

PREA Audit: Subpart A

DHS Immigration Detention Facilities

Corrective Action Plan Final Determination



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	Robin Bruck	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
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AGENCY INFORMATION

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

Name of Field Office:	El Paso
Field Office Director:	Mary De Anda-Ybarra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	11541 Montana Ave., Suite E., El Paso, TX 79936
Mailing address: (if different from above)	Same as the above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Torrance County Detention Facility
Physical address:	209 County Road 49, Estancia, New Mexico 87016
Mailing address: (if different from above)	Same as the above
Telephone number:	(505) 384-2711
Facility type:	IGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(505) 384-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
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FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Torrance County Detention Facility met 31 standards, had 1 standard that exceeded, had 1 standard that was non-applicable, and had 8 non-compliant standards. As a result of the facility being out of compliance with 8 standards, the facility entered into a 180-day corrective action period which began on October 28, 2023 with an end date of May 7, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 8

- §115.21 - Evidence protocols and forensic medical examinations
- §115.33 - Detainee Education
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.53 - Detainee access to outside confidential support services
- §115.65 - Coordinated Response
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review

The facility submitted documentation, through the Agency, for the CAP on November 28, 2023, through December 22, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on December 22, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable.

§115. 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:

(e): The Auditor reviewed an MOU between the Estancia Police Department and CoreCivic of Tennessee, LLC dated July 1, 2019, with the clause that either party can terminate the agreement with a 30-day written notice, which confirmed the EPD has agreed to conduct criminal investigations in accordance with the DHS standard 115.21 subsections (a)-(d). However, during an interview with the Asst. Warden/PSA Compliance Manager/Investigator it was indicated for allegations involving criminal behavior, the facility would notify the county dispatch and either the EPD or the TCSO would respond to the facility. The Auditor was not provided documentation to confirm the facility has requested TCSO to follow the requirements of subsections (a)-(d) of the standard.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. During an interview with the Asst. Warden/PSA Compliance Manager, it was indicated for allegations involving criminal behavior, the facility will notify the county dispatch and either the EPD or the TCSO would respond to the facility; however, the facility did not provide documentation that confirmed the facility has requested TCSO to follow the requirements of subsections (a)-(d) of the standard. To become compliant, the facility must submit documentation to confirm the facility has requested the TCSO to follow the requirements of subsection (a)-(d) of the standard.

Corrective Action Taken (e): The facility submitted a Memorandum of Understanding (MOU) between the Torrence County Sheriff's Office (TCSO) and CoreCivic, which confirmed TCSO will conduct criminal investigations in accordance with standard 115.21 (a)-(d). Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (e) of the standard.

§115. 33 - Detainee education

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

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic policy 14-2-DHS states, "During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing) about the facility's SAAPI Program. Such information shall include, at a minimum: The facility's zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the facility PSA Compliance Manager; and Information about local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). If no such local organizations exist, the facility shall make available the same information about national organizations." CoreCivic policy 124-2-DHS further states, "The facility shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which included the facility Asst. Warden/PSA Compliance Manager's name, and the RCCCNM flyer, posted on the walls in each housing unit. In addition, the Auditor reviewed the "Detainee Education Acknowledgement" form, utilized to document the detainee's participation in the facility orientation program, and confirmed it documents the detainee has received the ICE SAA Information Pamphlet; the ICE National Detainee Handbook; the Orientation Video or transcript, and the Facility Handbook. A review of the "Detainee Education Acknowledgement" form further confirms the form includes a section to document if the facility utilized the language line to establish effective communication with the detainee and what language interpretation was provided. Interviews with the Intake Supervisor and an Intake officer indicated Spanish copies of the ICE National Detainee Handbook, the DHS prescribed SAA Information pamphlet, and the TCDF Detainee Handbook are placed in the detainee's intake bag which is distributed during intake. The Intake Supervisor further indicated the intake bags are premade prior to the detainee's arrival at the facility; however, if the

detainee's preferred language was other than Spanish, staff would exchange the Spanish version of the ICE SAA Information Pamphlet; the ICE National Detainee Handbook; Orientation Video transcript, and the Facility Handbook for the detainee's preferred language. In interviews with the Intake Supervisor, an Intake officer, and six security line staff it was indicated if a detainee was LEP, the facility would utilize a staff member to interpret or utilize the ERO Language Line and would document who provided the interpretation and what language the information was interpreted in. In interviews with the Intake Supervisor, Intake officer, and six security line staff it was further indicated if a detainee was deaf or hard of hearing the facility would utilize a TTY/TDD to accommodate the detainee. In addition, interviews with the Intake Supervisor, Intake officer, and six security line staff indicated if the detainee was blind or had low vision, the information would be read to the detainee. Interviews with the Intake Supervisor, Intake officer, and six security line staff further indicated they would provide the information to detainees who have intellectual, psychiatric, or speech disabilities, by using simple vocabulary and speaking slowly, to ensure effective communication had been established and if they could not establish effective communication, the assistance of medical or mental health staff would be obtained. Interviews with 20 detainees, confirmed they had received the ICE National Detainee Handbook, TCDF Detainee Handbook, and the DHS-prescribed SAA Information pamphlet and had seen the orientation video in a manner they could understand, including one detainee, whose preferred language was Portuguese. During the on-site audit, the Auditor reviewed 20 detainee files and confirmed each file contained the "Detainee Education Acknowledgement" form; however, in addition to the acknowledgement, the Auditor reviewed two other documents unrelated to the orientation process that indicated the detainee had viewed the orientation video and received the PREA education (i.e., the handbooks and the DHS-prescribed SSA pamphlet), on different dates other than the date stated on the "Detainee Education Acknowledgement" form, making it difficult to confirm when the detainee received the information or watched the orientation video. In interviews with the facility Warden, the CoreCivic PREA Coordinator, and the Asst. Warden/PSA Compliance Manager, it was indicated the additional documents would be removed from the detainee orientation process. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on reporting sexual abuse.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. The Auditor reviewed 20 detainee files and confirmed each file included the "Detainee Education Acknowledgement" form; however, in addition to the Acknowledgement, the Auditor reviewed two other documents unrelated to the orientation process which indicated the detainee had viewed the orientation video and received the PREA education (i.e., the handbooks and the DHS-prescribed SSA pamphlet), on different dates other than the date stated on the "Detainee Education Acknowledgement", therefore, making it difficult to confirm the detainee completed orientation during the intake process. To become compliant, the facility must submit documentation that confirms detainees complete the orientation during the intake process. Once implemented the facility must submit documentation that confirms all applicable staff, including Intake, have been trained on the new procedure. In addition, the facility must submit 10 detainee files that confirm detainees receive PREA orientation during the intake process.

Corrective Action Taken (a)(c): The facility submitted a training attendance roster which confirmed all Intake staff have been trained on the booking form requirements to include all documentation must be provided during the initial 12 hours of the detainee entering the facility. In addition, the facility provided 10 detainee files which confirmed detainees have received orientation to include all PREA related information during the intake process. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the standard.

§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)(f)(g): CoreCivic policy 14-2-DHS states, "All detainees 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 detainee 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." CoreCivic policy 14-2-DHS further states, "Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above" and "appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees to the detainee's detriment." An interview with the facility Intake Supervisor indicated that all detainees are screened at intake for potential risk of sexual victimization or sexually abusive behavior. During the on-site audit, the Auditor observed during the initial risk assessment detainees are individually taken into a room to provide privacy and an Intake staff member completes the initial risk assessment form, as questions were asked of each detainee. The Auditor further observed if the detainee's preferred language was not English, the Intake staff member utilizes ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his housing assignment, prior to the staff member responsible for assigning initial housing

receiving the completed assessment form. In an interview with the Intake Supervisor, it was indicated all detainees are placed into one housing unit, under quarantine status, until TB testing results are received; and therefore, all 24 incoming detainees were to be housed in the same quarantine housing unit. An interview with the Intake Supervisor further confirmed she could not articulate, if a detainee's assessment indicated he is likely to be a victim of sexual abuse or a sexual aggressor, how the information gathered from the PREA risk assessment is considered prior to placing the detainee into the unit. An interview with the CS indicated the information from the assessment form is placed into the Offender Management System (OMS) which includes a tab for special vulnerability or management concerns to indicate if the detainee is vulnerable to victimization or sexually abusive behaviors. The CS further indicated if a detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being a sexual aggressor, a warning would be indicated; however, the Auditor observed, the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with an Intake officer, it was indicated a detainee is not disciplined for refusing to answer or disclose complete information. During the on-site audit, the Auditor observed detainee files are kept in the intake area in a locked room only assessable to Intake staff and upper management. During the on-site audit the Auditor further confirmed appropriate controls are implemented in the OMS which allows access to the initial risk assessment only to those with a need-to-know. The Auditor reviewed 20 detainee files and confirmed all detainees had been assessed upon intake and the initial classification had been completed within 12 hours.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor observed the intake processing of a detainee and confirmed the Intake staff member completed the PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was not English, the Intake staff member would utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his initial housing assignment prior to the staff member responsible for assigning initial housing receiving the completed assessment form. An interview with the CS indicated the information from the assessment form is placed into the OMS and a warning would be indicated if a detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with the Intake Supervisor, it was confirmed he could not articulate, if a detainee's assessment indicated he had a potential risk for victimization or sexual abusiveness, how the information is considered prior to placing the detainee into the unit. To become compliant, the facility must implement a practice to house detainees to prevent sexual abuse taking necessary steps to mitigate any dangers identified in the initial risk assessment. Once implemented the facility must submit documentation that all applicable staff, to include Intake and Classification, have been trained on the implemented practice. In addition, if applicable, the facility must submit to the Auditor 10 detainee files that include detainees who have identified as likely to be a sexual aggressor or a sexual abuse victim to confirm the facility utilized the information gained from the initial risk assessment when housing detainees to prevent sexual abuse or mitigate any such dangers.

Corrective Action Taken (a): The facility submitted a training agenda with a staff training attendance roster which confirms all Classification and Intake staff have received training on the standard's requirement to utilize the detainee's initial risk assessment to determine initial housing assignments to prevent sexual abuse by taking necessary steps to mitigate any dangers identified in the initial risk assessment. The facility submitted 10 detainee files to include detainees who identified as likely to be a sexual aggressor or a sexual abuse victim which confirmed staff utilized the information gained from the initial risk assessment to determine detainee housing to prevent sexual abuse or mitigate any such dangers. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§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 policy 14-2-DHS states, "The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities." An interview with the facility Intake Supervisor indicated that all detainees are screened at intake for potential risk of sexual victimization or sexually abusive behavior. During the on-site audit, the Auditor observed the initial risk assessment and confirmed the Intake staff member completed the initial PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was other than English, the Auditor observed the Intake staff member utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his housing assignment, prior to the staff member responsible for assigning initial housing receiving the completed risk assessment form. In an interview with the Intake Supervisor, it was indicated that all detainees are placed into one housing unit, under quarantine status, until TB testing results are received; and therefore, all 24 incoming detainees were to be housed in the same quarantine housing unit. An interview with the Intake Supervisor further confirmed the Intake

Supervisor could not articulate if a detainee's assessment indicated he is likely to be had a potential risk for a victim of sexual abuse or a sexual aggressor how the information gathered from the PREA risk assessment is considered prior to placing the detainee into the unit. An interview with the CS indicated the initial risk assessment form is placed into the OMS and a warning would be indicated if a detainee who is vulnerable to victimization is placed into a housing unit, recreation or other activity, or a voluntary program with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his initial housing assignment prior to the assessment information being entered into OMS; and therefore, the systems preventive measures are not activated prior to the placement. The Auditor reviewed 20 detainee files and confirmed all detainees had been assessed upon intake utilizing the "TCDC's Assessment Type: ICE Initial Screening Tool:" however, the Auditor could not confirm the facility is utilizing the information from the risk assessment to make individual determinations as to housing detainees.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor observed the intake processing of a detainee and confirmed the Intake staff member completed the PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was not English, the Intake staff member would utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his initial housing assignment prior to the staff member responsible for assigning initial housing receiving the completed assessment form. An interview with the CS indicated the information from the assessment form is placed into the OMS and a warning would be indicated if a detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with the Intake Supervisor, it was confirmed he could not articulate, if a detainee's assessment indicated he had a potential risk for victimization or sexual abusiveness, how the information is considered prior to placing the detainee into the unit. To become compliant, the facility must implement a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing. Once implemented the facility must submit documentation that confirms all applicable, including Intake and Classification, have been trained on the implemented process. In addition, the facility must provide the Auditor with 10 detainee files to confirm the facility utilized information gained from the initial risk assessment to inform assignment to detainees housing.

Corrective Action Taken (a): The facility submitted a training agenda with a staff training attendance roster which confirms all Classification and Intake staff have received training on the standard's requirement to utilize the detainee's initial risk assessment to determine initial housing assignments to prevent sexual abuse by taking necessary steps to mitigate any dangers identified in the initial risk assessment. The facility submitted 10 detainee files to include detainees who identified as likely to be a sexual aggressor or a sexual abuse victim which confirmed staff utilized the information gained from the initial risk assessment to determine detainee housing to prevent sexual abuse or mitigate any such dangers. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115. 53 - Detainee access to outside confidential support services

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

Notes:

(a)(b)(c)(d): CoreCivic Policy 14-2-DHS states, "CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Before developing or attempting to enter into an MOU, the facility shall contact the CoreCivic FSC Legal Department. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible." A review of CoreCivic policy 14-2- DHS confirmed the policy includes the responsibilities of the RCCCNM and provides a contact address and phone number. The facility submitted an MOU between the RCCCNM and CoreCivic, executed on August 6, 2019, which is open ended, with the clause either party can terminate the agreement with a 30-day written notice. The Auditor reviewed the MOU, and interviewed a victim advocate from RCCCNM, and confirmed RCCCNM would provide confidential emotional support throughout the forensic sexual assault medical examination process and investigatory interviews. In an interview with a victim advocate from RCCCNM it was further confirmed RCCCNM would provide detainees with access to victim advocates for crisis intervention and counseling, utilizing a sexual assault crisis line. In addition, and interview with a victim advocate from RCCCNM indicated the MOU requires, RCCCNM to provide detainee's calling the hotline with information regarding the extent of to which communications will be monitored and the extent to which reports

of sexual abuse will be forwarded to authorities in accordance with mandatory laws. The Auditor reviewed the TCDF Supplement to the ICE National Detainee Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from RCCCNM. In addition, a review of the TCDF Supplement to the ICE National Detainee Handbook confirms the handbook includes the statement, "This is a free call. Calls to this number will be confidential and will not be monitored or recorded." During the on-site audit, the Auditor observed the RCCCNM flyer in all detainee housing units and attempted to utilize a detainee telephone to call the RCCCNM; however, after repeated attempts it was confirmed the call was not successful. Upon notification of the failed call, the Asst. Warden/PSA Compliance Manager immediately called the facility phone company, and the Auditor was able to complete the call during the on-site audit. During an interview with a LEP detainee, whose preferred language was Wolof, the detainee confirmed the facility utilized a language line to read the entire TCDF Supplement to the ICE National Detainee Handbook to him confirming the facility makes reasonable efforts to ensure all detainees are provided information on how to report an allegation of sexual abuse. The Auditor reviewed three sexual abuse allegation investigation files and confirmed, a SANE exam had been performed at the AFC for one victim who had reported an allegation of sexual abuse. In an interview with a RCCCNM victim advocate, the Auditor confirmed RCCCNM attempted to conduct follow-up services with the detainee through Zoom; however, the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive counseling support provided by RCCCNM upon being returned to the facility.

Does Not Meet (c): TCDF is not in compliance with subsection (c) of the standard. The Auditor reviewed three sexual abuse allegation investigation files and confirmed, a SANE exam had been performed at the AFC for one victim who had reported an allegation of sexual abuse. In an interview with a RCCCNM victim advocate, the Auditor confirmed RCCCNM attempted to conduct follow-up services with the detainee through Zoom; however, the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive counseling support provided by RCCCNM upon being returned to the facility. To become compliant, the facility must implement a procedure to ensure reasonable communication with RCCCNM, or another community resource, to provide access to outside victim advocates for emotional support services related to sexual abuse in the event the detainee is LEP or has another disability that may prevent communication with a community resource. Once implemented the facility must provide documentation that confirms all applicable staff, to include medical and mental health, have been trained on the implemented procedure. In addition, if applicable, the facility must provide any sexual abuse allegation investigation files, and the corresponding medical and mental health records, that include a detainee victim requesting support services with RCCCNM, or another community resource, during the CAP period.

Corrective Action Taken (c): The facility submitted a training agenda with a staff training attendance roster which confirms all medical and mental health staff and the victim support coordinator have received training requiring the use of language line services to ensure all detainee victims of sexual abuse, including those who are LEP, have access to RCCCNM. The facility submitted an incident statement which confirms a LEP detainee victim of sexual abuse had been provided a SANE Exam and zoom follow up services with RCCCNM utilizing the facility language line services. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 65 - Coordinated response

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

Notes:

(c)(d): Policy 14-2-DHS states, "If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." The Auditor reviewed CoreCivic policy 14-2-DHS and confirmed it does not include the standard's requirement, if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical and social services, unless the victim requests otherwise. An interview with the facility HSA indicated that if a detainee was transferred between ICE facilities, she would inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred to a facility not covered by 6 CFR part 115, she would obtain the detainee's consent before providing the information to the receiving facility.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. A review of the facility's coordinated response plan confirms the plan does not include the standard's requirement, if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for

medical and social services, unless the victim requests otherwise. To become compliant, the facility must revise policy 14-2-DHS to include (c) if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical and social services, unless the victim requests otherwise. In addition, if applicable, the facility shall provide the Auditor with any detainee files, where the detainee is transferred due to an incident of sexual abuse to confirm the facility's compliance with this standard.

Corrective Action Taken (c)(d): The facility submitted a Policy Change Notice (PCN) which confirms CoreCivic policy 14-2-DHS has been revised to include "If a victim of sexual abuse is transferred from this facility to a facility covered by DHS SAAPI Standards, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim of sexual abuse is transferred from this facility to a facility not covered by DHS SAAPI Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise. Based on the facility's policy change which provides clear direction to staff regarding subsections (c) and (d) of the standard the Auditor waves the requirement to submit if applicable, any detainee files, where the detainee is transferred due to an incident of sexual abuse to confirm the facility's compliance with this standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

§115. 83 - Ongoing medical and mental health care for sexual abuse victims and abusers

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

Notes:

(a)(b)(c)(d)(e)(f): Core Civic policy 14-2 DHS states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide victims with medical and mental health services consistent with the community level of care. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate." CoreCivic policy 14-2-DHS further states, "All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care." An interview with the HSA indicated a detainee victim of sexual abuse will be offered a medical and mental health evaluation and if needed, the evaluation and treatment would include follow-up services, treatment plans, and referrals for continued care. The Auditor reviewed three investigative files and confirmed one detainee-on-detainee allegation required the victim to be transported to AFC for a SANE forensic exam. In an interview with a victim advocate from RCCCNM it was confirmed the victim had been assigned a victim advocate who offered emotional support through the exam and interviews; however, when RCCCNM attempted to conduct follow-up services with the detainee through Zoom the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive any follow-up services provided by RCCCNM.

Does Not Meet (b): The facility does not meet subsection (b) of the standard. The Auditor reviewed three investigative files and confirmed one detainee-on-detainee allegation required the victim to be transported to AFC for a SANE forensic exam. In an interview with a victim advocate from RCCCNM it was confirmed the victim had been assigned a victim advocate who offered emotional support through the exam and interviews; however, when RCCCNM attempted to conduct follow-up services with the detainee through Zoom the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive any follow-up services provided by RCCCNM. To become compliant, the facility must implement a procedure to ensure reasonable communication with RCCCNM, or another community resource, to provide access to outside victim advocates for follow-up services related to sexual abuse in the event the detainee is LEP or has another disability that may prevent communication with a community resource. Once implemented the facility must provide documentation that confirms all applicable staff, to include medical and mental health, have been trained on the implemented procedure. In addition, if applicable, the facility must provide any sexual abuse allegation investigation files, and the corresponding medical and mental health records, that include a detainee victim requesting follow-up services with RCCCNM, or another community resource, during the CAP period.

Corrective Action Taken (b): The facility submitted a training agenda with a staff training attendance roster which confirms all medical and mental health staff and the victim support coordinator have received training requiring the use of language line services to ensure all detainee victims of sexual abuse, including those who are LEP, have access to RCCCNM. The facility submitted an incident statement which confirms a LEP detainee victim of sexual abuse had been provided a SANE Exam and zoom follow up services with RCCCNM utilizing the facility language line services. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 86 - Sexual abuse incident reviews

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

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS 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. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2-DHS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of all sexual [sic] abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office." Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager indicated the facility would conduct a sexual abuse incident review at the conclusion of every administrative investigation regardless of the outcome the investigation. Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager further indicated the review team consists of upper-level management officials, medical and mental health practitioners, investigators and security line staff supervisors and the facility would complete an incident review report utilizing the "ICE Sexual Abuse or Assault incident Review Form" considering if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. An interview with the Asst. Warden/PSA Compliance Manager indicated the review team will review the incident within 30 days of the conclusion of the investigation and will make recommendations for a change in policy or practice that could assist with preventing, detecting, or responding to a sexual abuse and the recommendations and the reasons for not complying with the recommendations are documented on the incident review form. The Auditor reviewed three sexual abuse allegation investigation files and confirmed a sexual abuse incident review had been completed within 30 days of the conclusion of the investigation. The Auditor reviewed the facility 2022 Annual review and confirmed the report had been forwarded by email to the CoreCivic PREA Coordinator, the SDDO, the facility Warden, the PSA Compliance Manager, the FOD and the SDDO; however, the email did not confirm the 2022 Annual Review had been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2022 Annual Report and confirmed the report had been forwarded by email to the CoreCivic PREA Coordinator, the SDDO, the facility Warden, the Asst. Warden/PSA Compliance Manager, the FOD and the SDDO; however, the email did not confirm the 2022 Annual review had been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must provide the Auditor with documentation to confirm the 2022 Annual Report has been submitted to the Agency PREA Coordinator.

Corrective Action Taken (c): The facility submitted an email which confirms the 2022 Annual Report has been submitted to the Agency PSA Coordinator. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

AUDITOR CERTIFICATION:

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

Robin M. Bruck

January 3, 2024

Auditor's Signature & Date

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

January 4, 2024

Assistant Program Manager's Signature & Date

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

January 8, 2024

Program Manager's Signature & Date

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	9/12/2023	To:	9/14/2023
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AUDITOR INFORMATION

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

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	El Paso
Field Office Director:	Mary De Anda-Ybarra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	11541 Montana Ave., Suite E. El Paso, TX 79936

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Torrance County Detention Facility
Physical address:	209 County Road 49, Estancia, New Mexico 87016
Telephone number:	(505) 384-2711
Facility type:	Intergovernmental Service Agreement
PREA Incorporation Date:	5/15/2019

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(505) 384- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Assistant Warden
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(505) 705- (b) (6), (b) (7)(C)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Torrance County Detention Facility (TCDF) was conducted on September 12-14, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Custom Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C); both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR) External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. TCDF is privately owned by CoreCivic and operates under contract with the DHS ICE Office of Enforcement and Removal Operations (ERO). TCDF is located in Estancia, New Mexico. This is the second DHS PREA audit for TCDF and includes a review period between September 13, 2022, through September 14, 2023.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL), (b) (6), (b) (7)(C) provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit the Auditor reviewed all documentation provided and Agency and facility websites. The main policy that governs TCDF's sexual abuse prevention, intervention, and response efforts is CoreCivic policy 14-2-DHS Sexual Abuse Prevention and Response.

An entrance briefing was held in the TCDF's conference room on Tuesday, September 12, 2023, at 8:15 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C) opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) On-site TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C), ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C), Warden, TCDF
(b) (6), (b) (7)(C), Assistant Warden/PSA Compliance Manager, TCDF
(b) (6), (b) (7)(C), Quality Assurance Manager, TCDF
(b) (6), (b) (7)(C), PREA Coordinator, CoreCivic Corporate Office
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/OPR
(b) (6), (b) (7)(C), Learning and Development Manager (LDM), TCDF
(b) (6), (b) (7)(C), Clinical Nurse Supervisor (CNS), TCDF
(b) (6), (b) (7)(C), Investigator, TCDF
(b) (6), (b) (7)(C), Human Resource Administrator (HRA), TCDF
(b) (6), (b) (7)(C), Health Services Administrator (HSA), TCDF
(b) (6), (b) (7)(C), Classification Supervisor (CS), TCDF
Robin M. Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the general knowledge of staff at all levels employed at the facility. The Auditor further explained compliance with the PREA standards will be determined based on a review of TCDF

policies and procedures, observations made during the facility on-site audit, documentation review, and interviews conducted with staff and detainees.

Immediately after the entrance briefing, an on-site tour was conducted by the Auditor, with key staff from TDCF, the CoreCivic Corporate PREA Coordinator, and ICE ERAU staff. All areas of the facilities where detainees are afforded the opportunity to go or provided services, were observed by the Auditor, which included all detainee housing units, booking/intake, kitchen, library, laundry, recreation, and medical areas. In addition, the Auditor observed the sally port and the control centers. During the tour, the Auditor made visual observations of the housing unit bathrooms and shower areas, officer post sight lines, and camera locations. Sight lines were closely examined, as was the potential for blind spots, throughout the facility where detainees are housed or have access and no notable blind spots were observed.

TCDC utilizes (b) (7)(E) to electronically assist with the monitoring of detainees throughout the facility. The cameras operate 24/7 and can pan, tilt, and zoom (PTZ). Video footage can be stored on the facility server for up to 90 days. Live camera feed can be viewed by the control room officers, the Warden, Asst. Warden/PSA Compliance Manager, Investigator, and Security Supervisors. During the on-site audit, the Auditor observed the camera placement as well as the capabilities of each camera. Staff are unable to zoom into individual cells without causing distortion. In areas where a toilet or shower were in view of a camera a square box had been digitally added to obstruct the viewing of these areas by opposite gender staff. During the on-site tour, the Auditor spoke informally to staff and detainees regarding PREA education and facility PREA practices. Both staff and detainees appeared to be knowledgeable of the Agency and the facility zero tolerance policies and PREA in general. The Auditor reviewed the facility housing unit logbooks and confirmed security line staff and supervisors are conducting unannounced security inspections throughout the facility. In addition, the Auditor observed announcements being made as opposite gender staff entered the housing units. The DHS-prescribed sexual assault awareness notice, methods for reporting sexual misconduct, and victim advocacy contact information was posted in English and Spanish in all detainee housing units along with the notice of audit. The Auditor tested the posted telephone numbers to determine if they were in good working order and was able to complete calls to the facility PREA Hotline, DHS Office of Inspector General (OIG) and the ICE Detention Reporting and Information Line (DRIL); however, test calls made to the Rape Crisis Center of Central New Mexico (RCCCNM) were unsuccessful. However, upon notification of the failed call, the Asst. Warden/PSA Compliance Manager immediately called the facility phone company, and the Auditor was able to complete the call during the on-site audit.

TCDF houses adult male detainees who are pending asylum review or deportation. The facility PAQ indicated the top three nationalities of the facility population is Ecuador, Colombia, and the Dominic Republic. TCDF's design capacity is 910 and currently houses 330 detainees. The detainee average length of stay at the facility is 28 days. In addition, the facility houses federal and county inmates; however, detainees are not comingled with these inmates. Detainees are housed within nine housing units in double occupancy cells. In addition, there are 38 cells in the Administrative Segregation unit and 4 cells in the medical unit. During the on-site audit, no detainees were housed in the segregation or medical units. While on-site the Auditor interviewed 19 detainees who were limited English proficient (LEP) (17 Spanish, 1 Portuguese, 1 Wolof) and 1 detainee whose preferred language was English. For 18 of the LEP interviews, the Auditor conducted the interviews with the use of a language line through Language Line Service Associates (LSA) provided by Creative Corrections, LLC; however, the Auditor experienced difficulty in establishing an interpreter for the detainee whose preferred language was Wolof; and therefore, was provided assistance through the ERO Language Line by way of an appointment made by the facility. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process. TDCF does not house female detainees, juvenile detainees, or family detainees.

A review of TCDF's PAQ indicated the facility employs 109 security staff, (64 males and 45 females), 27

medical staff and two mental health staff, who have recurring contact with detainees. There are six Detention and Deportation Officers (DDO) and one SDDO assigned to the facility. Food service staff are contracted through Trinity Services Group, and transportation staff are contracted through Transcor. Due to Covid 19, the facility has not utilized the service of volunteers, who may have contact with detainees. Security line staff and supervisors work in two shifts 0600-1800 and 1800-0600. The Auditor conducted interviews of 22 staff members, utilizing 25 interview protocols, which included the facility Warden, SDDO, Asst. Warden/PSA Compliance Manager, Grievance Officer (GO), Facility Investigator, Human Resource (HR) staff (1), Incident Review Team Member, Mental Health Clinician, HSA, Intake Supervisor, Intake Officer, CS, Security First Responders (2), Non-Security First Responder, random security line staff (6), and a security supervisor.

The facility PAQ indicated there are five investigators who have received specialized training on sexual abuse and cross-agency coordination; however, the Auditor reviewed training certificates, which confirmed 12 facility staff have received the required training. A review of the facility PREA Allegation Spreadsheet confirmed three PREA sexual abuse allegation investigations were closed during the audit period. The Auditor reviewed the three sexual abuse allegation investigation files and confirmed all investigations had been completed by the same investigator. In addition, a review of the three sexual abuse allegation files confirmed there were three detainee-on-detainee sexual abuse allegations, (one unsubstantiated, one unfounded, and one substantiated). There were no staff-on-detainee allegations reported during the audit reporting period.

Each day of the on-site audit, the Auditor briefed the facility Warden, Asst. Warden/PSA Compliance Manager, and the CoreCivic PREA Coordinator with any PREA non-compliance issues observed to allow the facility an opportunity to come into compliance prior to the Auditor exiting the facility. An exit briefing was conducted on Thursday, September 14, 2023, at 1:00 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) On-site TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) Warden, TCDF
(b) (6), (b) (7)(C) Assistant. Warden/PSA Compliance Manager, TCDF
(b) (6), (b) (7)(C) Quality Assurance Manager, TCDF
(b) (6), (b) (7)(C) Assistant Shift Supervisor, TCDF
(b) (6), (b) (7)(C) PREA Coordinator, CoreCivic Corporate Office
(b) (6), (b) (7)(C) SDDO, ICE/OPR
(b) (6), (b) (7)(C) CS, TCDF
(b) (6), (b) (7)(C) Administrative Supervisor, TCDF

Robin M. Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The on-site ICE ERAU TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final 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.

Number of Standards Exceeded: 1

- §115.54 - Third-party reporting

Number of Standards Met: 31

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff Training
- §115.32 - Other Training
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.43 - Protective Custody
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 8

- §115.21 - Evidence protocols and forensic medical examinations
- §115.33 - Detainee Education
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information

- §115.53 - Detainee access to outside confidential support services
- §115.65 - Coordinated Response
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): CoreCivic policy 14-2-DHS states, "CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse or assault." A review of CoreCivic policy 14-2-DHS confirms the policy includes definitions of sexual abuse and general PREA definitions and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS sexual abuse and assault awareness notice posted in all detainee housing units and common areas of the facility. Informal and formal interviews with facility staff and detainees confirmed they were knowledgeable regarding the Agency and the facility zero tolerance policies. Through interviews with the facility Warden, SDDO, and Asst. Warden/PSA Compliance Manager the Auditor confirmed CoreCivic policy 14-2-DHS has been reviewed and approved by the Agency.

(d): CoreCivic policy 14-2-DHS states, "Each CoreCivic facility shall designate a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who shall serve as the facility point-of-contact for the local Immigration and Customs Enforcement (ICE) Field Office and the ICE PSA Coordinator." An interview with the PSA Compliance Manager confirmed he has the knowledge, sufficient time, and authority to oversee the efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. An interview with the PSA Compliance Manager further indicated he is the facility point of contact for both the Agency PSA Coordinator and the CoreCivic Corporate PREA Coordinator. The Auditor reviewed the facility organizational chart and confirmed the PSA Compliance Manager is the facility Assistant Warden and reports directly to the facility Warden.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic policy 14-2-DHS states, "The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility's physical plant; The composition of the detainee population; The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse; Recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA Staffing Plan Assessment will be completed." A

review of the facility PAQ indicates the facility employs 109 security staff, (64 males and 45 females), 27 medical staff, 2 mental health staff, 1 SDDO, 6 DDOs, 7 Trinity Food Service Contract staff, and Transco contract transportation staff who have recurring contact with detainees. In addition, the facility utilizes (b) (7)(E) surveillance cameras to electronically assist with the monitoring of detainees throughout the facility. The Auditor reviewed the facility detainee comprehensive supervision guidelines and confirmed they are reviewed on an annual basis. In addition, the Auditor reviewed the 2022 annual PREA Staffing Plan Assessment and confirmed the facility takes into consideration all elements required by this standard, which include generally accepted detention and correctional practices; judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and other relevant factors, including but not limited to the length of time detainees spend in agency custody to determine adequate staffing and the need for video monitoring. An interview with the facility Warden, indicated that contractual obligations require that adequate staffing is maintained in the facility and the facility currently has eight security line staff on loan from another CoreCivic facility to ensure the staffing levels are adequately maintained. The facility Warden further indicated upper administration conducts a meeting every week to strategize and ensure the facility staffing levels are maintained. During the on-site audit, the Auditor observed adequate staffing levels in all detainee areas.

(d): CoreCivic policy 14.2-DHS states, “Staff, including supervisors, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds”. This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.” An interview with the Asst. Warden/PSA Compliance Manager indicated that all facility supervisors are required to complete an unannounced security inspection within the facility at random time each day. The Asst. Warden/PSA Compliance Manager further indicated unannounced security inspections are documented on a “Supervisor Walk-Through Log” and in the central control logbooks. In addition, the Asst. Warden/PSA Compliance Manager indicated unannounced security inspections are required to be conducted to deter the sexual abuse of detainees in areas that may be closed during nighttime hours. During the on-site audit, the Auditor reviewed control room logbooks and the “Supervisor Walk-Through Log” and confirmed PREA unannounced security inspections are being conducted frequently and on every shift.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, “Torrance County Detention Facility has not held juveniles or families during the audit period. Contractually, we only house adult male detainees.” Interviews with the facility Warden, Asst. Warden/PSA Compliance Manager, six random security line staff, and Auditor observations confirmed the facility does not house juvenile detainees or family detainees; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d): CoreCivic policy 14-2-DHS states, “Whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or, in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances.” During interviews with the Asst. Warden/PSA Compliance Manager, six security line staff, and one security supervisor, it was confirmed they were aware cross-gender pat-down searches could not be conducted; however, if one were to occur due to an exigent circumstance, it must be documented. The Auditor reviewed TCDF’s “Pat/Frisk Search Log” and confirmed staff must document the name and gender of the detainee, the reason for the pat-down search, who authorized the search, and the name of the security staff who performed the search. The Auditor conducted 20 detainee interviews and confirmed all detainees had received a pat-down search when they first arrived at the facility which was conducted by an officer of the same gender. The facility does not house female detainees.

(e)(f): CoreCivic policy 14-2-DHS states, “Strip searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners. Staff shall not conduct strip searches of juveniles. All such body cavity searches of juveniles shall be referred to a medical practitioner. An officer of the same gender as the detainee shall perform strip searches. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe a strip search performed by an officer of the opposite gender. When an officer of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file. Body cavity searches will only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. All strip searches and visual body cavity searches shall be documented. If a strip search of any detainee does occur, the search shall be documented on the 5-1B Notice to Administration (NTA) (refer to CoreCivic Policy 5-1 Incident Reporting).” Interviews with six security line staff and one security supervisor indicated they do not conduct strip searches, cross-gender strip searches, or visual body cavity searches of detainees; however, if there were exigent circumstances that required a strip search, cross-gender strip search, or a cross-gender visual body cavity search, staff is required to document the search. The Auditor reviewed the “ICE Record of Search” form and confirmed the form includes the type of strip search conducted and the basis for conducting the search. Interviews with 20 detainees confirmed none of the detainees had been strip-searched or subjected to a visual body cavity search while at the facility.

(g): CoreCivic policy 14-2-DHS states, “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” CoreCivic policy 14-2-DHS further states, “Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” In addition, CoreCivic policy 14-2-DHS states, “All searches of transgender and intersex detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety.” During the on-site audit, the Auditor observed the detainee bathroom and shower areas and confirmed showers in the intake area have perforated doors that allow viewing by the opposite gender. Interviews with the Asst. Warden/PSA Compliance Manager and the Intake Supervisor indicated if during intake into the facility, the detainee utilizes the showers, intake staff will utilize privacy screens to place in front of the shower doors. During the on-site audit, the Auditor observed the privacy screens in place while a detainee was showering. During interviews with 20

detainees, it was confirmed they are able to perform bodily functions and change clothing in private; however, 5 detainees expressed concerns regarding being seen naked in the shower by cross gender staff monitoring the (b) (7)(E). The Auditor reviewed all bathroom and shower areas visible from the (b) (7)(E) monitors and confirmed the camera views had a digital box around the areas of concern that prevented viewing of the detainees while they showered or performed bodily functions. In addition, the Auditor observed when zooming into (b) (7)(E) view becomes distorted; and therefore, cross gender staff is not able to view a detainee performing bodily functions or changing clothing. During the on-site audit, the Auditor observed signs posted on housing unit entrances reminding staff of the opposite gender to announce themselves when entering. In addition, the Auditor observed the announcement being made as the Auditor entered the housing units. However, during interviews with 20 detainees, 2 detainees indicated they did not know, or hear, if female staff announce themselves prior to entering the unit and 18 detainees indicated that cross-gender staff do not announce themselves when entering; however, they can see female staff entering the unit.

Recommendation (g): The Auditor recommends staff of the opposite gender are announced over an intercom system so that all detainees are aware they are entering the housing units.

(h): TCDC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): CoreCivic policy 14-2-DHS states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” CoreCivic policy 14-2-DHS further states, “In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” The Auditor reviewed the facility Search Procedures training curriculum which states, “Cross-gender pat down searches and searches of transgender and intersex inmates, will be conducted in a professional and respectful manner, and the least intrusive manner as possible, consistent with security needs.” Interviews with the Asst. Warden/PSA Compliance Manager, Intake Supervisor, and six security line staff, indicated they have received training on how to conduct pat-down searches, including pat-down searches of a transgender or intersex detainee, in a professional, respectful way, and in the least intrusive manner. During the on-site audit, the Auditor reviewed 15 employee training files and confirmed each file contained documentation of annual training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, “ The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee 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; Access to written materials related to sexual abuse in formats or through

methods that ensure effective communication; and Auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers.” CoreCivic policy 14-2-DHS further states, “The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, consulate posters, the ICE DRIL poster, the DHS OIG poster and the RCCCNM flyer, posted on the wall in all detainee housing units. The DHS-prescribed SAA Information pamphlet was posted in 15 of the most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian) and all other posters were in English and Spanish. In addition, the Auditor observed the PREA hotline and RCCCNM numbers painted on the corridor walls throughout the facility and each detainee telephone had a sticker that contained telephone numbers for the PREA Hotline, DRIL, DHS OIG, and the RCCCNM. During the on-site audit, the Auditor observed in the intake/booking area, the ICE National Detainee Handbook available in all 14 of the most prevalent languages encountered by ICE which include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese, the DHS-prescribed SAA Information pamphlet available in 15 of the most prevalent languages encountered by ICE, which include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, Ukrainian, and Vietnamese, and the TDCF Detainee Handbook available in English and Spanish. In an interview with the Asst. Warden/PSA Compliance Manager, it was indicated the handbook would be translated to other languages if needed with use of Google Translation. An interview with the Asst. Warden/PSA Compliance Manager further indicated if the detainee was unable or had a limited ability to read staff would read the information to a detainee in his preferred language with the use of staff interpreters or the ERO Language Line. During the on-site audit the Auditor observed an orientation video, in English and Spanish, with closed caption for those detainees who were deaf or hard of hearing. The Intake Supervisor provided the Auditor with a transcription of the video. In an interview with the Intake Supervisor, it was indicated the transcript would be translated into the detainee’s preferred language with the use of Google Translation, printed out, and given to the detainee. An interview with the Asst. Warden/PSA Compliance Manager indicated the facility provides accommodations such as in-person staff interpreters and interpreters with the use of the ERO language line, for detainees who are LEP, blind, or have limited vision. The Asst. Warden/PSA Compliance Manager further indicated the facility provides other devices, such as the teletypewriter/Telecommunications device (TTY/TDD) for those who are deaf and hard of hearing. Interviews with the Intake Supervisor and six security line staff trained to work in the Intake area indicated every effort is made to establish effective communications with detainees and confirmed staff could articulate how effective communication could be established with detainees who are LEP, deaf or hard of hearing, blind or have low vision, or have limited reading skills. In interviews with six security line staff trained to work in the Intake area it was further indicated if a detainee had presented with intellectual, psychiatric, or a speech difficulty staff would talk slow and request the detainee repeat the information back to them; however, if it appeared the detainee still could not understand the information they would contact medical or mental health staff for assistance. Interviews with 20 detainees confirmed they had received PREA education, including the orientation video, in a manner they could understand. In an interview with one detainee whose preferred language was Wolof it was confirmed all PREA related documents had been read to him with the use of a Language Line. An interview with a detainee whose preferred language was Wolof further confirmed the detainee could articulate the facility’s zero tolerance on sexual abuse, how to report an allegation of sexual abuse, and how to access advocacy services, if needed. The Auditor reviewed 20 detainee files and confirmed the files indicated effective communication was established with the detainee and was documented on a “Language Preference” form.

(c): CoreCivic policy 14-2-DHS states, “Interpretation services shall be provided by someone other than another

detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” Interviews with six security line staff indicated that they would not use a detainee for interpreter services under any circumstance including if the alleged detainee victim requests another detainee to interpret for them. However, during the on-site audit, the Auditor, facility Warden, and Asst. Warden/PSA Compliance Manager discussed the non-compliance with this subsection of the standard and it was determined the facility Warden would immediately send out a training memorandum to remind staff of the requirement to allow a detainee to interpret for a victim detainee, if the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. Prior to the Auditor exiting the facility the Warden provided documentation, including staff read receipts, that confirmed the training memorandum had been sent via email to all facility staff.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. CoreCivic policy 14-2-DHS states, “To the extent permitted by law, CoreCivic will decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity as outlined above. 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. All applicants, employees, and contractors who may have direct contact with detainees shall be asked about previous misconduct, as outlined above, 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.” CoreCivic policy 14-2-DHS further states, “Consistent with federal, state, and local law each CoreCivic facility shall make its 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 by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to obtain such prior employment information.” In addition, CoreCivic policy 14-2-DHS states, “Unless prohibited by law, CoreCivic shall provide information on 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” and “before hiring new employees who may have contact with detainees, each CoreCivic facility shall: Require a criminal records background check. CoreCivic shall further ensure that a criminal record check is completed before enlisting the services of any contractor who may have contact with detainees.” CoreCivic policy 14-2-DHS further states, “CoreCivic shall ensure that criminal background records checks are completed at least every five (5) years for current employees and contractors who may have contact with detainees.” The Auditor reviewed the facility “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” and confirmed the form contains a statement that includes, “You certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employed, terminated from employment.” A review of the “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” further confirms the form asks the applicant, employee or unescorted contractor the following questions: have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above; has a substantiated allegation of sexual harassment ever been made against you? In addition, a review of the “Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-DHS)” form states, “By my signature below, I understand my continuing affirmative duty to disclose any facts that would change my answers above. I further understand that ant material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire.” An interview with a HR staff member indicated all potential employees are required to complete an application and a background check, during the hiring process. The HR staff member further indicated an institutional background check is completed on staff who have previous correctional employment and information would be provided to a facility requesting the same for previous employees who leave the facility. In addition, the HR staff member indicated the institutional background checks include staff who are being promoted or transferred within the facility and all employees are required to complete a “Self-Declaration of Sexual Abuse/Sexual Harassment” form every year and background checks are completed every five years thereafter. During the on-site audit the Auditor reviewed 15 employee files and confirmed each file contained the Institutional Background form and the “Self-Declaration of Sexual Abuse/Sexual Harassment” form. In addition, utilizing the PSU Background Investigation for Employees and Contractors, the Auditor received documentation, confirming completed background checks for 24 employees, which included, ICE employees, TCDF staff, and staff contractors. Interviews with an HR staff member and the SDDO indicated there were no facility or ICE staff who had received a promotion during the audit period.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations form. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect detainees from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form.” The Auditor reviewed a memorandum to the file, which indicated the facility has not had a substantial expansion or modification of the existing facility or had installed or updated video/electronic systems during the audit period. In an interview with the facility Warden it was indicated the facility has not designed, acquired, had any

substantial expansions or modifications to the facility or upgraded the video monitoring system during the audit period; however, in an interview with the Asst. Warden/PSA Compliance Manager it was confirmed the facility installed mirrors adjacent to the staircases in each housing unit during the audit period to eliminate blind spots that could allow for an incident of sexual abuse to occur. During the on-site audit, the Auditor observed the placement of the mirrors and confirmed the mirrors eliminated a blind spot within the housing units.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." CoreCivic policy 14-2-DHS 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 protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic protocols developed after 2011. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. The investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. If the agency listed above in section is not available to provide victim advocate services, the investigating entity may make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services." CoreCivic policy 14-2-DHS further states, "As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." An interview with the facility Asst. Warden/PSA Compliance Manager/Investigator, indicated criminal allegations would be investigated by the Estancia Police Department (EPD) or the Torrance County Sheriff's Office (TCSO) and administrative allegations are investigated by a facility investigator. The Asst. Warden/PSA Compliance Manager/Investigator further indicated the facility utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The Auditor reviewed an open ended, with the clause that either party can terminate the agreement with a 30-day written notice, Memorandum of Understanding (MOU) between Albuquerque SANE Collaborative (ASC) and CoreCivic of Tennessee, LLC, dated March 10, 2022, which confirms ASC will provide detainees SANE exams, if needed. In addition, the Auditor reviewed an open ended, with the clause that either party can terminate the agreement with a 30-day written notice, MOU between the

RCCCNM and CoreCivic of Tennessee, LLC, dated August 1, 2019 which confirms RCCCNM will provide crisis intervention, counseling to address a detainee victim's needs, emotional support, information and referrals that may be needed, during a SANE/SAFE exam and investigatory interviews. During the on-site audit the Auditor interviewed a victim advocate from RCCCNM and confirmed RCCCNM would provide crisis intervention and counseling to address a victim's needs. In an interview with the victim advocate it was further indicated a SANE exam, with the detainee's consent, would be conducted at the Advocacy Family Center (AFC) by ASC at no cost to the victim. The Auditor reviewed three investigative files and confirmed, a SANE exam had been performed at the AFC, for one victim, who had reported an allegation of sexual abuse. In a follow-up interview with a RCCCNM advocate it was confirmed during the SANE exam crisis intervention, counseling to address a detainee victim's needs, emotional support, information, and referrals were provided to the detainee. Through interviews with the facility Warden, SDDO, and Asst. Warden/PSA Compliance Manager the Auditor confirmed CoreCivic policy 14-2-DHS has been developed in coordination with DHS.

(e): The Auditor reviewed an MOU between the Estancia Police Department and CoreCivic of Tennessee, LLC dated July 1, 2019, with the clause that either party can terminate the agreement with a 30-day written notice, which confirmed the EPD has agreed to conduct criminal investigations in accordance with the DHS standard 115.21 subsections (a)-(d). However, during an interview with the Asst. Warden/PSA Compliance Manager/Investigator it was indicated for allegations involving criminal behavior, the facility would notify the county dispatch and either the EPD or the TCSO would respond to the facility. The Auditor was not provided documentation to confirm the facility has requested TCSO to follow the requirements of subsections (a)-(d) of the standard.

Corrective Action:

The facility is not in compliance with subsection (e) of the standard. During an interview with the Asst. Warden/PSA Compliance Manager, it was indicated for allegations involving criminal behavior, the facility will notify the county dispatch and either the EPD or the TCSO would respond to the facility; however, the facility did not provide documentation that confirmed the facility has requested TCSO to follow the requirements of subsections (a)-(d) of the standard. To become compliant, the facility must submit documentation to confirm the facility has requested the TCSO to follow the requirements of subsection (a)-(d) of the standard.

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

Outcome: Meets Standard

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." CoreCivic policy 14-2-DHS states, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators." CoreCivic policy 14-2-DHS further states, "All allegations of sexual abuse shall be promptly reported to a law enforcement agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior." In addition, CoreCivic policy 14-2-DHS states, "When a detainee, of the facility in which an alleged detainee victim is

housed, is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director/designee, and to any local government entity or contractor that owns or operates the facility.” CoreCivic policy 14-2-DHS further states, “Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years.” Interviews with the facility Warden and the Asst. Warden/PSA Compliance Manager confirmed all allegations of sexual abuse are immediately reported to law enforcement. An administrative investigation would be completed once the facility receives approval from the investigating agency. The Auditor reviewed three sexual abuse allegation investigation files and confirmed law enforcement had been called and responded to the facility for each reported allegation; however, none of the allegations resulted in a criminal investigation. In addition, a review of three sexual abuse allegation investigation files confirmed notification had been made to the Joint Intake Center, the ICE Office of Professional Responsibility and the FOD.

(c): The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the TCDC website (www.corecivic.com/facilities/torrance-county-detention-facility), and confirmed both websites contain the respective protocols as required by this standard.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic policy 14-2-DHS states, “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. (ACI 4-4084; ACI-4-4084-1; 4-ALDF-7B-08; 4-ALDF-7B-10; 4-ALDF-7B-10-1) Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: the facility’s zero-tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities.” CoreCivic policy 14-2- DHS further states, “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.” The Auditor reviewed the CoreCivic PREA Overview curriculum and confirmed the training covers the required elements which include: the Agency and the facility’s zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting on prohibited and illegal behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate

effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge, suspicion of sexual abuse; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. Interviews with six security line staff, confirmed they are required to complete PREA training annually. Interviews with six security line staff further confirmed all were knowledgeable regarding PREA and could articulate how to fulfill their responsibilities under the PREA standards. The Auditor reviewed 13 employee training files and 2 contract staff training files and confirmed each employee and contract staff had received PREA training every year of their employment with the facility. The Auditor reviewed one employee training file that indicated he had received training in 2014 and every year thereafter. In addition, the Auditor reviewed training certificates for six ICE employees working at the facility and confirmed ICE staff have received the required PREA training every two years, as required by the standard.

Corrective Action:

No corrective action needed.

§115.32 - Other Training

Outcome: Meets Standard

Notes:

(a)(b)(c): Core Civic policy 14-2-DHS states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility's zero-tolerance policy and informed how to report such incidents." CoreCivic policy 14-2-DHS further states, "Civilians/contractors/ volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file." The Auditor reviewed the facility PREA Overview: Training for Contractors and Volunteers curriculum and confirmed the training covers the required elements which include their responsibilities under the Agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures; the Agency's and facility's zero-tolerance policies regarding sexual abuse; and information on how to report an incident of sexual abuse. An interview with a facility HR staff member indicated that "other" contractors are required to attend PREA training. The Auditor reviewed one "other" contractor file and confirmed he had received the required training. The facility did not utilize the services of volunteers during the audit period.

Corrective Action:

No corrective action needed.

§115.33 - Detainee Education

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic policy 14-2-DHS states, "During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing) about the facility's SA-API Program. Such information shall include, at a minimum: The facility's zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The facility shall post on all housing unit

bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the facility PSA Compliance Manager; and Information about local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). If no such local organizations exist, the facility shall make available the same information about national organizations.” CoreCivic policy 124-2-DHS further states, “The facility shall make available and distribute the DHS-prescribed “Sexual Assault Awareness Information” pamphlet.” During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which included the facility Asst. Warden/PSA Compliance Manager's name, and the RCCCNM flyer, posted on the walls in each housing unit. In addition, the Auditor reviewed the “Detainee Education Acknowledgement” form, utilized to document the detainee’s participation in the facility orientation program, and confirmed it documents the detainee has received the ICE SAA Information Pamphlet; the ICE National Detainee Handbook; the Orientation Video or transcript, and the Facility Handbook. A review of the “Detainee Education Acknowledgement” form further confirms the form includes a section to document if the facility utilized the language line to establish effective communication with the detainee and what language interpretation was provided. Interviews with the Intake Supervisor and an Intake officer indicated Spanish copies of the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the TCDF Detainee Handbook are placed in the detainee’s intake bag which is distributed during intake. The Intake Supervisor further indicated the intake bags are premade prior to the detainee’s arrival at the facility; however, if the detainee’s preferred language was other than Spanish, staff would exchange the Spanish version of the ICE SAA Information Pamphlet; the ICE National Detainee Handbook; Orientation Video transcript, and the Facility Handbook for the detainee’s preferred language. In interviews with the Intake Supervisor, an Intake officer, and six security line staff it was indicated if a detainee was LEP, the facility would utilize a staff member to interpret or utilize the ERO Language Line and would document who provided the interpretation and what language the information was interpreted in. In interviews with the Intake Supervisor, Intake officer, and six security line staff it was further indicated if a detainee was deaf or hard of hearing the facility would utilize a TTY/TDD to accommodate the detainee. In addition, interviews with the Intake Supervisor, Intake officer, and six security line staff indicated if the detainee was blind or had low vision, the information would be read to the detainee. Interviews with the Intake Supervisor, Intake officer, and six security line staff further indicated they would provide the information to detainees who have intellectual, psychiatric, or speech disabilities, by using simple vocabulary and speaking slowly, to ensure effective communication had been established and if they could not establish effective communication, the assistance of medical or mental health staff would be obtained. Interviews with 20 detainees, confirmed they had received the ICE National Detainee Handbook, TCDF Detainee Handbook, and the DHS-prescribed SAA Information pamphlet and had seen the orientation video in a manner they could understand, including one detainee, whose preferred language was Portuguese. During the on-site audit, the Auditor reviewed 20 detainee files and confirmed each file contained the “Detainee Education Acknowledgement” form; however, in addition to the acknowledgement, the Auditor reviewed two other documents unrelated to the orientation process that indicated the detainee had viewed the orientation video and received the PREA education (i.e., the handbooks and the DHS-prescribed SSA pamphlet), on different dates other than the date stated on the “Detainee Education Acknowledgement” form, making it difficult to confirm when the detainee received the information or watched the orientation video. In interviews with the facility Warden, the CoreCivic PREA Coordinator, and the Asst. Warden/PSA Compliance Manager, it was indicated the additional documents would be removed from the detainee orientation process. The Auditor reviewed the ICE National Detainee Handbook and confirmed it included information on reporting sexual abuse.

Recommendation (a): The Auditor recommends the facility modify the process of placing the ICE National Detainee Handbook, the TCDF Detainee Handbook, and the DHS-prescribed SAA Information pamphlet in the detainee intake bags prior to determining the detainee’s preferred language or a possible disability.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. The Auditor reviewed 20 detainee files and confirmed each file included the “Detainee Education Acknowledgement” form; however, in addition to

the acknowledgement, the Auditor reviewed two other documents unrelated to the orientation process which indicated the detainee had viewed the orientation video and received the PREA education (i.e., the handbooks and the DHS-prescribed SSA pamphlet), on different dates other than the date stated on the “Detainee Education Acknowledgement”, therefore, making it difficult to confirm the detainee completed orientation during the intake process. To become compliant, the facility must submit documentation that confirms detainees complete the orientation during the intake process. Once implemented the facility must submit documentation that confirms all applicable staff, including Intake, have been trained on the new procedure. In addition, the facility must submit 10 detainee files that confirm detainees receive PREA orientation during the intake process.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, “The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. 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 or prosecutorial referral, and information about effective cross-agency coordination in the investigation process.” An interview with the facility Asst. Warden/PSA Compliance Manager/Investigator indicated investigators are required to receive specialized training prior to conducting administration investigations into sexual abuse allegations. The Auditor reviewed the facility PAQ and confirmed the PAQ indicates the facility has five Investigators who have received specialized training on sexual abuse and effective cross-agency coordination; however, the Auditor reviewed 12 training certificates that confirm completion of the PREA Specialized Investigators Training through the National Institute of Corrections (NIC). The Auditor reviewed the NIC training curriculum and confirmed the curriculum contains all elements required by the standard. The Auditor reviewed three sexual abuse allegation investigation files and confirmed the investigations had been completed by a qualified investigator who, in addition, has completed the general PREA training required by standard 115.31.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

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

(b)(c): CoreCivic policy 14-2-DHS states, “In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below: How to detect and assess signs of sexual abuse; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse; How and to whom to report allegations of sexual abuse; and How to preserve physical evidence of sexual abuse.” The Auditor reviewed a memorandum which indicated that the Agency has reviewed and approved Policy 14-2-DHS. The facility HSA indicated medical and mental health staff are required to receive PREA training annually and prior to detainee contact medical and mental health staff must complete the on-line PREA Specialty Training for Medical and Mental Health Staff through National Institute of Corrections (NIC). The Auditor reviewed the NIC training curriculum and confirmed it includes all elements required by subsection (b) of the standard. In addition, the Auditor reviewed medical and mental health staff training transcripts and confirmed all medical and mental health staff have completed the specialized training. The Auditor reviewed one medical staff file and confirmed the staff member had additionally received the general PREA training as required by 115.31. Through interviews with the facility Warden, SDDO, and Asst.

Warden/PSA Compliance Manager the Auditor confirmed CoreCivic policy 14-2-DHS has been reviewed and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Does Not Meet Standard

Notes:

(a)(b)(f)(g): CoreCivic policy 14-2-DHS states, “All detainees 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 detainee 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.” CoreCivic policy 14-2-DHS further states, “Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above” and “appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees to the detainee's detriment.” An interview with the facility Intake Supervisor indicated that all detainees are screened at intake for potential risk of sexual victimization or sexually abusive behavior. During the on-site audit, the Auditor observed during the initial risk assessment detainees are individually taken into a room to provide privacy and an Intake staff member completes the initial risk assessment form, as questions were asked of each detainee. The Auditor further observed if the detainee's preferred language was not English, the Intake staff member utilizes ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his housing assignment, prior to the staff member responsible for assigning initial housing receiving the completed assessment form. In an interview with the Intake Supervisor, it was indicated all detainees are placed into one housing unit, under quarantine status, until TB testing results are received; and therefore, all 24 incoming detainees were to be housed in the same quarantine housing unit. An interview with the Intake Supervisor further confirmed she could not articulate, if a detainee's assessment indicated he is likely to be a victim of sexual abuse or a sexual aggressor, how the information gathered from the PREA risk assessment is considered prior to placing the detainee into the unit. An interview with the CS indicated the information from the assessment form is placed into the Offender Management System (OMS) which includes a tab for special vulnerability or management concerns to indicate if the detainee is vulnerable to victimization or sexually abusive behaviors. The CS further indicated if a detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being a sexual aggressor, a warning would be indicated; however, the Auditor observed, the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with an Intake officer, it was indicated a detainee is not disciplined for refusing to answer or disclose complete information. During the on-site audit, the Auditor observed detainee files are kept in the intake area in a locked room only assessable to Intake staff and upper management. During the on-site audit the Auditor further confirmed appropriate controls are implemented in the OMS which allows access to the initial risk assessment only to those with a need-to-know. The Auditor reviewed 20 detainee files and confirmed all detainees had been assessed upon intake and the initial classification had been completed within 12 hours.

(c)(d): CoreCivic policy 14-2-DHS states, “The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee

has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety." CoreCivic policy 14-2-DHS further states, "The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive." The Auditor reviewed the "TCDC's Assessment Type: ICE Initial Screening Tool" and confirmed the tool includes: do you have a physical, mental or developmental disability; the age of the detainee; detainee has a small build or appears to be vulnerable; this is the first time the detainee has been detained; detainee has only non-violent or non-sexual offenses; do you have a current or prior conviction of sexual offense/abuse of against a child or adult; is your orientation or status lesbian, gay, bisexual, transgender, intersex, or gender non-conforming; have you been the victim of sexual abuse or unwelcome sexual activity, was this in the community or while detained; do you feel that you are vulnerable to sexual abuse or assault while detained, or do you fear for your safety; do you have a current or prior conviction of a violent offense against a child or adult; have you received a disciplinary sanction for violence while detained. The Auditor reviewed 20 detainee files and confirmed all detainees had been assessed upon intake utilizing the "TCDC's Assessment Type: ICE Initial Screening Tool".

(e): CoreCivic policy 14-2-DHS states, "The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization." The Auditor reviewed the "TCDC's Assessment Type: ICE 60-90-day Assessment" and confirmed the detainee is asked the PREA risk assessment questions during the reassessment. An interview with the CS indicated a detainee's average stay at the facility is about 10-15 days; however, detainees would be reassessed for victimization or abusiveness at 75 days from the initial assessment date, at any time the facility receives new information, and following an incident of sexual abuse. During the on-site audit the Auditor reviewed 20 detainee files and confirmed all detainees had been released from the facility prior to being housed 75 days; and therefore, a reassessment was not required. In addition, the Auditor reviewed three sexual abuse allegation investigation files and confirmed one detainee had been reassessed after an allegation had been reported; however, in the other two files the detainees had been released prior to being reassessed by the facility.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor observed the intake processing of a detainee and confirmed the Intake staff member completed the PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was not English, the Intake staff member would utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his initial housing assignment prior to the staff member responsible for assigning initial housing receiving the completed assessment form. An interview with the CS indicated the information from the assessment form is placed into the OMS and a warning would be indicated if a detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with the Intake Supervisor, it was confirmed he could not articulate, if a detainee's assessment indicated he had a potential risk for victimization or sexual abusiveness, how the information is considered prior to placing the detainee into the unit. To become compliant, the facility must implement a practice to house detainees to prevent sexual abuse taking necessary steps to mitigate any dangers identified in the initial risk assessment. Once implemented the facility must submit documentation that all applicable staff, to include Intake and Classification, have been trained on the implemented practice. In addition, if applicable, the facility must submit to the Auditor 10 detainee files that include detainees who have identified as likely to be a sexual aggressor or a sexual abuse victim to confirm the facility utilized the information gained from the initial risk assessment when housing detainees to prevent sexual abuse or mitigate any such dangers.

§115.42 - Use of assessment information

Outcome: Does Not Meet Standard

Notes:

(a): CoreCivic policy 14-2-DHS states, "The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities." An interview with the facility Intake Supervisor indicated that all detainees are screened at intake for potential risk of sexual victimization or sexually abusive behavior. During the on-site audit, the Auditor observed the initial risk assessment and confirmed the Intake staff member completed the initial PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was other than English, the Auditor observed the Intake staff member utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his housing assignment, prior to the staff member responsible for assigning initial housing receiving the completed risk assessment form. In an interview with the Intake Supervisor, it was indicated that all detainees are placed into one housing unit, under quarantine status, until TB testing results are received; and therefore, all 24 incoming detainees were to be housed in the same quarantine housing unit. An interview with the Intake Supervisor further confirmed the Intake Supervisor could not articulate if a detainee's assessment indicated he is likely to be had a potential risk for a victim of sexual abuse or a sexual aggressor how the information gathered from the PREA risk assessment is considered prior to placing the detainee into the unit. An interview with the CS indicated the initial risk assessment form is placed into the OMS and a warning would be indicated if a detainee who is vulnerable to victimization is placed into a housing unit, recreation or other activity, or a voluntary program with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his initial housing assignment prior to the assessment information being entered into OMS; and therefore, the systems preventive measures are not activated prior to the placement. The Auditor reviewed 20 detainee files and confirmed all detainees had been assessed upon intake utilizing the "TCDC's Assessment Type: ICE Initial Screening Tool;" however, the Auditor could not confirm the facility is utilizing the information from the risk assessment to make individual determinations as to housing detainees.

(b)(c): CoreCivic policy 14-2-DHS states, "In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee." An interview with the CS indicated that a transgender detainee who identifies as female, would be transferred to a female facility, and would not be housed at TCDF. An interview with the CS further indicated the decision for placement is determined by the detainee's self-identification and not by physical anatomy and a self-identified transgender or intersex detainee would not be housed at the facility long enough to be reassessed at least twice a year to review any threats to safety experienced by the detainee as required by subsection (b) of the standard. In addition, the CS indicated transgender and intersex detainees would be given an opportunity to shower separately in the medical unit. During the on-site audit, there were no transgender or intersex detainees housed at the facility; and therefore, the Auditor did not review a transgender or intersex detainee file or conduct an interview.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. During the on-site audit, the Auditor observed the intake processing of a detainee and confirmed the Intake staff member completed the PREA risk assessment form, as the questions were asked of each detainee, and if the detainee's preferred language was not English, the Intake staff member would utilize ERO Language Services; however, during the observation, the Auditor confirmed the detainee had already received his initial housing assignment prior to the staff member responsible for assigning initial housing receiving the completed assessment form. An interview with the CS indicated the information from the assessment form is placed into the OMS and a warning would be indicated if a

detainee who is vulnerable to victimization is placed into a housing unit with a detainee who is identified as being sexual aggressor; however, the Auditor observed the detainee had received his housing assignment prior to the assessment information being entered into OMS; and therefore, the system safeguards are not activated prior to the placement. In an interview with the Intake Supervisor, it was confirmed he could not articulate, if a detainee's assessment indicated he had a potential risk for victimization or sexual abusiveness, how the information is considered prior to placing the detainee into the unit. To become compliant, the facility must implement a process to utilize the information from the initial risk assessment to inform assignment of detainees to housing. Once implemented the facility must submit documentation that confirms all applicable, including Intake and Classification, have been trained on the implemented process. In addition, the facility must provide the Auditor with 10 detainee files to confirm the facility utilized information gained from the initial risk assessment to inform assignment to detainees housing.

§115.43 - Protective Custody

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, "Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees 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 Field Office Director to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days." The Auditor reviewed a memorandum to the file which states, "Torrance County Detention Facility has not placed a detainee in protective custody/administrative segregation during the audit period. Torrance County Detention Facility has not had to notify the Field Office of the same, however if it did, the Warden or designee would email the AFOD and the SDDO of the placement." Interviews with the facility Warden and the PSA Compliance Manager indicated that administrative segregation and/or protective custody is restricted to those instances where reasonable efforts have been made and as a last resort for housing of a detainee who is vulnerable to sexual abuse. Interviews with the facility Warden and the PSA Compliance Manager further indicated if a detainee is assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment would be documented to include detailed reasons for the placement and would not exceed 30 days. During the on-site audit, the Auditor observed the facility administrative segregation unit and confirmed there were no detainees vulnerable to sexual abuse assigned to the administrative segregation and/or protective custody. Interviews with the facility Warden, the PSA Compliance Manager, and the SDDO confirmed CoreCivic policy 14-2-DHS was developed in consultation with the ICE ERO FOD having jurisdiction over the facility.

(c)(d)(e): CoreCivic policy 14-2-DHS states, "A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in Administrative Segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible." Interviews with the facility Warden and the Asst. Warden/PSA Compliance Manager indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would require immediate notification to the ICE FOD and would be documented. Interviews with the facility Warden and the Asst. Warden/PSA Compliance Manager further indicated the placement would be subjected to regular reviews

established by CoreCivic policy 14-2-DHS. In addition, interviews with the facility Warden and the Asst. Warden/PSA Compliance Manager indicated if detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, he would be provided access to programming, visitation, counsel, and all other services available to other detainees. During the on-site audit the Auditor confirmed through direct observation there were no detainees vulnerable to sexual abuse housed in administrative segregation.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic policy 14-2-DHS states, “Detainees shall be encouraged to immediately report pressure, threats, or incidents of sexual abuse and assault, as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect, or, violation of responsibilities that may have contributed to such incidents. The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; Calling the facility twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter (including anonymously), sealed and marked “confidential”, to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Forwarding a letter to the CoreCivic FSC PSA Coordinator...” CoreCivic policy 14-2-DHS further states, “Detainees shall have at least one way to report sexual abuse to a public or private entity or office that is not part of CoreCivic, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request...” During the on-site audit, the Auditor observed posters, posted on the housing unit walls, providing instructions on how detainees may anonymously contact their consular official, DRIL, DHS OIG, and the RCCCNM. During the on-site audit, the Auditor further observed the facility provides the detainee with a PREA hotline number to report an allegation of sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to incidents of sexual abuse. In addition, while on-site, the Auditor tested each number provided and confirmed difficulty contacting the RCCCNM: however, the PSA Compliance Manager immediately contacted the facility phone provider, and the issue was immediately resolved. During the on-site audit the Auditor tested the facility PREA Hotline and confirmed an email is automatically sent to the Warden, the PSA Compliance Manager, the Shift Commander, and the facility Investigator, allowing for immediate action. In addition, during the on-site audit the Auditor observed detainees housed in the segregation units or the medical units had access to a binder which contained all posters and instructions for confidential and anonymous reporting, to the DRIL, DHS OIG, and the RCCCNM. Interviews with the PSA Compliance Manager, the GO, and six security line staff confirmed their knowledge pertaining to the multiple ways a detainee can report an allegation of sexual abuse including the requirement to accept reports of sexual abuse made verbally, in writing, anonymously, and through a third party. Interviews with six security line staff indicated all verbal reports of sexual abuse must be immediately documented on an incident report form. Interviews with 20 detainees confirmed they were provided information on how to report an allegation of sexual abuse in a manner they could understand. In addition, interviews with 20 detainees confirmed they could articulate several ways provided by the facility to anonymously report an allegation of sexual abuse.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): CoreCivic policy 14-2-DHS states, "Formal Grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator or Administrative Duty Officer. Detainees will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." An interview with the facility GO indicated a detainee can file a grievance alleging sexual abuse at any time, there are no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. The facility GO further indicated detainees have multiple ways to file a grievance to include the use of the detainee tablets or placing the grievance in grievance boxes available in each housing unit. In addition, the facility GO indicated she is the only staff member with a key to access the grievance boxes and will check the boxes daily except for the weekends. However, during an interview with the GO it was indicated detainees are advised by the TCDF Supplement to the ICE National Detainee Handbook grievances are not retrieved during weekend hours. The Auditor reviewed the TCDF Supplement to the ICE National Detainee Handbook and confirmed the facility handbook advises detainees grievances are not retrieved during weekend hours. During an interview with a LEP detainee, whose preferred language was Wolof, the detainee confirmed the facility utilized a language line to read the entire facility TCDF Supplement to the ICE National Detainee Handbook to him confirming the facility makes reasonable efforts to ensure all detainees are provided this information. An interview with the GO indicated in addition to the grievance boxes detainees may utilized the detainee tablets to file a grievance related to sexual abuse. The facility GO further indicated if a detainee expressed the need for assistance in filing a grievance, she would facilitate the detainee request and ensure he received any assistance needed. In addition, the facility GO indicated, grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, would be to inform security and medical staff to ensure immediate action is taken including a medical assessment. The facility GO further indicated the grievance would be forwarded to the facility Investigator and the Asst. Warden/PSA Compliance Manager for an investigation and the detainee would be issued a notice to indicate the grievance has been closed having been forwarded to an investigator for immediate action. An interview with the Asst. Warden/PSA Compliance Manager indicated a grievance alleging sexual abuse and the decision would be forwarded to the FOD with the completed investigation report. Interviews with 20 detainees, confirmed they were aware of the process for filing a grievance, if a sexual abuse were to occur. The Auditor reviewed three investigative files and confirmed the grievance process had not been utilized to report the incidents.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): CoreCivic Policy 14-2-DHS states, "CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers or, if local

providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Before developing or attempting to enter into an MOU, the facility shall contact the CoreCivic FSC Legal Department. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible." A review of CoreCivic policy 14-2- DHS confirmed the policy includes the responsibilities of the RCCCNM and provides a contact address and phone number. The facility submitted an MOU between the RCCCNM and CoreCivic, executed on August 6, 2019, which is open ended, with the clause either party can terminate the agreement with a 30-day written notice. The Auditor reviewed the MOU, and interviewed a victim advocate from RCCCNM, and confirmed RCCCNM would provide confidential emotional support throughout the forensic sexual assault medical examination process and investigatory interviews. In an interview with a victim advocate from RCCCNM it was further confirmed RCCCNM would provide detainees with access to victim advocates for crisis intervention and counseling, utilizing a sexual assault crisis line. In addition, and interview with a victim advocate from RCCCNM indicated the MOU requires, RCCCNM to provide detainee's calling the hotline with information regarding the extent of to which communications will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory laws. The Auditor reviewed the TCDF Supplement to the ICE National Detainee Handbook and confirmed detainees are provided a phone number and an address to obtain emotional support services from RCCCNM. In addition, a review of the TCDF Supplement to the ICE National Detainee Handbook confirms the handbook includes the statement, "This is a free call. Calls to this number will be confidential and will not be monitored or recorded." During the on-site audit, the Auditor observed the RCCCNM flyer in all detainee housing units and attempted to utilize a detainee telephone to call the RCCCNM; however, after repeated attempts it was confirmed the call was not successful. Upon notification of the failed call, the Asst. Warden/PSA Compliance Manager immediately called the facility phone company, and the Auditor was able to complete the call during the on-site audit. During an interview with a LEP detainee, whose preferred language was Wolof, the detainee confirmed the facility utilized a language line to read the entire TCDF Supplement to the ICE National Detainee Handbook to him confirming the facility makes reasonable efforts to ensure all detainees are provided information on how to report an allegation of sexual abuse. The Auditor reviewed three sexual abuse allegation investigation files and confirmed, a SANE exam had been performed at the AFC for one victim who had reported an allegation of sexual abuse. In an interview with a RCCCNM victim advocate, the Auditor confirmed RCCCNM attempted to conduct follow-up services with the detainee through Zoom; however, the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive counseling support provided by RCCCNM upon being returned to the facility.

Corrective Action:

TCDF is not in compliance with subsection (c) of the standard. The Auditor reviewed three sexual abuse allegation investigation files and confirmed, a SANE exam had been performed at the AFC for one victim who had reported an allegation of sexual abuse. In an interview with a RCCCNM victim advocate, the Auditor confirmed RCCCNM attempted to conduct follow-up services with the detainee through Zoom; however, the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive counseling support provided by RCCCNM upon being returned to the facility. To become compliant, the facility must implement a procedure to ensure reasonable communication with RCCCNM, or another community resource, to provide access to outside victim advocates for emotional support services related to sexual abuse in the event the detainee is LEP or has another disability that may prevent communication with a community resource. Once implemented the facility

must provide documentation that confirms all applicable staff, to include medical and mental health, have been trained on the implemented procedure. In addition, if applicable, the facility must provide any sexual abuse allegation investigation files, and the corresponding medical and mental health records, that include a detainee victim requesting support services with RCCCNM, or another community resource, during the CAP period.

§115.54 - Third-party reporting

Outcome: Exceeds Standard

Notes:

CoreCivic policy 14-2-DHS states, “The facility shall establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link.” During the on-site audit, the Auditor observed third-party reporting information in the facility visitation area and on the front lobby bulletin board, to include contact information for the DRIL, DHS OIG, and the facility flyer for third party reporting. The Auditor reviewed the CoreCivic website at www.CoreCivic.ethicspoint.com and confirmed the website gives the public several ways to make a report of sexual abuse on behalf of a detainee to include sending a letter with a link to the facility’s address, calling the CoreCivic’s Ethics and Compliance Hotline with a number provided, and an email address to report an allegation. A review of the facility website further confirms it provides the DRIL and DHS OIG contact information to report an allegation of sexual abuse. The Auditor clicked on the email address provided and confirmed a form popped up with the option to remain anonymous when reporting an allegation of sexual abuse. The Auditor submitted a “mock” report, and immediately received an email with instructions on how to log in to check the status of my report. In addition, the Auditor received a response to the "mock" report within 24 hours.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

Notes:

(a)(b)(c): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” CoreCivic policy 14-2-DHS states, “Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in section L. Coordinated Response/Sexual Abuse Response Team (SART), and section M. Response Procedures. The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” CoreCivic policy 14-2-DHS further states, “Employees are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic management authority. Employees who fail to report allegations may be subject to disciplinary action. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed, and marked “Confidential”, to the Facility Administrator. Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Hotline at www.CoreCivic.ethicspoint.com.” Interviews with six security line staff indicated they were knowledgeable on how to report an allegation of sexual abuse including

utilizing the same reporting options available to detainees or they could report outside the chain of command to the CoreCivic “ethics line.” Interviews with six security line staff further they were aware information regarding an allegation of sexual abuse is to remain confidential and could not be shared with others unless there was a need-to-know to protect the detainee or prevent further victimization of other detainees or staff in the facility. Interviews with the facility Warden and the SDDO confirmed CoreCivic policy 14-2-DHS has been reviewed and approved by the Agency.

(d): ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” CoreCivic policy 14-2-DHS states, “If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.” An interview with the facility Warden, indicated he is aware he must report an allegation of sexual abuse involving a vulnerable adult to the FOD and to Adult Protective Services as required by New Mexico reporting laws. Interviews with the facility Warden, Asst. Warden/PSA Compliance Manager, and six security line staff confirmed the facility does not house juveniles or family units.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

CoreCivic policy 14-2-DHS states, “When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee.” Interviews with the Assistant Warden/PSA Compliance Manager and six security line staff confirmed if they became aware a detainee is at substantial risk of sexual abuse, they would immediately separate the detainee from the threat and notify a supervisor. An interview with the facility Warden confirmed the detainee’s safety would be the priority and immediate action would be taken to protect the detainee. A review of three sexual abuse allegation investigation files confirmed staff had taken immediate action to remove the detainee from any threat of imminent sexual abuse.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic policy 14-2-DHS states, “Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: The Facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. The facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA). Upon receiving notification from another agency or another facility (e.g. state, federal, local, or other private operator) that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the CoreCivic facility, the following actions shall be taken: The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A detainee statement should be

requested. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred for criminal investigation, if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The incident shall be reported through the 5-1 Incident Reporting Database (IRD). Notification shall be made to the ICE Field Office Director/designee.” An interview with the facility Warden indicated if he receives an allegation from another facility administrator indicating an alleged sexual abuse had occurred at TCDF he would immediately refer the allegation to a facility investigator for investigation and notify the FOD. In an interview with the facility Warden, it was further indicated if a detainee reported an allegation of sexual abuse that occurred at another facility, he would notify the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. In addition, in an interview with the facility Warden it was indicated, the notification would be made by telephone and would be followed up with an email for documentation. A review of three sexual abuse allegation investigation files confirmed there were no instances of sexual abuse that occurred at another facility reported at TCDF. In an interview with the facility Warden and Asst. Warden/PSA Compliance Manager it was indicated there has not been a notification of a report of sexual abuse from another facility that occurred at TCDF during the audit period.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, “Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. Alleged victims shall be immediately escorted to the Health Services Department. CoreCivic policy 14-2-DHS further states, “If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged perpetrator is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall, ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.” Interviews with six security line staff indicated that each officer carries a “first responder duties” card on their lapels that instructs the first responder “If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged perpetrator is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall, ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. In addition, interviews with six security line staff,

confirmed they could articulate the steps to be taken if an incident were to occur at the facility, which include separate the victim from the perpetrator, call for back up, call for medical staff, and preserve the crime scene; however, security line staff all reported that they would not allow a victim of sexual abuse to destroy evidence by washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. The Auditor interviewed a non-security first responder who indicated she would try to separate the victim and perpetrator and would immediately notify security supervisors of the incident. In an interview with a non-security first responder, it was further indicated she would not allow the victim to destroy evidence if possible. In discussions with the facility Warden and the PSA Compliance Manager it was determined the facility Warden would immediately send out a training memorandum to remind staff if they were first responders to an incident of sexual abuse they are to request the victim to not take any action that may destroy physical evidence such as washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. While the Auditor was on site, the facility provided the Auditor with a copy of the training memorandum and documentation, [including staff read receipts](#), confirming the memorandum had been sent via email to all facility staff.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Does Not Meet Standard

Notes:

(a)(b): Policy 14.2-DHS states, “Each CoreCivic facility will establish a Sexual Abuse Response Team (SART) to identify roles and provide a coordinated response to incidents of sexual abuse. The SART shall include the following multi-disciplinary team: PSA Compliance Manager; Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. **NOTE:** The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The Victim Services Coordinator will not be a member of security. The SART responsibilities shall include, but are not limited to, the following: Responding to reported incidents of sexual abuse and assault; Responding to victim assessment and support needs; Ensuring policy and procedures are enforced to enhance detainee safety; and Participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards.” Interviews with the facility Warden and the Asst. Warden/PSA Compliance Manager indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the Asst. Warden/PSA Compliance Manager, medical and mental health staff, security staff and an investigator. A review of the facility coordinated response plan, confirmed the plan coordinates the action taken by the first responders, medical and mental health practitioners, investigators, and the facility leadership in response to an incident of sexual abuse. In addition, interviews with the facility Warden, Asst. Warden/PSA Compliance Manager, and six security line staff indicated the first security line staff to respond to an incident will separate the alleged victim and perpetrator, call for back-up and preserve and protect the crime scene. However, interviews with six security line staff confirmed they would not allow a victim of sexual abuse to destroy evidence by washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking, or eating. In discussions with the facility Warden and Asst. Warden/PSA Compliance Manager, it was determined the facility Warden would immediately send out a training memorandum to remind staff if they were first responders to an incident of sexual abuse they are to request the victim to not take any action that may destroy physical evidence such as washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. While the Auditor was on site, the facility provided the Auditor with a copy of the training memorandum and documentation confirming the memorandum had been sent via email to all facility staff. [In addition, the Auditor viewed several read receipts, indicating staff are reading the memorandum.](#)

(c)(d): Policy 14-2-DHS states, “If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services.” The Auditor reviewed CoreCivic policy 14-2-DHS and confirmed it does not include the standard’s requirement, if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise. An interview with the facility HSA indicated that if a detainee was transferred between ICE facilities, she would inform the receiving facility of the incident and the victim’s potential need for medical or social services and if the victim is transferred to a facility not covered by 6 CFR part 115, she would obtain the detainee’s consent before providing the information to the receiving facility.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. A review of the facility’s coordinated response plan confirms the plan does not include the standard’s requirement, if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise. To become compliant, the facility must revise policy 14-2-DHS to include (c) if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and (d) if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise. In addition, if applicable, the facility shall provide the Auditor with any detainee files, where the detainee is transferred due to an incident of sexual abuse to confirm the facility’s compliance with this standard.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic policy 14-2-DHS states, “Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” CoreCivic policy 14-2-DHS further states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Interviews with the facility Warden and Asst. Warden/PSA Compliance Officer indicated staff and contractors are removed from contact with detainees until an allegation of sexual abuse investigation has been concluded. An interview with a HR staff member confirmed if a staff member is suspected of abusing, or sexually abusing a detainee, they would immediately be placed on administrative leave and subject to termination if the investigation was substantiated. An interview with a HR staff member further confirmed if a contractor was suspected of abusing or sexually abusing a detainee, they would be immediately escorted off the facility grounds, until the conclusion of the investigation and if substantiated, the contractor’s contract would be terminated. In an interview with the facility Asst. Warden/PSA Compliance Manager it was confirmed the facility did not utilize the services of volunteers during the audit period. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the investigations involved staff or staff contractors.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 states, “ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” CoreCivic policy 14-2-DHS states, “Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. For at least ninety (90) days following a report of sexual abuse, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews, or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need. The PSA Compliance Manager shall ensure that thirty/sixty/ninety (30/60/90) day retaliation monitoring is conducted by the designated staff, following a report of sexual abuse, to protect against potential retaliation against detainees or employees. This shall include periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D DHS PREA Retaliation Monitoring Report (30/60/90) form.” The Auditor reviewed the “PREA Retaliation Monitoring Report (30/60/90)” and confirmed staff monitoring retaliation are required to monitor detainee disciplinary reports, housing, and program changes. In addition, the review of the “PREA Retaliation Monitoring Report (30/60/90)” confirmed monitoring of staff will include the review of any reassignments or negative performance reviews. In an interview with the Asst. Warden/PSA Compliance Manager, it was indicated he is responsible for retaliation monitoring of detainee victims of sexual abuse and HR staff is responsible to monitor staff. An interview with the Asst. Warden/PSA Compliance Manager further indicated the review would consist of meeting with the detainee, reviewing disciplinary reports, detainee housing, and any programming changes that have occurred. An interview with a HR staff member indicated, staff would be monitored every 30 days for up to 90 days or longer if needed. An interview with the HR staff member further indicated she would meet with the staff person and would review any negative reviews or reassignments that may have occurred as a result of reporting an allegation of sexual abuse or cooperating in a sexual abuse allegation investigation. In addition, an interview with a HR staff member indicated there has not been a staff member who required retaliation monitoring during the audit period. An interview with the facility Warden, indicated if he became aware of a detainee or a staff member being subjected to retaliation due to reporting an allegation of sexual abuse or cooperating in a sexual abuse allegation investigation, he would ensure an investigation was completed, and the staff or detainee, responsible for the retaliation would be disciplined. The Auditor reviewed three investigative files and confirmed each file contained a 14-2 DHS PREA Retaliation Monitoring Report that confirmed the detainee victim had been monitored from the time of the incident until the detainee was released from the facility.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic policy 14-2-DHS states, “The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse.” CoreCivic policy 14-2 DHS further states, “Facilities shall notify the appropriate ICE Field Office Director no later than

seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault.” During an interview with the facility Warden, it was indicated if a detainee reported an incident of sexual abuse, he would immediately notify the FOD, and the detainee would be placed in the least restrictive housing, subject to all the review requirements of standard 115.43. In an interview with the facility Warden it was further indicated the facility has the ability to separate a detainee victim of sexual abuse from the alleged perpetrator without the use of protective custody; and therefore, administrative protective custody would only be used as a last resort, or at the request of the detainee, until alternative arrangements could be made; however, should placement in protective custody be necessary it would not exceed five days. An interview with the CS indicated if a detainee who reported sexual abuse was placed in protective custody, a reassessment would be conducted, prior to being returned to general population. Through observations made during the on-site audit, the Auditor confirmed there were no detainee victims of sexual abuse housed in protective custody. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the detainee victims had not been placed into protective custody due to being a victim of sexual abuse.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): CoreCivic policy 14-2-DHS states, “The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of sexual abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators.” CoreCivic policy 14-2-DHS further states, “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.” An interview with the Asst. Warden/PSA Compliance Manager/Investigator indicated all allegations of sexual abuse are immediately reported to the Joint Intake Center, the ICE Office of Professional Responsibility, the ICE Field Office Director/designee, and if the allegation involved criminal behavior the facility would notify the county dispatch and either the EPD or the TCSO would respond to the facility. The Asst. Warden/PSA Compliance Manager/Investigator further indicated he would remain in constant contact with the investigating agency and would begin an administrative investigation as soon as the investigating agency indicates he could proceed. In addition, the Asst. Warden/PSA Compliance Manager/Investigator indicated that an administrative investigation will be prompt, thorough and objective and would be completed regardless of the victim or the abuser (staff or detainee) left the facility. The Auditor reviewed and confirmed each investigator is qualified and has completed specialized training in sexual abuse and effective cross-agency coordination. The Auditor reviewed three sexual abuse allegation investigation files and confirmed all investigations had been completed promptly, thoroughly, objectively, and after the detainee victim and perpetrator had been released from the facility.

(c): CoreCivic policy 14-2-DHS states, “Administrative investigations will include: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each

investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; and Retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years.” CoreCivic policy 14-2-DHS further states, “Discussions with ICE and local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation.” An interview with Asst. Warden/PSA Compliance Manager/Investigator indicated all elements of subsection (c) are followed. The Auditor reviewed three sexual abuse allegation investigation files and confirmed each file contained an investigative report that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse, and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” CoreCivic policy 14-2 DHS states, “When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are Substantiated.” An interview with the Asst. Warden/PSA Compliance Manager/Investigator indicated the facility will not impose a standard higher than a preponderance of evidence when determining whether allegations of sexual abuse are substantiated. The Auditor reviewed three sexual abuse allegation investigation files and confirmed the outcomes of the investigations were not based on a standard higher than a preponderance of evidence.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

CoreCivic policy 14-2-DHS states, “Following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee 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 in order to inform the detainee. All detainee notifications or attempted notifications shall be documented on the 14-2E Detainee Allegation Status Notification. The detainee shall sign the 14-2E Detainee Allegation Status Notification verifying that such notification has been received. The signed 14-2E Detainee Allegation Status Notification shall be filed in the detainee's file.” An interview with the Asst. Warden/PSA Compliance Manager/Investigator, indicated that notification is made to each victim of an alleged sexual abuse and of any responsive action that is taken on the case. The Auditor reviewed three investigative files and confirmed each file contained a “14-2E Detainee Allegation Status Notification;” however, all three detainee victims had been released from the facility prior to the conclusion of the investigation. In addition, the Auditor submitted a completed Notification to Detainee of PREA Investigation Results form to the TL for follow-up and received the same results as noted in the three sexual abuse allegation investigation files.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): CoreCivic policy 14-2-DHS states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic’s sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic 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 to any relevant licensing bodies, to the extent known. The facility shall also report all such incidents of Substantiated abuse, removals, or resignations in lieu of removal to the ICE Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known.” Interviews with the facility Warden and a HR staff member indicated if there was an allegation of sexual abuse alleged against a staff member, the staff member would be removed, placed on administrative leave, and would not have detainee contact until an investigation is concluded. Interviews with the facility Warden and a HR staff member further indicated all terminations and resignations in lieu of termination would be reported to law enforcement and any licensing bodies. Interviews with six security line staff confirmed they were aware termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse, or should they violate any of the Agency’s or facility’s sexual abuse rules and policies. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the files included an allegation of sexual abuse that involved a staff member. Interviews with the facility Warden and the SDDO confirmed CoreCivic policy 14-2-DHS has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): CoreCivic policy 14-2-DHS states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of Substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall report such incidents to the ICE Field Office Director/designee regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known.” Interviews with the facility Warden and a HR staff member indicated a contractor who is suspected of engaging in sexual abuse is prohibited from contact with detainees and would be removed from the facility pending an investigation into the allegation of sexual abuse. Interviews with the facility Warden and a HR staff member further indicated if the allegation is substantiated, the incident would be reported to the contractor’s employer, law enforcement, and any licensing bodies. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the allegations of sexual abuse involved a contractor. In an interview with the Asst. Warden/PSA Compliance Manager, it was confirmed the facility did not utilize the services of volunteers during the audit period.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f): CoreCivic policy 14-2-DHS states, “Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse or assault. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Because the burden of proof is substantially easier to prove in a detainee’s disciplinary case than in a criminal prosecution, a detainee may be institutionally disciplined even though law enforcement officials decline to prosecute. A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. Detainees who deliberately allege false claims of sexual abuse can be disciplined. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Facility Administrator or designee may contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.” Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager indicated the facility has a disciplinary process in place and all sanctions are commensurate with the severity of the act committed. Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager further indicated the facility disciplinary process has progressive levels of reviews and appeals and considers whether a detainee’s mental disabilities or mental illness contributed to his behavior. In addition, interviews with the facility Warden and Asst. Warden/PSA Compliance Manager indicated a detainee would not be disciplined for sexual contact with a staff member unless there is a finding that the staff member did not consent to the contact and the facility would not discipline a detainee for falsely reporting an incident or lying if he made a report of sexual abuse in good faith based on a reasonable belief that the alleged conduct had occurred. The Auditor reviewed three sexual abuse allegation investigation files and confirmed there had been one substantiated detainee-on-detainee allegation of sexual abuse; however, the detainee perpetrator had been released from the facility prior to the investigation being completed.

Corrective Action:

No corrective action needed.

§115.81 - Medical and mental health screening; history of sexual abuse**Outcome:** Meets Standard**Notes:**

(a)(b)(c): CoreCivic policy 14-2-DHS states, “If screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral.” An interview with the Intake Supervisor indicated that if during the initial risk assessment, a detainee disclosed prior victimization, the detainee would be referred to medical and mental health for an evaluation. Interviews with the HSA and a mental health clinician indicated when a referral is received for a medical assessment, the detainee shall receive a health evaluation no later than two working days from the date of assessment and if a referral is received for a mental health evaluation the detainee would receive a mental health

evaluation no later than 72 hours after the referral is received. The Auditor reviewed 20 detainee files and confirmed none of the 20 detainees had reported previous sexual abuse; however, the Auditor reviewed 2 mental health files and confirmed 2 detainees who had reported previous sexual abuse were immediately referred to mental health and were seen by mental health staff the same day as the referral. The facility did not report any detainees who identified pursuant to 115.41 during the audit period who perpetrated sexual abuse.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): CoreCivic policy 14-2-DHS states, “Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.” An interview with the HSA indicated, if needed, a detainee victim of sexual abuse would be immediately transported to Kaseman Hospital or the UNM, both located in Albuquerque, New Mexico for emergency medical treatment. An interview with the HSA further indicated a detainee victim of sexual abuse would have unimpeded access to emergency medical treatment and crisis intervention services, free of charge, to include emergency contraceptives and sexually transmitted infections prophylaxis, according to professionally accepted standards of care. In addition, an interview with the HSA indicated a detainee victim of sexual abuse does not need to name the abuser or cooperate with an investigation to receive the required care. An interview with a victim advocate from RCCCNM confirmed a detainee victim of sexual abuse, if needed, would be transported to Kaseman Hospital or the UNM, both located in Albuquerque, New Mexico for emergency medical treatment and once stabilized, the detainee victim would be taken to AFC for a SANE forensic exam accompanied by a victim advocate from RCCCNM to provide crisis intervention and emotional support. The victim advocate from RCCCNM further confirmed all detainee victims would be offered tests for sexually transmitted infections at no cost to the detainee regardless of the detainee naming his abuser or cooperating with an investigation. The Auditor reviewed three investigative files and confirmed all detainees who reported an allegation of sexual abuse were immediately taken to medical and seen by medical staff at the time the allegations were reported. A review of one of the sexual abuse allegation files confirmed the detainee victim required a SANE forensic exam, and the detainee was provided a victim advocate during the examination. A review of the two remaining sexual abuse allegation investigation files confirmed each detainee had been given the RCCCNM flyer at the time the allegation was reported. In an interview with the PSA Compliance Manager, it was confirmed the facility does not house females.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): Core Civic policy 14-2 DHS states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide victims with medical and mental health services consistent with the community level of care. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of

sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate.” CoreCivic policy 14-2-DHS further states, “All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care.” An interview with the HSA indicated a detainee victim of sexual abuse will be offered a medical and mental health evaluation and if needed, the evaluation and treatment would include follow-up services, treatment plans, and referrals for continued care. The Auditor reviewed three investigative files and confirmed one detainee-on-detainee allegation required the victim to be transported to AFC for a SANE forensic exam. In an interview with a victim advocate from RCCCNM it was confirmed the victim had been assigned a victim advocate who offered emotional support through the exam and interviews; however, when RCCCNM attempted to conduct follow-up services with the detainee through Zoom the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive any follow-up services provided by RCCCNM.

(g): CoreCivic Policy 14-2 DHS states, “The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” An interview with the mental health provider indicated that all known abusers would be offered services within 60 days of learning of the abusive behavior. The Auditor reviewed one substantiated allegation of sexual abuse and confirmed the detainee perpetrator had been released from the facility prior to being offered services.

Corrective Action:

The facility does not meet subsection (b) of the standard. The Auditor reviewed three investigative files and confirmed one detainee-on-detainee allegation required the victim to be transported to AFC for a SANE forensic exam. In an interview with a victim advocate from RCCCNM it was confirmed the victim had been assigned a victim advocate who offered emotional support through the exam and interviews; however, when RCCCNM attempted to conduct follow-up services with the detainee through Zoom the RCCCNM could not establish effective communication with the detainee due to a lack of interpretation services provided by the facility; and therefore, the detainee victim was unable to receive any follow-up services provided by RCCCNM. To become compliant, the facility must implement a procedure to ensure reasonable communication with RCCCNM, or another community resource, to provide access to outside victim advocates for follow-up services related to sexual abuse in the event the detainee is LEP or has another disability that may prevent communication with a community resource. Once implemented the facility must provide documentation that confirms all applicable staff, to include medical and mental health, have been trained on the implemented procedure. In addition, if applicable, the facility must provide any sexual abuse allegation investigation files, and the corresponding medical and mental health records, that include a detainee victim requesting follow-up services with RCCCNM, or another community resource, during the CAP period.

§115.86 - Sexual abuse incident review

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): CoreCivic Policy 14-2-DHS 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. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused

by other group dynamics at the facility; and Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of all sexual [sic] abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office.” Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager indicated the facility would conduct a sexual abuse incident review at the conclusion of every administrative investigation regardless of the outcome the investigation. Interviews with the facility Warden and Asst. Warden/PSA Compliance Manager further indicated the review team consists of upper-level management officials, medical and mental health practitioners, investigators and security line staff supervisors and the facility would complete an incident review report utilizing the “ICE Sexual Abuse or Assault Incident Review Form” considering if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. An interview with the Asst. Warden/PSA Compliance Manager indicated the review team will review the incident within 30 days of the conclusion of the investigation and will make recommendations for a change in policy or practice that could assist with preventing, detecting, or responding to a sexual abuse and the recommendations and the reasons for not complying with the recommendations are documented on the incident review form. The Auditor reviewed three sexual abuse allegation investigation files and confirmed a sexual abuse incident review had been completed within 30 days of the conclusion of the investigation. The Auditor reviewed the facility 2022 Annual review and confirmed the report had been forwarded by email to the CoreCivic PREA Coordinator, the SDDO, the facility Warden, the PSA Compliance Manager, the FOD and the SDDO; however, the email did not confirm the 2022 Annual Review had been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility 2022 Annual Report and confirmed the report had been forwarded by email to the CoreCivic PREA Coordinator, the SDDO, the facility Warden, the Asst. Warden/PSA Compliance Manager, the FOD and the SDDO; however, the email did not confirm the 2022 Annual review had been forwarded to the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant, the facility must provide the Auditor with documentation to confirm the 2022 Annual Report has been submitted to the Agency PREA Coordinator.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

CoreCivic policy 14-2-DHS states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. The Facility Administrator shall maintain files, chronologically and in a secure location, regarding incidents of sexual abuse and assault, which include the following minimum information: The victim(s) and assailant(s) of a sexual assault; The date, time, location, and nature of the incident; The demographic background of the victim and the perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming); Detailed reporting timeline, including the names of the individual who reported the incident and received the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command; Any

injuries sustained by the victim; All formal and/or informal action taken, including all post-report follow-up response taken by the facility (e.g. housing placement/custody classification, medical examination, mental health counseling, etc.); All reports; Medical forms or other relevant medical information; Supporting memos and videotapes, if any; Any sanctions imposed on the perpetrator; and Any other evidentiary materials pertaining to the allegation.” An interview with the Asst. Warden/PSA Compliance Manager and Auditor observations confirmed the files are maintained in a locked file cabinet located in the Asst. Warden/PSA Compliance Manager’s Office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available policies, memos, and other documentation required to make an assessment on PREA compliance. Interviews with detainees were conducted on-site, in private, and have remained confidential. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainee, outside entity, or staff correspondence was received prior to, during, or following the on-site audit.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck

10/27/2023

Auditor's Signature & Date

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

10/27/2023

Program Manager's Signature & Date

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

10/27/2023

Assistant Program Manager's Signature & Date