-105 includes language that mirrors this standard.

Interviews with administrative staff at T. Don Hutto Residential Center revealed the contractors and volunteers receive the same PREA training that full-time employees receive. A review of training records for the [REDACTED] contractor and [REDACTED] volunteers interviewed supported this practice.

§115.33 – Detainee education.

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

Notes:

(a)(f) CoreCivic's policy 14-105 contains all the elements listed in 155.33a. The Auditor also reviewed the Resident Handbook, revised April 25, 2018 and found these same elements listed on pages 15 -18.

(b)(c) CoreCivic's policy 14-105 mirrors language in this standard. The Auditor also reviewed a memo dated March 28, 2018 providing authorization to CoreCivic to utilize the ICE provided language line. The Auditor was provided copies of the signed acknowledgments that acknowledged receiving information on the how to report sexual abuse or assault, treatment and counseling, and self-protection while in confinement of all residents interviewed. Residents also confirmed they received this information during intake/orientation. They were also able to tell this Auditor the various ways they could report a sexual abuse allegation.

The Auditor also reviewed the Orientation PowerPoint that is given to all residents which also included information on how to report sexual abuse or assault

Intake staff shared that if a resident had low vision or was blind, they would read all information to the resident and check with the resident to make sure they understood the information that was read to them. This would also occur if the resident reported they were unable to read. For those residents who displayed low cognitive behaviors or behaviors that may require psychiatric

interference, Intake staff reported they would immediately contact medical staff to assist with the intake process. It should be noted that medical staff do have an office in the intake area and can immediately be available for residents either at the staff request or the request of the resident.

(d)(e) CoreCivic's policy 14-105 mirrors language in this standard. During the tour of this facility, the Auditor found the DHS prescribed sexual assault awareness notice; the name of the PSA Compliance Manager and the contact information for Hope Alliance on all housing bulletin boards. The DHS Sexual Assault Awareness pamphlet was also posted on the housing bulletin boards. All this information was posted in English and in Spanish.

§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) CoreCivic's policy 14-105 states, "The facility shall provide specialized training on sexual abuse and effective cross agency coordination to Facility Investigators who conduct administrative investigations into allegations of sexual abuse at immigration detention facilities. This training covers interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action for prosecution referral, and information about effective cross-agency coordination in the investigation process..." This same policy also states, "Documentation of completed training shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records."

The Facility Investigator was able to articulate what she learned in training to support compliance of this standard. The Auditor was provided certificates of completion for the following courses: Investigations Manager Training and PREA: Investigating Sexual Abuse in a Confinement Setting. Both trainings were completed in 2015.

A training matrix was provided and supports that the required training is provided to OPR/ERO Investigators and Fact Finders as well as viewing training logs. This training fully supports all components of this standard.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) CoreCivic's policy 14-105 states, "In addition to the general training provided to all employees, all full- and part-time Qualified Health Care Professional and Qualified Mental Health Professional, who work in the facility shall receive specialized medical training as outlined below: 1) How to detect and assess signs of sexual abuse; 2) How to respond effectively and professionally to victims of sexual abuse; 3) How and to whom to report allegations or suspicions of sexual abuse; and 4) How to preserve physical evidence of sexual abuse." This same policy also states, "ICE/ERO shall review and approve the facility's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse."

The Auditor reviewed the IHSC Prison Rape Elimination Act (PREA) curriculum and found all elements of this standard. The Auditor also received copies of certificate of trainings for the [REDACTED] medical and [REDACTED] mental health professional interviewed. Medical and mental health staff also received specialized training titled: Recognizing Mental Health Issues and Substance Use/Abuse in the Detention Environment.

Interviews with medical and mental health personnel supports the policy information found in 14-105. Medical staff at T. Don Hutto Residential Center do not perform SANE/SAFE exams. If a resident needs a forensic exam, they are transferred to their local provider Balor, Scott and White.

The Auditor also reviewed a memo from ICE/ERO approving T. Don Hutto Residential Center's policy and procedure regarding this required training.

§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) CoreCivic's policy 14-105 states, "All residents shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Each new resident shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility." Interviews with intake supported this practice. "We have 12 hours to complete intake before they are moved to general population." Interviews with residents also supported this practice. They advised they were not placed in general population until they completed talks with intake and medical. There were no transgender or intersex detainees onsite during this portion of the audit process. The auditor reviewed the initial assessments of all residents interviewed as part of this audit and confirmed they were completed within 12 hours of intake.

(c)(d) The Auditor reviewed form 14-2B, Assessment Questionnaire Information, and found that all elements for 115.41c and 115.41d were included in the assessment. The initial assessment is completed during the first 12 hours at the facility by intake staff. While on-site, the Auditor requested copies of the initial assessment of all residents interviewed. These assessments were found to follow this portion of the standard. It should also be noted the information in this assessment is also a part of CoreCivic's policy 14-105.

(e) CoreCivic's policy 14-105 also requires a reassessment of risk of victimization and abusiveness to be completed on all residents who are still at the facility 60 – 90 days after admission and at any time when warranted based on receipt of additional information, relevant information, or following an incident of abuse or victimization. The average length of stay at T. Don Hutto Residential Center is 52 days. Of the residents interviewed, two had been at the facility longer than 60 – 90 days. The Auditor was provided copies of these residents' initial assessment t and found the reassessments were completed as required by this standard.

(f) CoreCivic's policy 14-105 mirrors the language found in the standard. Interviews with intake personnel and administrative staff supported the practice of not disciplining residents for refusing to answer or disclosing complete information in response to questions asked on the 14-2B Assessment Questionnaire Information form.

(g) CoreCivic's policy 14-105 mirrors the language found in the standard. Intake staff reported, "We don't talk about what we find during the assessment. Once it is entered into the computer, only staff who have access to OMS has access to this information." It was confirmed through the interview with the FA and the facility investigator, that each staff classification has different levels of access to this computer system.

§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) CoreCivic's policy 14-105 states, "The facility shall use the information obtained from the 14-2B-DHS conducted at the initial screening in the assignment of housing, recreation, voluntary work, programs and other activities. Individualized determinations shall be made on how to ensure the safety of each resident." Interviews with administrative staff revealed that most residents at the facility are high risk for victimization. If a resident is deemed to be at a high risk for abusiveness, they are held in the intake area until transferred to another facility by ICE/ERO. This is also the case for any resident that perpetrates sexual abuse while at the facility. ICE/ERO is contacted immediately and they are held in the intake area until they are transferred to another facility.

Administrative staff advised that the population at T. Don Hutto Residential Center were at a high risk of victimization. They advised that the majority of the population had been victims of previous sexual abuse. When asked how would they house a resident that was determined to be aggressive sexually toward other residents, administrative staff advised they would be transferred out of T. Don Hutto. They advised they would be transferred at the end of the intake process.

While on-site, the Auditor requested copies of the initial assessment of all residents interviewed. All of the assessments reviewed found that these detainees had been a victim of prior sexual abuse before being admitted to T. Don Hutto Residential Center and were at a higher risk to be victimized in a confinement setting. While the Auditor could not find an example of a detainee who was transferred due to being at a higher risk of being sexually aggressive, intake personnel and administrative staff advise that every detainee, no matter their circumstances, sees a mental health provider upon admittance to the facility.

(b)(c) CoreCivic's policy 14-105 states, "Immigration and Customs Enforcement does not place residents who are identified as transgender or intersex at the T. Don Hutto Residential Center. Upon notification of the arrival or identification of a transgender or intersex resident, that resident will remain in the intake area until transferred to another facility by ICE/ERO." Interviews with staff and administration supported the findings of no transgender or intersex residents onsite during this portion of the audit.

§115.43 – Protective custody.

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

Notes:

(a)(b)(c)(d) CoreCivic's policy 14-105 states, "Resident's considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE/ERO Field Office Director to determine if ICE/ERO can provide additional assistance. T. Don Hutto Residential Center does not have nor operate a Special Housing Unit or Administrative Segregation Unit." Interviews with staff supported this determination.

§115.51 – Detainee reporting.

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

Notes:

(a) CoreCivic's policy 14-105 states, "The T. Don Hutto Residential Center provides multiple ways for residents to privately report sexual abuse, retaliation for reporting sexual abuse or staff neglect or violations that may have contributed to such incidents..." Interviews with staff and residents revealed knowledge on how to report a sexual abuse incident. Both staff and residents identified reporting the incident directly to staff, submitting a request to health services and/or mental health services, forwarding a letter to the FA, calling family, or calling the OIG hotline. During the tour this information was found posted on the housing bulletin boards and in resident phonebooks attached to each phone. This information is also found in the resident's handbook.

(b) CoreCivic's policy 14-105 also states, "T. Don Hutto Residential Center provides a way for residents to report abuse to a public or private entity or office that is not a part of ICE/ERO or CoreCivic, and that is able to receive and immediately forward resident reports of sexual abuse to facility officials, allowing the residents to remain anonymous upon request..." Residents at T. Don. Hutto Residential Center can report allegations of sexual abuse or assault outside of T. Don Hutto Residential Center to the DHS Office of Inspector General, the National Sexual Assault Hotline, Rape Crises Center or Hope Alliance Crises Center. During the tour, the Auditor found information on the outside of the residents' phonebook that provided instructions to residents on how to make an anonymous call to report sexual abuse. The facility advised that these calls are at no charge to the resident. This is also included on the outside of the resident's phonebook.

(c) CoreCivic's policy 14-105 states, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Staff shall respond supportively and non-judgmentally." Interviews with staff supported this practice. Staff reported they would notify a supervisor immediately if they received a report and would make sure the victim remains safe. Residents were asked if they felt staff would take reports seriously. All residents responded with a yes.

§115.52 – Grievances.

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

Notes:

T. Don Hutto Residential Center reported they have received no grievances relating to sexual abuse or assault.

(a) CoreCivic's policy 14-105 has language that mirrors this subsection of the standard. In addition, information on filing a formal grievance relating to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint is also located in the Resident's Handbook on page 46.

(b) CoreCivic's policy 14-105 does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Interview with the grievance officer supported this practice. This was also found in the resident handbook.

(c) CoreCivic's policy 14-105 states, "After receiving an emergency grievance alleging that a resident is subject to an immediate threat to resident health, safety, or welfare related to sexual abuse, the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) shall be immediately forwarded to an ADO level employee who can initiate immediate corrective action as needed. During the tour, the Auditor found "grievance boxes" in each hallway. The grievance officer advised that these boxes are checked every day for immediate action.

(d) CoreCivic's policy 14-105 mirrors the language found in this subsection. Interviews with staff supported the practice of bringing emergency grievances related to sexual abuse immediately to the attention of proper medical personnel.

(e) CoreCivic's policy 14-105 directs the facility to provide residents a final decision on a grievance alleging sexual abuse shall be within 5 days of receipt and the facility will provide a final decision on any sexual abuse grievance that is appealed within 30 days. The grievance officer reported that in the past 12 months there have been no grievances filed relating to sexual abuse.

(f) Interviews with staff revealed they would ask a supervisor if they could assist a resident with preparing a grievance. They did share that a resident could ask another resident for assistance. Residents advised that if they needed assistance they would ask their case manager or a friend to help.

RECOMMENDATION: While this appears to be the practice at this facility, staff were hesitant on how to respond to this question. It is recommended that this information be included in policy 14-105 and the staff be educated on the update to this policy.

§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) CoreCivic's policy 14-105 states, "T. Don Hutto Residential Center maintains a Memorandum of Understanding (MOU) with a community service provider that provides victim advocacy and confidential emotional support for resident victims of sexual abuse. This provider is Williamson County Crises Center, doing business as Hope Alliance..." The Auditor also reviewed an MOU with The Rape Crises Center dated March 2, 2015. Interviews with administrative staff and medical personal supported the relationship the facility has with these community providers.

In reviewing the two investigative cases, the Auditor found that victim advocate services were not requested by the victims.

(b) CoreCivic's policy 14-105 also states, "The Victim Service Coordinator will...Ensure that residents are aware they may access additional victim resources through community victim resource agencies."

(c) Language in CoreCivic's policy 14-105 mirrors the language in subsection 115.53c. Information on community resources are in the Resident Handbook and posted in the housing units. Interviews with the residents revealed that while they were aware that information is posted, they would contact the facility's mental health department for services.

(d) Language in CoreCivic's policy 14-105 mirrors the language in subsection 115.53d. The Resident Handbook states, "Any reports of sexual abuse or assault will be forwarded to the appropriate authorities in accordance with mandatory reporting laws..."

RECOMMENDATION: The facility should place notices near all resident phones alerting residents to the extent to which such communication will be monitored by the facility.

§115.54 – Third-party reporting

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

Notes:

CoreCivic's policy 14-105 states, "In addition to reporting incidents directly to facility staff through internal reporting methods, T. Don Hutto Residential Center employees and/or third parties may report incidents to any of the following..."

T. Don Hutto Residential Center has established more than one method for third parties to report incidents of sexual abuse. The Auditor reviewed the ICE website (www.ice.gov/prea) and the CoreCivic website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. These methods were also posted in the living units.

§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) Language in CoreCivic's policy 14-105 mirrors the language in subsection 115.61a. The Auditor reviewed a memo dated April 25, 2018 for the COR/DO approving policy 14-105.

The Auditor reviewed two closed investigative cases from 2017 and found that staff at T. Don Hutto Residential Center followed reporting procedures in both cases.

(b) CoreCivic's policy 14-105 states, "All reports of sexual abuse will be reported to the Facility Administrator, Facility Investigator or PSA." Interviews with staff revealed they would immediately notify the highest-ranking official in the facility of any sexual abuse allegations.

(c) Language in CoreCivic's policy 14-105 mirrors the language in subsection 115.61c. Interviews with staff revealed that confidentiality is required. They reported that only those who need to know are informed of the allegation. They also reported they would keep the victim with them until they are notified otherwise.

(d) This subsection is non-applicable as T. Don Hutto Residential Center does not house juveniles. However, it should be noted that any sexual abuse allegation at this facility is immediately reported to the ICE/ERO and the Williamson County Sheriff's Office for investigation as outlined in 115.71.

§115.62 – Protection duties.

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

Notes:

Language in CoreCivic's policy 14-105 mirrors the language in this standard. Interviews with staff revealed they would immediately notify their supervisor if they received information of a resident in imminent danger of sexual abuse. They also advised they would keep "an eye" on the potential victim pending orders from their supervisor.

§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) CoreCivic's policy 14-105 states, "If the allegation of sexual abuse involves events that took place while the alleged resident victim was confined at another facility, the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken: Contact the facility head or appropriate office of the facility where the alleged abuse takes place as soon as possible, but not later than 72 hours after receiving the allegation..."

The FA shared, "I would immediately contact that facility warden to start the investigation and collect information." The FA also advised that there have been no reports of sexual abuse occurring at another confinement facility in the past 12 months. Interview with the Facility Investigator also supported this practice and report.

(c) CoreCivic's policy 14-105 states, "All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, the name and position of the individual notified and the date of the notification."

(d) CoreCivic's policy 14-105 also states, "In the event that an allegation is received from another facility that an incident of sexual abuse occurred at the T. Don Hutto Residential Center, the allegation shall be documented, and the name and title of the other facility's reporting personnel obtained. The information shall be forwarded to the Facility Investigator who shall determine whether the allegation has already been addressed. If so, further investigation need not occur. If the allegation has not been investigated, the Facility Investigator shall open an investigation and make all notifications required by this policy to include notification of the ICE/ERO AFOD who will notify the ICE/ERO FOD. The report and investigation shall be documented on the 5-1-IRD."

Interviews with the FA and Facility Investigator supported this practice. Both advised that if the reported allegation had not been investigated previously, a new investigation would be opened. They also advised that they have not received any reports from other facilities in the past 12 months.

§115.64 – Responder duties.

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

Notes:

(a)(b) CoreCivic's policy 14-105 ensures the first staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlines in section (a) of this standard. Each staff member (including non-security staff) also carries a PREA First Response card attached to their ID's. This card has each of these steps listed.

Interview with staff supports this practice. They were very knowledgeable of their first responder duties and were able to show this Auditor their PREA Response Cards.

The Auditor reviewed two closed investigative cases from 2017 and found that first responder practices were followed in both cases.

§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) CoreCivic's policy 14-105 outlines T. Don Hutto Residential Center's plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations at T. Don Hutto Residential Center.

Interviews with staff showed high knowledge of the coordinated response. Each knew their role and advised that immediate action would be taken once any reports of any allegations were received.

(c)(d) The Facility Investigator reported that T. Don Hutto Residential Center has not transferred any victims of sexual abuse to another facility covered by 6 CFR part 115, subpart A or B. The Facility Investigator reported that the only the aggressor would be transferred to another facility.

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

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

Notes:

CoreCivic's policy 14-105 requires all employees, contractors, and volunteers suspected of perpetrating sexual abuse be removed from all duties pending the outcome of an investigation. Interviews with the FA and Human Resource Director confirmed this practice.

The review of the two investigative files also confirmed this practice. In the case of the resident on resident touching allegation, the alleged aggressor was moved to a new housing unit. In the case of the staff on resident sexual abuse allegation, the victim was moved to a new housing unit away from the staff member.

§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) CoreCivic's policy 14-105 mirrors the language in subsection 115.67a and 115.67b. Interview with FA revealed, "We also separate the victim from the abuser. We also go through the same reoccurring process when we check in with the victim."

(c) CoreCivic's policy 14-105 also supports the language in subsection 115.67c except for this statement, "The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing.

RECOMMENDATION: It is recommended that T. Don Hutto Residential Center modify policy 14-105 to reflect the language in the standard that "DHS shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

T. Don Hutto Residential Center documents monitoring for retaliation on the 14-20 PREA Retaliation Monitoring Report (30/60/90) form. While on-site the Auditor reviewed two closed investigative files and found that retaliation monitoring had occurred per standard requirements. In the case of the resident on resident touching allegation, the alleged aggressor was moved to a new housing unit. In the case of the staff on resident sexual abuse allegation, the victim was moved to a new housing unit away from the staff member.

§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) CoreCivic's policy 14-105 states, "Resident's considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE/ERO Field Office Director to determine if ICE/ERO can provide additional assistance. T. Don Hutto Residential Center does not have nor operate a Special Housing Unit or Administrative Segregation Unit."

Interviews with staff supported this determination.

§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) CoreCivic's policy 14-105 mirrors the language in subsection 115.71a and portions of 115.71 with the addition of this statement, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations on sexual abuse." The Facility Investigator reported that the facility acts promptly on all allegations they receive. The Auditor was advised that the FOD is immediately notified and provided with all the information the facility has collected which includes: names of victim, alleged perpetrator, where it happened, when it happened and evidence that is collected. The interview with the FA supports the statements made by the Facility Investigator.

ICE Directive 11062.2 states, "Immediately following notice of an alleged sexual abuse or assault: the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse or assault. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or assault or as soon as practical thereafter, according to procedures outlined in the June 8, 2006 Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse or assault, and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG); d) When a non-ICE employee, contractor, or volunteer is alleged to be the perpetrator of the sexual abuse or assault, ensure that the facility administrator has also contacted the corporation or locality that operates the facility..."

The Auditor reviewed two investigations and found that that all steps were taken according to this standard: local enforcement was contacted, ERO AFOD was notified as well as JIC.

(c) CoreCivic's policy 14-105 outlines the procedures for administrative investigations including the provisions listed in 115.71c. Interview with the Facility Investigator supports this practice.

Administrative investigations were conducted on the two investigations the Auditor reviewed. This was done according to the requirements per this standard. (e) CoreCivic's policy 14.105 mirrors the language found in subsection 115.71d. Interviews with the FA and Facility Investigator support the practice of continuing investigations even with the departure of the abuser or victim from employment or control of the facility.

(f) CoreCivic's policy 14.105 mirrors the language found in subsection 115.71f. Auditor reviewed the MOU T. Don Hutto Residential Center has with the Williamson County Sheriff's Department. Interviews with the FA and Facility Investigator supported that the facility contacts the Sheriff's Department when allegations could possibly be criminal in nature.

§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:

CoreCivic's policy 14-105 supports this standard. Interview with the Facility Investigator supports the practice of an administrative investigation not imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

§115.73 – Reporting to detainees.

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

Notes:

CoreCivic's policy 14-105 states, "When the resident is still in immigration detention, or where otherwise feasible, following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity to inform the resident. All resident notifications or attempt notifications shall be documented on the 14-2E Resident Allegation Status Notification. The resident shall sign the 1402E Resident Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Resident Allegation Status Notification shall be filed in the resident's file.

There were not detainees onsite that reported sexual abuse to T. Don Hutto Residential Center's administration.

While on-site the Auditor reviewed two closed files from 2017. Both files contained all components required under the standard 115.71 and included attempted resident notification.

§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) CoreCivic's policy 14-105 supports the language found in 115.76a. Interviews with the HR Director and the FA support the practice of disciplining staff for substantiated allegations of sexual abuse. Both interviews revealed that staff would be removed from the facility and would be terminated. The Auditor reviewed a memo dated April 25, 2018 from the COR/DO approving T. Don Hutto Residential Center's policy 14-105.

(c)(d) CoreCivic's policy 14.015 also states, "All terminations for violations of CoreCivic's sexual abuse policies or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies to the extent known." Interview with the FA revealed that T. Don Hutto Residential Center would notify the Williamson County Sheriff's Office and that ICE would notify any licensing bodies.

§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) Language in CoreCivic's policy 14-105 mimics language in this standard. The FA shared, "Disciplinary actions for employees is anything up to termination." The FA reported that there have been no employees disciplined for sexual abuse in the past 12 months. The HR Director supported this information.

§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) CoreCivic's policy 14-105 states, "All residents found guilty of sexual abuse shall be disciplined in accordance with the facility's disciplinary procedures." CoreCivic's policy 15-100, Discipline and Behavioral Management, dated March 22, 2010 states, "Sanctions are designed to correct poor behavior and are meant to encourage better behavior within a residential center. Their use should be limited to those instances where other interventions has been tried and has been unsuccessful."

Sanctions for residents are also located in the Resident's Handbook.

(c) CoreCivic's policy 15-100 also states, "All facilities shall establish an intermediate level of investigation/adjudication to adjudicate low or moderate rule infractions...All residents centers housing ICE residents shall have an executive review panel to adjudicated resident incident reports...All Facilities shall have graduated scales of offenses and disciplinary consequences, as provided in the sanctions...Due the nature of the facility as a residential facility, sanction should be used as a last resort and only as a means to correct behavior that threatens the safety and welfare of residents, staff, and visitors."

(d) CoreCivic's policy 15-100 also states, "The facility shall not hold a resident accountable for her conduct if a medical authority finds him/her mentally incompetent."

(e) Language in CoreCivic's policy 14-105 mirrors language in subsection 115.78e. Interviews with the FA and Facility Investigator supports the practice of not disciplining residents for sexual contact with staff unless is proven that the staff member was unwilling.

(f) Language in CoreCivic's policy 14-105 mirrors language in subsection 115.78f. Interviews with the FA and Facility Investigator supports the practice of not punishing residents for reporting an allegation of sexual abuse that is made in good faith.

§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) CoreCivic's policy 14-105 mirrors the language in this standard. Sexual or Physical Assault, Abuse and/or Neglect, IHCS Directive 03-01, dated March 29, 2016 states, "If the health care provider identifies the detainee upon intake (utilizing both the mental health and trauma assessment) as having a history of sexual abuse or assault prior to coming into custody (within the past six months), the detainee will be assess and treated by one of the health care providers listed below if indicated..." Medical personnel interviewed shared, "We do our own intake process when they arrive. Within two hours a nurse makes an initial screening and then within 12 hours a full evaluation. We would make referrals right away if needed. These evaluations are done at no cost to the residents. We would also consult with security if there needed to be special housing considerations." Medical personnel also stated that if a mental health referral was received for follow-up services, the evaluation would also be done within 24 hours of receiving that referral.

§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) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 states, "Victims of sexual abuse shall have timely, unlimited access to emergency medical treatment, and crises intervention services including emergency contraception, sexually transmitted infections testing and prophylaxis. Medical personnel reported, "Our residents have access to medical care 24 hours a day. If they have an immediate need, someone is always there to see them. We will always offer emergency contraception – which is all free of cost to the residents."

(b) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 states, "All treatment services will be provided to the victim without financial sot, regardless..." Medical personnel reported that residents are never charged for any care they receive while at T. Don Hutto Residential Center.

§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)(f)(g) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 states, "...Appropriate medical and mental health interventions are conducted to meet detainee needs...Following a medical evaluation, the need for mental health care and continued services for post-abuse, assault and neglect complications are assessed by the BHP, the CD or qualified health care provider and scheduled, as needed based on the mental health status or condition of the detainee. Offsite referral for specialized services for victims of sexual assault or abuse are initiated, if indicated...The BHP or physician will attempt to conduct a mental health evaluation and provide treatment within 60 days of notification of such highest of abuse and/or assault." Medical personnel interviewed shared, "We do our own intake process when they arrive. Within two hours a nurse makes an initial screening and then

within 12 hours a full evaluation. We would make referrals right away if needed. These evaluations are done at no cost to the residents. We would also consult with security if there needed to be special housing considerations.

(b) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 states, "The appropriate health care providers, as listed previously, will provide a medical and mental health evaluation and, as appropriate, treatment for all detainees who have been victimized by sexual abuse while in ICE detention."

This practice was confirmed through interviews with medical and mental health staff. Staff advised this also includes any follow-up services.

(c) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 also mirrors the language in this standard. Medical personnel reported, "It always depends on the needs and the situation. We will follow the treatment ordered by the ER, including offering a pregnancy test."

(d)(e) CoreCivic's policy 14-105 mirrors the language in this standard. IHCS Directive 03-01 also mirrors the language in subsection 115.83d and includes, "Crisis intervention services, including emergency contraception. Sexually transmitted infections testing, and prophylaxis." Medical personnel reported, "Our residents have access to medical care 24 hours a day. If they have an immediate need, someone is always there to see them. We will always offer emergency contraception – which is all free of cost to the residents."

§115.86 – Sexual abuse incident reviews.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) CoreCivic's policy 14-104 states, "The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation...Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in written response."

(b) CoreCivic's policy 14-105 mirrors the language found in 115.86b. Interviews with the Facility Administrator and the Facility Investigator supports this policy. The Facility Investigator shared that the sexual abuse incident reviews occur within a few weeks of the receiving the allegation. "We want to be very proactive and sometimes it takes a while to close a case. We also conduct another incident review once the investigation is closed to make sure that we didn't miss anything in our recommendations."

The Auditor reviewed two closed investigative files and found documentation of the sexual abuse incident reviews. Both reviews were done according to requirements in this standard.

(c) CoreCivic's policy 14-105 mirrors the language found in 115.86c. The Auditor also reviewed CoreCivic's 2006 PREA Annual Report which includes information on T. Don Hutto Residential Center. The FA also reported that T. Don Hutto Residential Center would also file a negative report if no allegations occurred within that time.

§115.87 – Data collection.

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

Notes:

Language in CoreCivic's policy 14-105 mirrors the language in this standard. All documentation will be kept for a minimum of the time the resident is housed at the facility plus 5 years. Interviews with the Warden and Facility Investigator confirmed this practice.

§115.201 – Scope of audits.

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

Notes:

The Auditor was able to tour T. Don Hutto Residential Center and observe all areas of the facility. The Auditor was also allowed to revisit areas as requested. The Auditor was provided relevant documentation for review to determine T. Don Hutto Residential Center's level of compliance. The Auditor was able to conduct private and confidential interviews with staff, contractors, volunteers and residents. The audit notice was posted in all living units and the Auditor did not receive any letters of correspondence from any resident or staff person.

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.

Elisabeth M. Copeland

Auditor's Signature

September 13, 2018

Date