

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	3/15/2022	To:	3/17/2022
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AUDITOR INFORMATION

Name of auditor:	Cicily Harrington	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-285-(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 number:	772-579-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	Mary De Anda Ybarra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	David L. Moss Criminal Justice Center
Physical address:	300 N. Denver Ave., Tulsa, OK 74103
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	918-596-8900
Facility type:	IGSA
PREA Incorporation Date:	5/9/2017

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Chief Deputy
Email address:	(b) (6), (b) (7)(C)	Telephone number:	918-596-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Accreditation Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	918-596-(b) (6), (b) (7)(C)

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Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

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 David L. Moss Criminal Justice Center (DLMCJC), also known as the Tulsa County Sheriff's Office Jail (TCSO), was conducted on March 16 – March 17, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Cicily Harrington, 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 Customs 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 Program Manager'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. TCSO is a county government facility governed by the Tulsa County Sheriff's Office and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation and is in Tulsa, Oklahoma. The top three nationalities held at TCSO are from Mexico, Guatemala, and Honduras. The facility does not house juvenile or family detainees.

This was the second DHS ICE audit for TCSO and included a review of the audit period from May 17, 2019, through March 17, 2022. As there were zero allegations of sexual abuse reported at TCSO for the prior 12-months period, the audit period was extended to capture closed investigations that occurred since the facility's last audit. Prior to the audit, the ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and within folders for ease of auditing. The main policy that provides facility direction for PREA is 301.06 Prison Rape Elimination Act.

The Auditor reviewed all documentation, policies, and the PAQ and developed a tentative daily schedule for staff and detainee interviews. The Auditor also reviewed the facility's website, www.tcsso.org.

Due to unforeseen travel delays and cancellations, the entrance briefing was held on March 16, 2022, in the TCSO administrative conference room. The entry briefing was monitored by the Team Lead, (b) (6), (b) (7)(C) via teleconference. In attendance were:

- (b) (6), (b) (7)(C) Chief Deputy, TCSO
- (b) (6), (b) (7)(C) Accreditation Manager/PSA Compliance Manager, TCSO
- (b) (6), (b) (7)(C) Risk Manager, TCSO
- (b) (6), (b) (7)(C) Health Services Administrator (HSA), Turn Key Health Clinics
- (b) (6), (b) (7)(C) Healthcare Contract Monitor, TCSO
- (b) (6), (b) (7)(C) Policy, Procedure, and Compliance, TCSO
- (b) (6), (b) (7)(C) Life Safety Officer, TCSO
- (b) (6), (b) (7)(C) Sergeant, TCSO
- (b) (6), (b) (7)(C) Records Manager, TCSO
- (b) (6), (b) (7)(C) Contracts, TCSO
- (b) (6), (b) (7)(C) ICE/OPR/ERAU Inspections and Compliance Specialist (ICS)
- (b) (6), (b) (7)(C) ICE Acting Assistant Field Office Director (AFOD)
- Cicily Harrington, Certified PREA Auditor, Creative Corrections, LLC

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 knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews. Immediately after the entrance briefing, the Auditor conducted an onsite tour of the facility, which has a design capacity of 1,970. The facility is comprised of one building that contains multiple housing units with two intake pods designated for detainees who are housed separately from both county and U.S. Marshals inmates. The facility houses adult female and male detainees with low, medium, and high security levels. The facility is contracted with ICE to hold detainees for less than 72 hours. The contract is for less than 10 detainees at any one time. In addition to housing ICE adult detainees, the facility also houses federal, state, and municipal inmates. Total facility population upon PAQ submission was 1,314 with a total of 53 ICE detainees admitted into the facility within the past 12 months. According to the PAQ, the average daily detainee population from the preceding year was less than one and the average stay was two days. On the first day of the audit there was only one ICE detainee housed at the facility. The Auditor observed the two intake pods and medical unit where the detainees are housed. These are the only two areas that detainees are allowed.

The Auditor interviewed a total of 23 staff, 3 volunteers, and 6 contractors. Specialized staff interviewed included the Acting AFOD, PSA Compliance Manager who also served as the Chief Deputy's designee during the onsite audit, Risk Manager, Human Resources (HR) Manager, Intake Sergeant, Maintenance Supervisor, Training Supervisor, Disciplinary Officer, and a Sergeant from the Jail Criminal Investigations Unit (JCIU). In addition to the specialized staff, the Auditor interviewed 14 random staff which included 8 Detention Officers (D.O.s), 4 Deputies, a Corporal, and a Sergeant. Contract staff interviewed included the HSA, Mental Health Therapist, Summit Supervisor/Program Manager, a second Summit Supervisor, and two random Summit employees. The Auditor further interviewed one male detainee whose preferred language was English. During the onsite audit, the Auditor spoke with staff, contractors, and the ICE detainee regarding the facility's processes and compliance with PREA. The Auditor observed PREA audit notices, the ICE DHS-prescribed Sexual Assault Awareness pamphlets and the facility Zero Tolerance signage posted throughout the facility.

(b) (7)(E)

Some cameras have sound recording, pan, tilt, and zoom capabilities. The cameras are monitored 24 hours a day, seven days a week by D.O.s in the Master Control Center. The initial surveillance camera system was installed in 1999 and subsequent upgrades were made to the system in 2011 and 2021.

There was one sexual abuse allegation reported during the audit period which involved an inmate-on-detainee. The case was closed after being determined to be unsubstantiated by the facility investigator. The case was referred to ICE ERO.

On March 17, 2022, the exit briefing was held in the TCSO administrative conference room. The exit briefing included the following attendees:

- (b) (6), (b) (7)(C) Chief Deputy, TCSO
- (b) (6), (b) (7)(C) Risk Manager/PSA Compliance Manager, TCSO
- (b) (6), (b) (7)(C) Risk Manager, TCSO
- (b) (6), (b) (7)(C) Healthcare Contract Monitor, TCSO
- (b) (6), (b) (7)(C) Policy, Procedure, and Compliance, TCSO
- (b) (6), (b) (7)(C) Life Safety Officer, TCSO
- (b) (6), (b) (7)(C) Records Manager, TCSO
- (b) (6), (b) (7)(C) Contracts, TCSO
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU Section Chief
- (b) (6), (b) (7)(C) ICE Acting AFOD
- Cicily Harrington, Certified PREA Auditor, Creative Corrections, LLC

The ERAU Section Chief, via telephone, began the exit briefing by thanking the facility for their patience of having to pivot their schedules due to the Auditor's unforeseen travel circumstances. Following a brief overview of the audit the meeting was turned over to the Auditor. The Auditor also thanked the facility for their flexible schedules and their cooperation with the audit. The Auditor advised that she would not be able to provide the facility with a definitive audit result until a full review of all documentation, site review, interviews with staff, volunteers, contractors, and the detainee was complete. The Auditor also advised that more information may be requested from the facility following the onsite audit. The Auditor turned the meeting back over to the ERAU Section Chief who explained the next steps of the audit process. It should be noted that following the onsite audit, due to unforeseen circumstances, the final Auditor report was completed by the PM and APM.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 26

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

§115.15 Limits to cross-gender viewing and searches

§115.17 Hiring and promotion decisions

§115.18 Upgrades to facilities and technologies

§115.21 Evidence protocols and forensic medical examinations

§115.31 Staff 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

§115.54 Third-party reporting

§115.61 Staff 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

§115.77 Corrective action for contractors and volunteers

§115.78 Disciplinary sanctions for detainees

§115.81 Medical and mental health assessments; history of sexual abuse

§115.87 Data collection

§115.201 Scope of audits

Number of Standards Not Met: 14

§115.13 Detainee supervision and monitoring

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

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

§115.32 Other training

§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

§115.73 Reporting to detainees

§115.76 Disciplinary sanctions for staff

§115.82 Access to emergency medical and mental health services

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

§115.86 Sexual abuse incident reviews

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

Notes:

(c)(d): The Auditor has determined TCSO's compliance with subparts (c) and (d) of this standard through review of the facility's zero-tolerance Policy 301.06 that demonstrates the facility's efforts to eliminate incidents of sexual abuse, sexual assault, and sexual misconduct involving detainee-on-detainee, inmate-on-detainee, and staff-on-detainee. Policy 301.06 states, "Tulsa County Sheriff's Office and all employees, contractors, volunteers, and inmates will adhere to a zero tolerance policy toward all forms of sexual abuse and sexual harassment of inmates...established through this policy our approach to preventing, detecting and responding to such conduct...Tulsa County Sheriff's Office will designate an upper-level, agencywide PREA coordinator, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities." The Auditor confirmed the acting AFOD's review and approval (dated 12/13/2019) of Policy 301.06 through email documentation provided by the facility and through an interview with the acting AFOD. The Auditor conducted an interview with the designated PSA Compliance Manager (also reflected as the facility's PREA coordinator) and was advised she serves as the point of contact for the agency's PSA Coordinator. The PSA Compliance Manager reported she has sufficient time and authority to oversee the facility's efforts to comply with TCSO's prevention and intervention policies and procedures on sexual abuse and sexual misconduct. The Auditor reviewed the facility's organizational chart which consisted of the PSA Compliance Manager reporting directly to the Assistant Deputy Chief, who directly reports to the Chief Deputy.

Recommendation (c): A review of facility policy 301.06 identified the term inmates is used throughout the policy, instead of detainees, and the Auditor is making a general recommendation to update the policy to reflect detainees as well.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The Auditor determined the facility's compliance with subparts (a) and (c) of this standard through review of Policy 301.06 which states, "The Jail Administrator or designee will develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies will take into consideration: 1) The physical layout of each facility; 2) The composition of the inmate population; 3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 4) Generally accepted detention and correctional practices; 5) Any judiciary findings of inadequacy; 6) Any findings from Federal investigative agencies; 7) Any findings of inadequacy from internal or external oversight bodies; 8) All components of the physical facilities layout including "blind spots" or isolation locations; 9) The number and placement of supervisory staff; 10) Programs, program locations, and shift hours; 11) Any applicable local, state, regulations, standards, or laws; 12) Any findings from PREA review committee meetings; and 13) Any other relevant factors." In accordance with the facility's comprehensive staffing analysis plan development process, the Oklahoma State Jail Inspection Standards, American Correctional Association Standards, PREA Standards, Sexual Abuse and Prevention Standards, and the National Detention Standards are all used to determine adequate staffing and supervision of detainees. A review of the facility PAQ indicated TCSO has a total of 190 security staff, consisting of 111 males and 79 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and Summit Food Service staff who do not have contact with detainees. In addition, there are 44 medical and 7 Mental Health contract personnel employed by Turn Key Health Services and 10 contract Food Service personnel employed by Summit Food Service. The Auditor observed staffing levels during the on-site audit and determined they were adequate. (b) (7)(E)

There were no cameras observed in the shower areas or medical examination rooms. (b) (7)(E)

Also, during the onsite audit review, there were six staff members (D.O.'s and sergeants) working in the intake area that allowed for adequate supervision of detainees in the intake/booking area. The video surveillance cameras are monitored by one or two assigned D.O.'s in Master Control, 24 hours a day, seven days a week. The PSA Compliance Manager confirmed that staffing entails priority posting assessed through National Annual Work Hours which determines appropriate coverage and that the staffing analysis is developed at the end of each year taking into consideration the previous history of sexual abuse and sexual harassment incidents as well as other supervision issues or concerns, comprehensive supervision guidelines, video monitoring technology, the National Institute of Corrections Standards, any judicial findings of inadequacy, findings and recommendations of sexual abuse incident reviews, and length of time ICE detainees are housed at the facility to determine adequate staffing and needed changes. The Auditor reviewed the staffing analysis and determined that it contained all elements required by subsection (c) of the standard; however, the submitted staffing analysis was for the year 2020 and not for the year 2021. In addition, the Auditor reviewed nine facility Post Orders

and confirmed only four were reviewed within the last year as required, and therefore, the Auditor could not confirm compliance with subsection (b) of the standard.

Does Not Meet (b): The Auditor reviewed the staffing analysis and determined that it contained all elements required by subsection (c) of the standard; however, the submitted staffing analysis was for year 2020 and not for year 2021, and therefore, did not meet the annual review requirement of subsection (b). In addition, the Auditor reviewed nine facility post orders and confirmed only four were reviewed within the last year. To become compliant, the facility must document that a staffing analysis was conducted in the year 2021. In addition, the facility must provide documentation that all post orders have been reviewed annually as required by subsection (b) of the standard.

(d) The Auditor determined compliance with subpart (d) of this standard through review of Policy 301.06 that states, "Housing Sergeants on each shift will conduct unannounced reviews to deter staff sexual abuse and mistreatment. Staff and employees will not announce the reviews unless such an announcement is related to legitimate operational functions...Unannounced reviews will be conducted on a random basis, on random pods, including the kitchen and laundry areas. Unannounced reviews will be documented in the Shift After Action Report (SAR). A copy will be sent to the PREA Coordinator at the end of each shift." The Auditor observed a total of nine security check logs for all three shifts on randomly selected days in randomly selected areas that confirmed a consistency of thirty-minute security checks conducted on an irregular basis. Also, the Auditor's interviews with 14 random staff who have contact with detainees confirmed that unannounced security checks are conducted every 30-minutes. The 14 random staff reported that their unannounced security checks are documented in the inmate/detainee management electronic system (IMACS).

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

TCSO does not accept juvenile or family detainees; and therefore, this standard is not applicable. This was confirmed in the PAQ, through interviews with the PSA Compliance Manager and D.O.'s, and the Auditor's personal observation while onsite.

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

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

Notes:

(b)(c)(d): The Auditor determined compliance with these subparts of the standard through review of Policy 308.01 (Booking Post Order) that states, "Cross-gender pat searches of ANY ICE Detainee (male or female), absent exigent circumstances, is prohibited. Any cross-gender pat searches of ICE Detainees due to exigent circumstances will be documented in the shift report and a copy sent to the ICE Supervisor. If a female inmate was searched by a male officer, the ICE Supervisor will forward a copy of the report to the PREA Coordinator." The Auditor observed a male D.O. conducting a pat search of a male detainee upon intake/booking. The Auditor's interviews with 14 random staff indicated that detainees are not pat searched by staff of the opposite gender. Also, all 14 random staff reported that male D.O.'s, or Deputy staff, are not allowed to pat search a female detainee unless there is an exigent circumstance. During the 10 detainee file reviews, the Auditor observed no documentation indicating that a cross-gender pat search had been conducted on a detainee during the audit period. In addition, a review of the pat search logs indicated that there was no cross-gender pat searches conducted on any detainees during the audit period.

(e)(f): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "TCSO employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches...except by court order or when performed by medical practitioners. TCSO will document all cross-gender strip searches and cross-gender visual body cavity searches." Policy 310.04 (Physical Searches) states, "A Deputy/detention officer and witnessing officer of the same gender as the inmate will escort the inmate to the dress in area and conduct the strip search...Strip searches must be performed by a deputy/detention officer of the same sex as the individual to be searched. The search must be witnessed by a deputy/detention officer of the same sex...Deputies/detention officers must ensure that the strip search is performed in a private, secure location so that the search may not be viewed by any person other than the specified witness...Tulsa County deputies/detention officers are prohibited from performing body cavity searches...When a body cavity search is court ordered, the search must be conducted by professional medical personnel at a licensed medical facility." The PSA Compliance Manager indicated in a memorandum that "there are no log or forms to complete for detainee strip searches as such procedure is not conducted on ICE detainees" and that "there has been no request for medical to conduct a body cavity search of a detainee during the audit period." Also, during the onsite review, the Auditor was advised by the Booking/Intake and Risk Management teams that ICE detainees are not strip searched. The Auditor's interviews of 14 random staff indicated that they do not conduct cross-gender strip searches or visual body cavity searches of detainees housed at TCSO.

(g): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO will ensure that inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Upon arrival of any person of the opposite gender, employees will announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothing." The Auditor interviewed 14 random staff who reported that detainees are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia. These random staff also reported that upon entering the housing pods with detainees of the opposite gender, they announce, "Female on Unit" or "Male on Unit." The Auditor interviewed the only detainee housed at TCSO during the on-

site tour review, and the detainee advised that he feels he has privacy while showering, changing clothing, and using the bathroom. Also, the detainee stated that staff of the opposite gender have never observed him performing such bodily functions while at TCSO. Upon entering the intake housing pods during the onsite audit review, the D.O. on the unit announced our presence to ensure detainee privacy.

(h): According to the PAQ, and the Auditor's interviews with 14 random staff, juvenile detainees are not housed at TCSO; and therefore, subsection (h) of the standard is not applicable.

(i): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO employees will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, 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. Inmates of unknown genital status will be reviewed by medical personnel for a determination." While conducting the onsite review, the Intake Sergeant, D.O.'s, and nurse in the intake/classification area confirmed that transgender or intersex detainees are not searched or physically examined to solely determine the detainee's genital status. They advised if the detainee's gender cannot be determined upon intake, medical staff would make the determination through a more in-depth, private interview with the detainee and review of medical and booking records. In addition, during the 14 random staff's interviews, all 14 staff stated they are prohibited from searching or examining a transgender or intersex detainee to solely determine the detainee's gender. The Auditor conducted an interview with the only detainee housed at TCSO while the Auditor was onsite, and the detainee did not identify as a transgender or intersex individual. According to the PAQ, there were zero transgender detainees housed at TCSO during the audit period.

(j): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO will train officers and staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The Auditor observed that the pat-down searches PowerPoint training, Pat Search and Inmate Contraband Procedure and Recognition, consists of proper cross-gender pat-down searches techniques and techniques on how to conduct pat-down searches of transgender and intersex detainees in a respectful and least intrusive manner. A training roster provided for the Auditor's review acknowledged through staff's signatures that 11 staff members received training on pat-search techniques. The Training Supervisor confirmed staff are trained on cross-gender pat-down searches and proper searches of transgender and intersex detainees to ensure the pat searches are conducted in a respectful and least intrusive manner. Also, the Auditor interviewed 14 random staff who all reported they have received cross-gender pat search training and training on how to pat search transgender and intersex detainees in a respectful and least intrusive manner. In addition, the Auditor conducted 10 employee file reviews and confirmed that D.O.'s and Deputies have been trained on cross-gender pat-down searches and searches of transgender and intersex detainees.

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

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "TCSO will ensure that reasonable step(s) are taken to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Officers will use Language Line Services for interpretation. The agency will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under staff first responder duties, or the investigation of the inmate's allegations." Fourteen random staff reported they would not use another detainee, the alleged abuser, or a detainee who has a significant relationship to the alleged abuser to interpret for a detainee involving a sexual abuse incident or in formal interviews. During the onsite audit, the Auditor observed English and Spanish versions of the ICE Detainee Handbook were readily available to distribute to detainees during the intake and classification process. In an interview with the Intake Sergeant, the Auditor was informed if a detainee, during the intake process, required an ICE National Detainee Handbook in a language other than English or Spanish, the facility would request one from the ICE Field Office who would provide one in a timely manner. In addition, the Auditor confirmed during the onsite tour that should a detainee require a language other than English or Spanish the kiosks on the intake housing pods where detainees are housed provide the ICE National Detainee Handbook in the 14 most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The Auditor observed ICE Zero-Tolerance posters, written in English and Spanish, indicating the PSA Compliance Manager's name on housing unit bulletin boards and in kiosks located in the intake housing pods, consulate information on housing pod bulletin boards, and in the binders on the officer's desk, and the DHS-prescribed Sexual Assault Awareness Information pamphlets posted in English and Spanish. The Intake Sergeant reported the DHS-prescribed Sexual Assault Awareness Information pamphlet was available in English and Spanish for distribution during intake and if a detainee required a language other than English or Spanish her staff would contact the PSA Compliance Manager to obtain the DHS-Prescribed Sexual Assault Awareness pamphlets in one of the other seven available languages, including Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. The Auditor tested the facility's language line and found that it is readily available for staff's use. The Auditor's interviews with 14 random staff indicated that PREA information is also available in the facility handbook (English and Spanish); however, the facility handbook is not available to detainees who speak a language other than English or Spanish. Interviews with staff indicated

that should a detainee need help understanding the information in the facility handbook they would be referred to the Law Library, Medical or Mental health staff for further assistance. The Auditor's random staff interviews also indicated that for detainees who are deaf or hard of hearing or blind or low visioned, the facility provides a Telecommunication Device for the Deaf (TTY), audio from the PREA Orientation video, and staff assistance from the Law Library and Medical staff. Also, informal interviews with random staff indicated that the facility plays the PREA Orientation video, in English and Spanish, in each detainee/inmate housing pod twice a day through the wall mounted televisions, however, they could not confirm that the detainees who spoke other than English or Spanish were able to get the video information in a manner they could understand. In addition, the interviews and or post onsite email follow-up with the facility could not confirm that the video contained a closed-captioned capability to deliver the information to those detainees who were deaf or were hard of hearing. The Auditor's interviews with 14 random staff indicated they use the facility's language line to communicate with LEP detainees when bi-lingual staff are not available to provide interpreter services when communicating information pertaining to sexual abuse and sexual harassment to detainees. In addition, random staff reported that the law library staff, and mental health staff are consulted to assist with relaying sexual abuse and sexual harassment prevention, intervention, and response to detainees with intellectual, psychiatric, or speech disabilities. Interviews with the law library staff and mental health staff confirmed this during the onsite audit review and some of the law library and mental health staff interviewed further stated that they have spoken slowly and read sexual abuse and sexual harassment information from readily available reading materials (handbooks/posters) to detainees who have intellectual, psychiatric, or speech disabilities to ensure detainees have an equal opportunity to participate in or benefit from the facility or agency's established sexual abuse prevention, detection, intervention, and response protocols. There was only one detainee present throughout the audit. He entered the facility on the first day of the audit allowing the Auditor to observe the detainee's intake and classification process. During this process, intake and medical staff asked if the detainee had any disabilities, including LEP, and the detainee reported none. Therefore, the intake and classification processes were conducted in English, and the detainee was provided a DHS-Prescribed Sexual Assault Awareness pamphlet in English as well. The detainee was offered a copy of the ICE National Detainee Handbook, and the facility handbook, but the detainee declined. The intake staff advised the detainee that the handbooks could be assessed on the kiosks in the housing pods. The Auditor also observed that the detainee signed acknowledging receipt of the facility and Agency's sexual abuse prevention and response information. The Auditor conducted 10 detainee file reviews and found that 7 detainees had a preferred language of English, and 3 detainees' preferred language was Spanish. The file review confirmed that the detainees received the facility handbook; however, the files reviewed could not confirm that any of the detainees received a copy of the ICE National Detainee Handbook. The Auditor confirmed that the ICE National Detainee Handbook is available to the detainees through the kiosks on their intake housing pods. There was no indication of detainees needing assistance due to any other disabilities or limited proficiencies. The review of the single investigative file confirmed that although the housing unit officer used another detainee to interpret the victim's allegation, the facility utilized a staff interpreter to interpret during the investigative process.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard which requires that the facility ensures that LEP detainees have meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility provides the detainee with an orientation video during orientation, and on the housing pods, which contains information regarding the facility's efforts to prevent, detect, and respond to sexual abuse, however, the video is only available in English and Spanish. Interviews with staff could not confirm that the PREA information available to detainee in the orientation video is accessible to LEP detainees in a manner that they could understand. To become compliant, the facility must develop a practice that would allow LEP detainees who do not speak English or Spanish access the PREA information provided by the facility on the orientation video. Once developed, all Intake staff must receive documented training on the new procedures and the facility must present the Auditor with 10 detainee files that are for detainees who speak languages other than English or Spanish to confirm that the detainees are getting the video information in a format they understand.

Recommendation (c): The Auditor recommends that the facility update policy 301.06 to include the verbiage, "In matters relating to allegations of sexual abuse, the Agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy to correspond with facility practice."

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f): The Federal Statue 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 which 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 6-7.0 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." The Auditor reviewed Policy 301.06 that states, "TCSO will not hire or promote anyone who may have

contact with inmates, and will not enlist the services of any contractor or volunteer, who may have contact with inmates, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) of this section...TCSO will also ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (A.12) of this section 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. TCSO will also impose upon employees a continuing affirmative duty to disclose any such misconduct...Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination...Unless prohibited by law, TCSO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The HR Manager reported during her interview that the above specific PREA questions pertaining to this standard requirement are included in the employment application and interview questions. She also reported that if the applicant answers "yes" to either question, the applicant is automatically disqualified from moving forward in the hiring and promotion process. In addition, the HR Manager advised that if the background investigation reveals that an applicant has engaged in such activity described above, there would be grounds for disqualification of hire or promotion. The HR Manager, during her interview, also confirmed that TCSO prohibits the hiring and promotions of anyone who may have contact with detainees and does not enlist the services of volunteers and contractors who have engaged in sexual abuse in prison, jail, holding facility, community confinement facility, juvenile facility, or other institution who has or attempted to engage in sexual abuse. The HR Manager indicated contractors or volunteers who have engaged in sexual abuse are prohibited from entering TCSO. The HR Manager further verified that lying or any omission on the job application is grounds for termination. During the interview, the HR Manager informed the Auditor that she would, within the allowance of law, provide information to a requesting facility regarding a previous TCSO employee whose investigation of sexual abuse was substantiated. The HR Manager further reported that the employment application packet requires an applicant's signature to acknowledge integrity and that any omissions in the job application may be grounds for withdrawal or termination. The Auditor reviewed TCSO's employment application via the facility website www.tcs.org and found that the following questions are asked: (a) Have you had an arrest for an alleged commission of a felony offense or a felony charge pending in this state or any other state or country, (b) Have you been subject to the provisions of a deferred sentence, deferred prosecution (in this state or another state or pursuant to federal authority) for the commission of a felony offense, and (c) Have you ever been convicted in a criminal proceeding or adjudicated liable for civil damages for sexual misconduct. Also, within the requested list of employee background requests, there was one employee who was promoted to sergeant and received a background check upon his promotion.

(c)(d): During a training session in November 2021, and the training documentation available on SharePoint, the Unit Chief of OPR Personnel Security Operations (PSO) explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. In addition, Policy 301.06 indicates that, "Before hiring new employees who may have contact with inmates, TCSO Human Resources will: (a) Perform a criminal background records check... TCSO will also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates." The HR Manager verified that background investigations are conducted on all job applicants prior to employment at TCSO and that background investigations are immediately sent to the ICE Field Office for additional investigation. The HR Manager reported that the facility's background investigation consists of a National Criminal Investigation Check (NCIC) and Interstate Identification Index (Triple I), along with a driver's license check. The PSA Compliance Manager and the HR Manager indicated that background investigations are conducted on contractors who may have contact with detainees prior to their assignment. According to the HR Manager, the facility's background check system provides ongoing alerts of staff who have been entered into the system for an arrest, fine, driver's license suspension, and any other violation of the law. The HR Manager verified that background checks are completed every five years and if an employee undergoes a promotional process, a background check would be conducted. The Auditor observed that the HR Manager keeps a record of all background checks in staff's file. The Auditor conducted 10 employee file reviews and confirmed that staff had received initial background checks upon hire and subsequent background checks were completed within five years. The Auditor reviewed five additional employee background checks indicating the employees had undergone an initial background check prior to their employment at TCSO and a subsequent five-year background check. The Auditor reviewed five volunteers and nine contractors' initial background checks which did not reflect they had engaged in any sexual activity with a detainee or commit any acts pertaining to sexual misconduct. Documentation verified that these volunteers and contractors had received a subsequent background check within five years of their initial background check. The Auditor was informed through the ERAU Team Lead's email correspondence that there are no ICE staff permanently assigned to the facility.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a): A review of the PAQ, and an interview with the Maintenance Supervisor, confirmed there were no upgrades or extensions to the facility since the facility's last audit, therefore, subsection (a) of the standard is not applicable.

(b): Policy 301.6 states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, TCSO will consider how such technology may enhance the agency's ability to protect inmates from sexual abuse." The initial surveillance camera system was installed in 1999 and was recently updated in 2021. During the onsite audit review, the Risk

Manager advised that the video surveillance system was upgraded to enhance the facility's ability to reduce instances of sexual abuse.

(b) (7)(E)

The PSA Compliance Manager confirmed during her interview that the facility took into consideration how the video surveillance system upgrades would enhance their ability to protect detainees from sexual abuse.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a): The facility's Policy 301.06 states, "To the extent TCSO is responsible for investigating allegations of sexual abuse; TCSO will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol will be developmentally appropriate for youth where applicable, and as appropriate, will be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." Policy 301.06 which contains the uniform evidence protocol further states, "Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator...When the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution...The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. No investigator will require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation...Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible... Substantiated allegations of conduct that appears to be criminal will be referred for prosecution... TCSO will retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the TCSO, plus five years." The PSA Compliance Manager and HSA confirmed TCSO's uniform evidence collection protocol. A review of the protocol, in conjunction with staff interviews confirmed that the protocol was developed in coordination with DHS. There are no juveniles housed at TCSO. The Auditor determined compliance with this subpart of the standard based on review of the agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, 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 Enforcement and Removal Operations, 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 the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted."

(b)(c)(d): The Auditor determined compliance with this subpart of the standard based on review of Policy 301.06 that states, "TCSO will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, TCSO will make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. TCSO will document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if 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 nongovernmental entity that provides similar victim services." Policy 301.06 further states, "TCSO will offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. TCSO will document its efforts to provide exams" and "as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals." TCSO's memorandum of understanding (MOU) with Domestic Violence Intervention Services (DVIS), entered on 12/11/20 with no sunset date, allows DVIS to provide advocacy and confidential support services to detainee sexual assault victims while at the hospital and during a forensic examination. A review of the MOU allows the advocate to continue to support the detainee upon return to the facility; however, it does not include specific verbiage that indicates a DVIS advocate would be allowed to support the detainee during the investigative process. During the onsite review, the Auditor contacted DVIS to test the system. The DVIS representative verified that the MOU between them and the facility allows DVIS to provide confidential support and advocacy services to detainee sexual assault victims while at the hospital and upon their return to the facility. The Risk Management team (Life safety officer; Policy, Procedure and Compliance Officers), and PSA Compliance Manager, reported that DVIS provides emotional support services to TCSO's detainee victims of sexual abuse. In addition, the PSA Compliance Manager, Risk Manager, HSA, and three nurses advised that the Risk Manager and Risk Management team will contact DVIS to refer detainee victims of sexual abuse for emotional support services. The Auditor observed DVIS service and contact information painted on the walls near the phones, on flyers, and on kiosks in the housing pods. The PSA Compliance Manager reported through a written memorandum that "SANE is an extension of Hillcrest Hospital and as the Tulsa County Sheriff's Office, a law enforcement agency operates the facility, an MOU for SANE Examinations is not required. As law enforcement, the

Sheriff's Office can take any victim, from the facility or from the community to the hospital for a SANE Examination." The HSA, and three nurses, confirmed forensic sexual assault examinations are not conducted at the facility; therefore, detainees are transported to Hillcrest Hospital where SANEs or SAFEs are available to conduct sexual assault examinations. The Auditor's interviews with the three nurses also confirmed that a forensic exam would only be conducted upon the detainee's consent. In addition, the Auditor was informed that upon return to the facility, the detainee would be seen by medical and mental health staff. The Auditor made several attempts to contact a SANE at Hillcrest Hospital while onsite and left a message. However, the Auditor did not receive a returned call.

Recommendation (c): The Auditor recommends that policy 301.06 be updated to include the verbiage that forensic exams will be conducted only with the detainee's consent.

(e): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "To the extent TCSO itself is not responsible for investigating allegations of sexual abuse; the agency will request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section." The Auditor verified on site that the verbiage from policy 301.06 "of paragraphs (a) through (e) of this section" refers to the standard. The PSA Compliance Manager and the JCIU Sergeant confirmed during their interviews that TCSO's JCIU investigates all TCSO's criminal investigations of sexual abuse and TCSO's Internal Affairs investigates all administrative allegations of sexual abuse or sexual harassment. Also, the Auditor was provided with, and reviewed a memorandum, written by the PSA Compliance Manager confirming that since the detention facility is managed by the Tulsa County Sheriff's Office, the facility does not rely on outside law enforcement agencies to conduct the facility's criminal investigations into sexual abuse.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Auditor determined compliance with the subparts of the standard based on review of Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, 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 [REDACTED], 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)." In addition, Policy 301.06 states, "TCSO will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment...When the TCSO conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. TCSO will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a shift Deputy, the PREA Coordinator or Jail Investigations" and "if a Detainee is a victim, suspect, or witness to any possible PREA event the housing supervisor will: a. Notify the on-site TCSO ICE supervisor; b. Notify the ICE/ERO; and c. Document the notification via email." Policy 301.06 further states, "The Deputy, PREA Coordinator, or Jail Investigations will ensure that there is a complete tracking system from the initial request through the final disposition. The PREA Coordinator will retain statistical data to include: (1) Number of allegations of sexual abuse and sexual harassment received; (2) Number of allegations resulting in an administrative investigation; (3) Number of allegations referred for criminal investigation; (4) Number of investigations completed. TCSO will publish such policy on its website." Policy 108.01 (Records Administration) states, "In accordance with state statutes, the Sheriff's Office will, beginning November 1, 1999, maintain all records that are subject to inspection under the Open Records Act, either in original form or through microfilm or similar medium, for a minimum of seven years. If the Sheriff's Office is the sole source of those records, they will be maintained indefinitely, either in original form or converted to a retrievable medium, such as microfilm, computer disk, compact disk, etc." A memorandum from the PSA Compliance Manager indicated that since the detention facility is managed by the Tulsa County Sheriff's Office, the facility does not rely on outside law enforcement agencies to conduct the facility's criminal investigations into sexual abuse.

The PSA Compliance Manager confirmed that TCSO would provide the ICE Field Office with all collected information pertaining to the sexual abuse allegation to assist with the agency's investigation. The PSA Compliance Manager further confirmed that the TCSO, along with the JCIU, immediately calls the acting AFOD and sends an email to the assigned ICE Field Office informing of a sexual abuse allegation. The PSA Compliance Manager also indicated that all criminal allegations into sexual abuse are investigated by JCIU, and that Internal Affairs conducts administrative investigations of sexual abuse, sexual harassment, or sexual misconduct. There was one sexual abuse allegation reported during the audit period. The case was referred to ICE ERO which was subsequently closed with a determination of unsubstantiated. The Auditor found the investigative file to be well organized, allowing for ease of auditing. The case was determined not to be criminal in nature; and therefore, was not referred to the JCIU. The PSA Compliance Manager indicated that TCSO posts its protocols on the facility's website at www.tcsso.org. The Auditor reviewed TCSO's website which included the facility's protocol to ensure each allegation of sexual abuse is investigated by the agency or facility and the facility's reporting procedures. The Auditor also reviewed the ICE website, <https://www.ice.gov/prea>, which included the required Agency protocol.

Does Not Meet (d): Although the facility has a protocol to contact the ICE supervisor and the ICE/ERO, the Auditor has been unable to determine compliance with subpart (d) of this standard which requires that the protocol contain the verbiage of subsections (e) and

(f). Subsection (e) of the standard states, "a detainee, prisoner, inmate, or resident 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, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." In addition, subsection (f) of the standard states, "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 the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." To become compliant, the facility must consult with DHS to revise policy 301.06 to reflect the above standard requirement. In addition, the facility must provide the Auditor with a copy of the revised policy, train staff on the revision, and provide training documents to confirm staff have been trained on the updated policy.

§115.31 - Staff training.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that indicates, "All employees who may have contact with detainees and facility staff have been trained to fulfill their responsibilities under this standard, including training on: (1) The agency and facility's zero-tolerance policies for all forms of sexual abuse; (2) The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; (3) Definitions and examples of prohibited and illegal sexual behavior; (4) Recognition of situations where sexual abuse may occur (5) Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; (6) How to avoid inappropriate relationships with detainees; (7) How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; (8) Procedures for reporting knowledge or suspicion of sexual abuse; and (9) The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." Policy 301.06 further states that "All current employees who have not received such training will be trained within one year of the effective date of the PREA standards, and the agency will provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, TCSO will provide refresher information on current sexual abuse and sexual harassment policies. The training unit will retain a video and ensure that all employees have viewed the video...The training unit will document, through employee signature or electronic verification that employees understand the training." The Auditor reviewed and confirmed the facility's training PowerPoint for all employees addresses the requirements of the standard provisions. The Training Supervisor reported that all staff who have contact with immigration detainees receive training on sexual abuse prevention and response, reporting mechanisms, multiple ways for detainee reporting which includes the OIG hotline, PREA reporting hotline, and reporting through the grievance system, a family member, and any staff, contractor, or volunteer. The Auditor interviewed the Training Manager who confirmed this training is conducted electronically on an annual basis. Fourteen random staff reported they have received orientation training that included the above requirements of this subpart through the training academy, electronic training, or video, and subsequently received PREA training, electronically, in addition to receiving sexual abuse prevention, intervention, and response training through squad meetings held throughout each year. The Auditor reviewed a training roster and signed training acknowledgement receipts that were provided by the PSA Compliance Manager indicating that 11 TCSO staff had received PREA training. A file review of 10 random staff indicated that 9 staff had received orientation and received annual sexual abuse prevention training through a video presentation. The remaining file review reflected a new staff person who had only been employed with TCSO since September 2021. The PSA Compliance Manager confirmed that the new staff received PREA orientation although the new staff's file had not yet been uploaded into the training system. The Auditor was informed through the ERAU Team Lead's email correspondence that there are no ICE staff permanently assigned to the facility.

§115.32 - Other training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): Policy 301.06 states that, "TCSO will ensure that all volunteers and contractors who have contact with inmates (or enter the secure portion of the facility) have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with inmates, all volunteers and contractors who have contact with inmates will be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Temporary Contractors will receive training via written form (Attachment A) ...Regular Contractors will receive training via written form (Attachment A), the written form...and after watching the video called "PREA for the C.O." ...Volunteers will receive training via written form (Attachment A) ...written form will be provided...after watching the video called "PREA for the C.O." ... TCSO will maintain documentation confirming that temporary contractors, regular contractors, and volunteers understand the training they have received." The HSA confirmed that medical staff receive PREA orientation and annual training through video or from the TCSO's Training Supervisor every March. The HSA advised that she conducts the ongoing sexual abuse prevention education during staff meetings. The Mental Health Therapist, and two other Turn Key staff, verified they have been initially trained on sexual abuse prevention and response and receive ongoing annual training in staff meetings administered by the HSA. The Auditor's interviews with three nurses indicated they sign an acknowledgement form after each training. The PSA Compliance Manager further confirmed that Turn Key medical staff documents all their training. During the Auditor's interviews with three volunteers, two verified through interviews that they had received PREA training through video. The PSA Compliance Manager confirmed that volunteers receive PREA

training administered by the Chaplin. The Auditor reviewed 10 contractor signed acknowledgement forms, from the initial and ongoing trainings of Turn Key medical staff, verifying they have received initial and annual PREA training. The facility could not, however, provide documentation supporting volunteers received training based on the standard's requirement.

Does Not Meet (c): Although the facility provided significant documentation confirming that contractors who have contact with immigration facility detainees have received training on sexual abuse prevention and response, the Auditor was unable to determine compliance with subsection (c) of the standard as the facility could not provide documentation to confirm that volunteers had received the required training. To ensure compliance, the facility must provide documentation confirming that all volunteers assigned to TCSO have received training in the facility's zero-tolerance policy, in addition to, how to report an incident of sexual abuse.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Auditor reviewed Policy 301.06 that states, "ICE officers will provide Detainees with the following training: (1) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (2) Information about self-protection and indicators of sexual abuse; (3) Prevention and intervention strategies; (4) Explanation of methods for reporting sexual abuse, to include: (a) Staff members; Staff members other than the immediate point-of-contact line officer; (c) DHS Office of the Inspector General; and (d) The Joint Intake Center. (5) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainees' immigration proceeding; and (6) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." The Intake Sergeant indicated detainees are provided education in accordance with Policy 301.06 and the requirements of this standard through orientation: video, ICE National Detainee Handbook, facility detainee handbook, and brochure. The intake staff indicated to the Auditor that when intake staff is confronted with a detainee that may be hearing impaired or deaf, TCSO orientation information is provided to them in writing or if that is not successful, information would be provided through medical or mental health staff. When staff encounters a detainee who is blind or with limited sight, the staff member would provide individualized service to the detainee to include reading the information. In addition, if needed the staff would also refer the detainee to the law library, medical, or mental health for further assistance. Intake staff informed the Auditor that staff interpreters, and the facility's language line, are used to assist with communicating sexual abuse education to LEP detainees. The Intake Sergeant indicated that TCSO maintains documentation of detainee participation in the intake process orientation. The Auditor noted the acknowledgement of orientation signed by the detainee located in the 10 detainee files reviewed; however, the review of this acknowledgement form could not confirm that detainees received PREA information as required by the standard. According to the file reviews, all 10 files indicated that the detainees received the facility's Detainee Handbook and viewed the PREA video; however, the facility handbook and the video are only available in English and in Spanish. The Auditor was unable to interview any LEP detainees during the onsite audit as there was only one detainee in the facility during the time of the audit; this detainee was fluent in English and had no disabilities. During his interview, the detainee reported that he received information about sexual abuse and how to stay safe or report an incident of sexual abuse. The detainee verified receiving a pamphlet on sexual abuse during the intake process as well as observing PREA information posted on the walls. The Auditor confirmed the detainee received education on the above requirements through observation of the detainee's intake process. A copy of the Zero Tolerance Sexual Misconduct form used during the intake process to acknowledge detainees' participation in the intake orientation process was provided to the Auditor, along with a signed acknowledgement informing that a detainee had received the facility's handbook and watched the "Prison Rape video."

The Auditor confirmed that the ICE National Detainee Handbook, and facility handbook, are accessible to detainees in intake only in English and Spanish. According to the Intake Sergeant, the facility handbook is not available in other languages onsite and if the detainee required a copy of the ICE National Detainee Handbook in one of the other 12 languages including, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese, the facility would request one from the ICE Field Office who would provide one in a timely manner; the Intake Sergeant did not elaborate on "timely manner." Furthermore, there was no signed acknowledgement in any of the 10 detainee files reviewed confirming that the detainee received an ICE National Detainee Handbook in their preferred language during the orientation process. Although the Auditor confirmed that the ICE National Detainee Handbook is available in all 14 languages through the kiosks in the detainee intake housing pods, because the facility relies on this document as part of their orientation process, the ICE National Detainee Handbook would need to be available at intake, or at a minimum, the pertinent information related to content covering subsection (a)(1-6) of the standard. In addition, the information must be relayed to detainees who do not speak English or Spanish in a manner they understand, and to detainees who are blind or limited sight, deaf or hard of hearing, are otherwise disabled, or have limited reading skills.

During the onsite visit, the Auditor observed the posting of the DHS-prescribed sexual assault awareness notice in English and Spanish, the DHS ICE Zero-Tolerance poster which included the name of the PSA Compliance Manager, and information on how to contact DVIS on housing unit bulletin boards and in binders on the officer's desk. During the onsite audit review, the Auditor confirmed the DHS-prescribed Sexual Abuse Awareness Information pamphlet is available in English and Spanish in the intake processing area; however, according to the Intake Sergeant, should a detainee's preferred language be one of the other seven available languages including Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, her staff would contact the PSA Compliance Manager to obtain a copy in one of these other languages. During the onsite audit, the Auditor conducted 10 detainee file reviews which indicated that all 10 detainees received the facility handbook, viewed the "Prison Rape" video, and confirmed that they are aware of the posters and the required reporting information; however, the signed acknowledgement did not confirm receipt of the ICE National Detainee Handbook or the DHS-prescribed Sexual Assault Information pamphlet. In addition, although the signed acknowledgement included

view of the "Prison Rape" video, the video is only available in English and Spanish and does not consider those detainees whose preferred language is other than English or Spanish. Therefore, the Auditor could not confirm the educational information was provided to detainees in written and verbal formats that he/she could understand as required by the standard.

Does Not Meet: (b)(c)(e)(f): The facility does not meet subsections (b)(c)(e)(f) of the standard. The Auditor reviewed 10 randomly chosen detainee files, all of which contained a signed orientation acknowledgment form, indicating the distribution of the facility handbook and viewing of the "Prison Rape" video; however, the form did not include acknowledgement of the distribution of the DHS-prescribed Sexual Assault Awareness Information Pamphlet or the DHS ICE National Detainee Handbook. In addition, although the signed acknowledgment indicated the detainee watched the "Prison Rape" video, the video is only available in English and Spanish; and does not contain closed captioning for the deaf or hard of hearing detainee. Therefore, the video information is not available to those detainees whose preferred language is other than English or Spanish or to those who are deaf or hard of hearing. The Auditor also observed during the onsite visit that the facility only had English and Spanish copies of the ICE National Detainee Handbook available onsite. Through an interview with the Intake Sergeant, it was indicated should copies of the ICE National Detainee Handbook be needed in one of the other 12 languages, the facility would request one from the ICE Field Office who would provide one in a timely manner. The Intake Sergeant did not elaborate on "timely manner," and as there were no signed acknowledgement in any of the 10 detainee files reviewed, the Auditor could not confirm compliance with detainees receiving the ICE National Detainee Handbook during the orientation process although the facility relies on this document as part of their orientation process; and therefore, the ICE National Detainee Handbook would need to be available at intake, or at a minimum, the pertinent information related to content covering subsection (a)(1-6) of the standard. To become compliant, the facility must adapt the practice of providing the PREA education in a manner all LEP and deaf or hard of hearing detainees can understand. This includes distributing the written information in the preferred language of the detainee and utilizing closed captioning on the TV's or providing the deaf or hard of hearing detainee with a script of the video. In addition, they must change their practice to include the detainee signing for the ICE National Detainee Handbook and the DHS-prescribed Sexual Assault Awareness Information pamphlet in a language that they understand. Once developed, all Intake staff must receive documented training on the new procedures. In addition, the facility must present the Auditor with 10 detainee files that include detainees who speak languages other than English or Spanish, to confirm that the detainees are getting the information in a format they understand.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard through review of Agency Policy 11062.2 that states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigation Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Auditor reviewed the agency provided rosters of trained investigators on SharePoint and determined the documentation was in accordance with the training requirements of this standard. Policy 301.06 states, "In addition to the training provided to all employees, TCSO will ensure that, to the extent it conducts sexual abuse investigations; its investigators have received training in conducting investigations in confinement settings...Specialized training will include: (1) Techniques for interviewing sexual abuse victims; (2) Proper use of Miranda and Garrity warnings; (3) Sexual abuse evidence collection in confinement settings; Criteria and evidence required to substantiate a case for administrative action or prosecution referral; The TCSO training unit will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations...Investigators, Deputies, and Supervisors will attend National Institute on Corrections training: (a) PREA: Investigating Sexual Abuse in a Confinement Setting, (b) PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations, (c) PREA: Your Role in Responding to Sexual Abuse." The PSA Compliance Manager, the Training Supervisor, and the JCIU Sergeant confirmed that facility investigators have received specialized investigative training and are qualified to conduct sexual abuse investigations. The JCIU Sergeant reported there are six facility investigators. The Auditor reviewed the training curriculum and determined it contained all required elements of subsection (a) of the standard. In addition, the Auditor reviewed three random training files for staff assigned investigators and confirmed that all three received specialized training to conduct PREA investigations. The Auditor reviewed one inmate-on-detainee investigative file while onsite and confirmed the investigation was completed by a specialized trained facility investigator.

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

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

Notes:

(a)(b): The facility's Health Services are provided by Turn Key Health Clinics, and not ICE Health Services Corps (IHSC); therefore, subsections (a) and (b) are not applicable.

(c): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that outlines such training requirements indicated in this standard as it states, "The TCSO's programs officer will ensure that all full and part-time medical and mental health care practitioners who work in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and

sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." During the onsite audit, the Auditor conducted an interview with the HSA, and Mental Health Therapist, and was advised that in addition to the PREA training received by all employees, contractors, and volunteers, medical staff also receive specialized PREA training for medical and mental health practitioners. Such training is provided through staff meetings. The Auditor reviewed the training curriculum and confirmed it contained all elements of the standard. In addition, the Auditor reviewed the training records of seven Turn Key Health Clinics staff and confirmed they had all received the specialized training as required by the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "All inmates will be assessed during an intake screening and upon transfer from another outside facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Detainees will receive an intake screening within 12 hours of arrival at the facility." Policy 301.06 further states, "Inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If classification cannot conduct such an assessment immediately, classification may hold the inmate in involuntary segregated housing (medical) for less than 24 hours while completing the assessment." According to the Intake Sergeant, each detainee is kept separately from other detainees until the detainee is classified and housed accordingly. The Auditor conducted an onsite review of the facility to include the intake processing area and was advised by the Intake Sergeant, two intake officers, and Risk Manager, that intake screening assessments are conducted immediately after the detainee enters the facility. Intake staff reported that detainees must complete the intake process before they are housed with other detainees. The Auditor confirmed this process through observation of the only detainee entering the facility while the Auditor was onsite. The Auditor also conducted 10 detainee file reviews and found that all 10 detainees were assessed for risk of victimization and risk of abusiveness within 12 hours of admission to the facility. The PSA Compliance Manager verified that detainees received initial classification and PREA assessment within 12 hours of intake and before being assigned to a housing pod. The Auditor interviewed the only detainee in the facility, and he reported that he spent a "significant amount of time" in intake; however, the Auditor, through observation of the detainee's intake process while onsite, confirmed that the detainee was classified within 12 hours of admission. Nonetheless, the facility's policy allows for detainees at high risk for sexual victimization to be placed in involuntary segregated housing for up to 24 hours to allow classification to complete the assessment confirms the facility is not compliant with subsection (b) of the standard which requires that initial housing be determined within 12 hours of arrival to the facility.

Does Not Meet (b): The facility's policy permits placing a detainee who may be at high risk of sexual abuse in segregated housing for up to 24 hours to allow classification to conduct an initial assessment. As the standard requires that the initial assessment be completed within 12 hours of arrival to the facility, TCSO is not compliant with subsection (b) of the standard. To become compliant, the facility must change their practice of allowing classification up to 24 hours to make an initial assessment of a detainee who may be at risk for sexual abuse to completing the initial assessment and initial housing assignment within 12 hours as required by subsection (b) of the standard. In addition, the facility must train all applicable staff on the new practice and provide the Auditor with documentation of said training. The facility must provide the Auditor, if applicable copies of all assessments that involved a detainee who may be at high risk of sexual abuse that occurred during the Corrective Action Plan (CAP) period.

(c)(d): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "The initial screening includes, if information is available, whether the detainee has a mental, physical, or developmental disability, the detainee's age, the physical build and appearance of the detainee, the detainee's previous history of incarceration or detention, the nature of the detainee's criminal history, the detainee's previous convictions for sex offenses against an adult or child, the detainee's self-identification as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, the detainee's history of sexual victimization, and the detainee's own concerns about his or her physical safety...TCSO will control the dissemination within the facility of responses to questions asked in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." The Auditor observed the intake process and confirmed that the required elements of subsections (c) and (d) of the standard are considered on the Intake Screening Medical and Intake Screening PREA Risk Assessment forms completed by intake and medical staff during the initial classification process. The Auditor further observed that both risk assessment interviews are conducted in a private area to ensure confidentiality.

(e)(f)(g): The Auditor reviewed Policy 301.06 that states, "Detainee's will be reassessed within 60-90 days from the inmates' arrival at the facility" and "an inmate's risk level will be reassessed by the Classification Officer when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." Policy 301.06 further states, "Inmates will not be disciplined for refusing to answer, or for not disclosing complete information." Classification officers and supervisors may obtain access to this controlled information..." The PSA Compliance Manager advised that staff is provided ongoing training to adhere to the facility's confidentiality standards. The Auditor conducted 10 detainee file reviews and found that all 10 detainees had been released prior to 60 days of being housed in TCSO. However, the facility submitted a memo which states, "During this audit cycle the facility had one ICE Detainee housed at the facility long enough to have a 60/90-day reassessment. Unfortunately, the reassessment did not occur until the 120-day time frame." The files did not indicate any disciplinary measures imposed upon detainees for refusing to answer or disclose requested information during the risk assessment. In addition,

the Auditor reviewed one investigation file and determined that the detainee victim was not reassessed after an incident of sexual abuse.

Does Not Meet (e): The facility submitted a memo which stated, "During this audit cycle the facility had one ICE Detainee housed at the facility long enough to have a 60/90-day reassessment. Unfortunately, the reassessment did not occur until the 120-day time frame." In addition, the Auditor reviewed one investigation file and determined that the detainee victim was not reassessed after an incident of sexual abuse. Based on this memo, and the lack of documentation to confirm compliance, the facility is not compliant with subsection (e) of the standard. To become compliant, the facility must provide, if available, a sample of all sexual abuse investigation packets that confirm the detainee was reassessed following an incident of sexual abuse and 10 detainee files that document that a reassessment was completed between 60- and 90-day timeframe that occur during the CAP process. In addition, the facility must submit documentation that both classification staff, and the facility Investigator, have received training regarding the requirement to complete reassessments between 60 and 90 days, following an allegation of sexual abuse, and when additional information is obtained.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO will use information from the risk screening form to notify housing, bed, work, education, and program assignments. TCSO will keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. TCSO will make individualized determinations about how to ensure the safety of each inmate." During the onsite audit, the intake staff reported that information from the risk assessment is used to make appropriate housing determinations. The Intake Sergeant, and Risk Manager, confirmed risk assessments are conducted on an individualized basis to determine initial housing and bed assignments; however, during the onsite tour the Auditor observed that all detainees are initially housed in one housing pod for 10 days due to the facility's COVID-19 protocol. Furthermore, the Auditor reviewed 10 detainee files uploaded to the ICE SharePoint. The file review could not confirm that the information received from the PREA risk screening is considered when determining initial housing. In addition, the Auditor reviewed the facility detainee handbook that states, "Once you are booked into the jail, you will be classified and assigned a security level. ICE classification levels will be determined by the ICE agents in the detention facility. These levels are equivalent to the classification levels of other Detainees being housed in DLMCJC. Your classification level is determined by criminal history, present charges, past incarcerations, and any additional information developed during your present incarceration." According to the PSA Compliance Manager, Risk Manager, and Intake Sergeant, detainees do not stay at the facility long enough to be able to participate in work, education, or program assignments; however, a review of the detainee handbook confirms that detainees have the opportunity to participate in various programs, including but not limited to education, religious, and library services.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Subsection (a) of the standard requires that the facility use information obtained from the risk assessment noted in standard 115.41 when determining initial housing, recreation and other activities, or voluntary work assignments. A review of the detainee facility handbook which states, "Once you are booked into the jail, you will be classified and assigned a security level. ICE classification levels will be determined by the ICE agents in the detention facility. These levels are equivalent to the classification levels of other Detainees being housed in DLMCJC. Your classification level is determined by criminal history, present charges, past incarcerations, and any additional information developed during your present incarceration" confirms the facility does not consider all elements of subsection (c) of standard 115.41 when determining initial housing. In addition, a review of 10 detainee files could not confirm that this information is considered when determining detainee initial housing, recreation and other activities, or voluntary work assignments. In addition, the Auditor observed during the onsite audit that all detainees are initially housed in one housing pod for 10 days due to the facility's COVID-19 protocol. To become compliant, the information during the PREA risk screening needs to be shared with staff determining the detainee's initial housing, recreation and other activities, or voluntary work assignments so that the detainee's risk of sexual abuse can be properly assessed. In addition, all Intake, and other applicable staff, should be trained in the proper use of the information received from the PREA risk screening when determining the detainee's initial housing, recreation and other activities, or voluntary work assignments. The facility must also provide 10 detainee files that document that the information from the risk screening is utilized when determining initial housing, and if available, recreation and other activities, or voluntary work assignments.

(b)(c) The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "In deciding whether to assign a transgender or intersex inmate to housing and programming assignments, classification will consider on a case-by-case basis whether a placement would ensure the inmates health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate will be reassessed by the Classification Officer at least twice each year to review any threats to safety experienced by the inmate. The Classification Officer will document the reviews. A transgender or intersex inmates own views with respect to his or her own safety will be given serious consideration. Transgender and intersex inmates will be given the opportunity to shower separately from other inmates. All transgender and intersex inmates will be housed in medical, unless another safe and secure option is available. A medical classification is not a punishment. All other options for safety and security of the inmate will be researched. TCSO will not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates." The PSA Compliance Manager, medical staff, and Risk Manager reported that transgender and intersex detainees are given the opportunity to shower separately from other detainees. The Auditor

observed that the medical unit has a secured single shower stall that enables transgender or intersex detainees to safely shower alone. During the onsite audit tour, the PSA Compliance Manager informed the Auditor that there were no transgender or intersex detainees housed at TCSO during the audit period. The Auditor confirmed that there was only one detainee in the facility while the Auditor was onsite, and the detainee did not identify as transgender or intersex. As such, the Auditor was unable to observe any transgender or intersex assessments, housing decisions or conduct file reviews.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(d)(e): The Auditor reviewed Policy 301.06 that states, "Inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If classification cannot conduct such an assessment immediately, classification may hold the inmate in involuntary segregated housing (medical) for less than 24 hours while completing the assessment. Inmates placed in segregated housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If classification restricts access to programs, privileges, education, or work opportunities, classification will document: (a) The opportunities that have been limited; (b) The duration of the limitation; and (c) The reasons for such limitations. Classification will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not exceed a period of 30 days. If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, classification will clearly document: (a) The basis for classifications concern for the inmate's safety; and (b) The reason why no alternative means of separation can be arranged. Every 30 days, the Classification officer in conjunction with the PREA coordinator will afford each inmate a review to determine whether there is a continuing need for separation from the general population. Supervisory staff shall conduct a review within 72 hours of the detainee's placement in administrative confinement to determine whether confinement is still warranted; and...Supervisory staff shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative confinement, and every week thereafter for the first 30 days, and every 10 days thereafter. ICE Field Office Director will be notified no later than 72 hours after the initial placement into restrictive housing, whenever a detainee has been placed in administrative confinement on the basis of a vulnerability to sexual abuse or assault." The PSA Compliance Manager confirmed that any placement of a vulnerable detainee in segregation would require, as stipulated in policy, the reviews, and the notification to the FOD within 72 hours. The PSA Compliance Manager also reported that placement of vulnerable detainees in administrative segregation for protective custody shall be provided access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable. The PSA Compliance Manager indicated that if an incident would have occurred during this audit period where a detainee is placed in protective custody or administrative segregation, the facility Chief Deputy would notify the AFOD through email, and phone call, within 72 hours. The Auditor reviewed the Immigration Segregation Review form the facility uses to ensure the requirements of this standard are met when a detainee is placed on protective custody status and found it compliant.

Recommendation (a)(b): The facility's policy states that if classification cannot be completed within 12 hours upon admission, the detainee may be involuntarily housed in segregated housing for less than 24 hours. DHS PREA Standard 115.41 requires the facility to conduct an initial classification assessment within 12 hours of admission; therefore, the Auditor recommends the facility to update policy to reflect the standard requirement.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "Detainees may, confidentially and, if desired, anonymously report incidents of sexual abuse or harassment to the following: (a) Their consular official; (b) The DHS Office of the Inspector general; or as appropriate (c) Another designated DHS Office. TCSO will inform inmates of at least one way to report abuse or harassment to a public or private entity or office that is not part of TCSO and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to TCSO officials, allowing the inmate to remain anonymous upon request. Inmates may contact the PREA reporting line at 1-918-245-8777 or the Domestic Violent Intervention Services Call Rape's 24-hour hotline at 1-918-743-5763." The PSA Compliance Manager confirmed the many ways detainees can report an incident of sexual abuse at TCSO. The Auditor observed English and Spanish DHS signage on the housing pod bulletin boards indicating toll free phone numbers for the PREA reporting line, DHS OIG, DVIS, as well as consulate information. ICE zero-tolerance flyers indicating the PSA Compliance Manager's name were posted in English and Spanish on the housing pod bulletin boards. During the onsite audit, the Auditor contacted the PREA reporting line and an officer from Sand Springs Police Department (SSPD) answered. The Auditor made a test report and inquired about the process after making the report. The SSPD officer advised that once a detainee makes a report, TCSO is immediately contacted via phone call. The Auditor inquired about the ability to make an anonymous report and was advised by the SSPD officer that he would have to honor the detainee's request to remain anonymous. The PSA Compliance Manager confirmed receipt of the test report made by the Auditor through the PREA reporting line. Also, the PSA Compliance Manager, and the Risk Management team, verified that detainees may anonymously report sexual abuse. During the onsite review, the housing pod officer reported that detainees may make a confidential sexual abuse report directly to him or any staff person. The Auditor interviewed the only detainee housed in TCSO at the time of the audit. The detainee reported he received additional sexual abuse information in the housing pod after intake. The detainee also reported that he was aware of his ability to report sexual abuse anonymously and that someone else inside or outside of the facility may report sexual abuse on his behalf. During interviews, 14 random staff reported they would accept sexual abuse reports from detainees that are made verbally, in writing,

anonymously, and by a third-party and would immediately document such report. The Auditor reviewed one allegation of sexual abuse investigation and confirmed that the detainee made a verbal report to the housing unit officer who reported the incident immediately.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f): The Auditor confirmed compliance with these subparts of the standard through review of the TCSO Detainee Handbook which states, "Detainees are free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance process" and "there is no time limit for ICE Detainee's to submit a grievance." The facility handbook further states, "If you, as a Detainee, are unsure how to submit a question, request, or grievance, or need assistance in preparing a question, request, or grievance, you may speak directly with the housing officer who will assist you. Detainees may also seek outside assistance in preparing a grievance." Policy 301.06 states, "TCSO has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment." Policy 301.06 further states, "Grievances submitted by detainees will have a decision rendered within 5 days of receipt of that grievance and shall respond to an appeal of the grievance decision within 30 days" and "all grievances related to sexual abuse and the facility's decision with respect of such grievances will be forwarded to the appropriate ICE Field Office Director at the conclusion of the grievance process." An interview with the PSA Compliance Manager indicated that detainee requests and grievances will be filled out and completed on the detainee kiosk system. She further indicated that if a detainee has a grievance of an emergency nature the detainee should submit the grievance to the housing officer, and if a detainee needs assistance in submitting or preparing a grievance, they may speak directly with the housing officer who will assist them. The PSA Compliance Manager further stated, the detainee may also seek outside assistance in preparing a grievance and there is no time limit for ICE detainees to submit a grievance. In her interview, the PSA Compliance Manager indicated that staff shall take reasonable steps to expedite requests for assistance from these other parties. The PSA Compliance Manager confirmed that the facility did not receive any grievances of sexual abuse involving a detainee during the audit period and that should they receive an allegation through the grievance system, all elements of the standard would be adhered to. The Auditor interviewed the one detainee housed at TCSO during the onsite audit who indicated he was not aware that he could file a formal grievance related to sexual abuse or that he could request assistance from family, legal representatives, detainees, or other facility staff in filing said grievance. The Auditor conducted one investigative file review of an inmate-on-detainee sexual abuse allegation that occurred during the audit period and confirmed the allegation was not the result of a grievance. During the onsite audit, the Auditor submitted a test grievance on the facility kiosk and confirmed the grievance was immediately received through the PSA Compliance Manager and Risk Management team's email.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The Auditor reviewed Policy 301.06 that states, "TCSO will provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible." While onsite, the Auditor observed that this information was made available to detainees in the facility handbook; however, the facility handbook is only available in English and Spanish. The Auditor also observed such information posted on the detainee housing pod bulletin boards in English and Spanish, and that the DVIS number is painted on the walls in the housing pods near the detainee phones. Staff, during interviews, reported that the informational videos are also placed twice a day at certain intervals in the housing pods; however, the video is available only in English and Spanish. The Auditor reviewed the MOU established between the facility and DVIS and found that the standard's required services are indicated. There was only one detainee in the facility while the Auditor was onsite. The detainee recalled seeing or hearing about organizations for supporting victims of sexual abuse. The Auditor reviewed the single allegation investigative file that occurred during the audit period and confirmed the facility did not provide the detainee with information about DVIS following the allegation.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Although the Auditor observed information regarding DVIS posted on the facility walls near the housing unit phones, available in the facility handbook, and in the video played daily on the housing units, the information is only available to the detainee population in English and Spanish. In addition, the Auditor reviewed the single allegation investigative file and confirmed the information about DVIS was not provided to the detainee victim following an incident of sexual abuse. To become compliant, the facility must offer the information about DVIS in a language that the detainee who does not speak English or Spanish can understand. In addition, the facility must provide the Auditor with documentation that confirms the facility has developed a way to provide the information to detainees who are not English or Spanish speaking. The facility, if applicable, must provide the Auditor with all investigative files that occurred during the CAP process to confirm the detainee was offered information about DVIS following an incident of sexual abuse.

(d) The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO will inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The facility's detainee handbook states, "Inmates may confidentially disclose incidents of sexual misconduct, sexual contact, sexual abuse, and sexual harassment to any Sheriff's Office employee, either verbally or in writing. Inmates may submit a sexual misconduct complaint through the grievance

system. Report to an officer, grievance process, or by calling the number posted near the phones. Process allows for confidential reporting by inmates. All reports will be handled immediately by the Shift Commander. Any inmate who reports an incident of sexual misconduct, sexual contact, sexual abuse, or sexual harassment may request and be treated as an anonymous informant. All interviews will be conducted thoroughly in a professional, non-abusive and non-threatening manner. Staff will make no predetermined judgment regarding whether the reported incident occurred or not but will proceed with notifying the appropriated individuals based on the nature of the report.” The Auditor observed DHS OIG, ICE, DVIS, and facility PREA notices posted on the detainee housing unit bulletin boards informing detainees of the extent to which such communications will be monitored. The PSA Compliance Manager confirmed that detainees are informed of the extent to which their communications will be monitored usually through phone verification and in the binders located on the officer’s desk in the housing pods. The Auditor confirmed this through observation and conducted a test trial with DVIS over the phone in the housing pod where detainees are housed.

§115.54 - Third-party reporting.

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

Notes:

Policy 301.06 states, “TCSO will establish a method to receive third-party reports of sexual abuse and sexual harassment and will distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. TCSO will have one way of receiving third party reports...Citizens may report through: Jail Investigations or DVIS Call Rape. TCSO will provide information on its website on all forms of reporting.” The Auditor observed this information posted on the bulletin boards and kiosks in the detainee housing pods during the onsite audit review. A review of both the ICE web page (<https://www.ice.gov>) and TCSO web page (www.tcsso.org) confirmed both web pages provide a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee as well. Also, the Auditor confirmed this information in the ICE National Detainee Handbook and the facility handbook. Throughout 14 random staff interviews, and one detainee interview, the Auditor was informed that the facility has methods for third party reporting of sexual abuse. The PSA Compliance Manager reported they had zero incidents of sexual abuse reported by a third party during the adjusted audit cycle. The Auditor’s review of one investigative file review confirmed this report.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, “TCSO employees, temporary contractors, regular contractors and volunteers will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or 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 to their immediate supervisor or appropriate personnel. Any staff member, contractor or volunteer that becomes aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in the policy and procedures. Apart from initial reporting to supervisor(s) or Jail Investigations, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management/law enforcement decisions and to help protect the safety of the victim or prevent further victimization of other inmates/detainees or staff in the facility.” Policy 301.06 further states, “TCSO supervisors will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to jail investigators. If anyone involved in the event is an ICE inmate, the ERO will be notified” and “... The ICE/ERO shall review and approve policies and procedures and shall ensure that the facility specifies appropriate reporting procedures ” In addition, 306.01 states, “If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, TCSO will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.” The email correspondence provided to the Auditor by the Team Lead, and the acting AFOD, confirmed the facility’s policy was approved by the AFOD. During the audit interviews with specialized, and random staff, the Auditor was informed that staff are required to report PREA related incidents immediately to either their supervisor, PSA Compliance Manager, or JCIU. In an interview with the PSA Compliance Manager, it was indicated to the Auditor that staff may also report an incident of sexual abuse outside their command to Internal Affairs. TCSO does not house juvenile detainees.

Recommendation (a): The Auditor recommends that the facility update policy 306.01 to include the verbiage that staff can report outside the chain of command to either the JCIU or Internal Affairs to correspond with their existing practice.

§115.62 - Protection duties.

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

Notes:

The Auditor determined compliance with the standard based on review of Policy 301.06 that states “When TCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the inmate...investigating personnel will remove the suspected victim for interviewing in an area away from possible perpetrators by calling the inmate out of the housing unit to the Operations Desk.” The PSA Compliance Manager and 14 random staff indicated if a detainee is known to be at risk of imminent sexual abuse, staff have the authority to remove the detainee from immediate danger. During review of the single sexual abuse investigative file, it was confirmed that the detainee was immediately separated from the inmate perpetrator following the allegation.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard through review of Policy 302.06 that states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Jail Administrator that received the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred...Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation...The TCSO Jail Administrator will document that they have provided such notification...The TCSO Jail Administrator that receives such notification will ensure that the allegation is investigated in accordance with these standards." The Auditor reviewed a memorandum from the PSA Compliance Manager stating there were no allegations of sexual abuse received from another confinement facility during the audit period. The PSA Compliance Manager indicated, through interview, that upon receiving notification that a detainee had been sexually abused while in another facility, the Chief Deputy, upon advisement, would immediately notify the other facility's Warden or Administrator and the ICE Field Office. The acting AFOD confirmed that all allegations of sexual abuse and sexual harassment involving detainees are reported to him. In addition, the PSA Compliance Manager further confirmed if an allegation of sexual abuse were reported at TCSO, the Chief Deputy would immediately report the incident to the other facility's administrator, notify the ICE Field Office, and immediately refer the allegation for investigation. A review of the single allegation of sexual abuse investigation confirmed that the incident did not occur at a facility other than TCSO or was it received from notification from another facility.

§115.64 - Responder duties.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report will be required to: (a) Separate the alleged victim and abuser; (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating unless medically required; inmates who have pre-existing conditions will be sent to Medical for a medical review; and...If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a detention officer, the responder will request that the alleged victim not take any actions that could destroy physical evidence and then notify the detention officer or supervisor." During the onsite audit, the Auditor interviewed fourteen random staff, and four non-security staff, who confirmed knowledge of their first responder duties. A review of the single investigation file that occurred during the audit period confirmed that the first responder handled their duties in accordance with the standard.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard based on review of Policy 301.06 that states, "TCSO will institute the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and Jail Supervisors. The Shift Supervisor will lead a coordinated response which includes: (a) A deputy will take the initial report and begin the investigation. (b) If the response involves inmate and employee rape allegations, Jail Investigations will coordinate with Internal Affairs; (c) Jail Investigations will also coordinate with Crime Scene Units for proper evidence collection; (d) Jail investigations will coordinate with domestic violence intervention services (Call RAPE) for SANE exam and other investigative information." According to interviews with the Mental Health Therapist, and three medical nurses, detainee victims are assessed by medical and mental health to observe and record the detainee's account of the sexual abuse incident and if needed, the detainee victim is sent to Hillcrest Hospital for a SANE examination along with an advocate from the Rape Crisis Center; once the detainee returns from the hospital, medical and mental health follows up to ensure hospital discharge instructions are followed. The Auditor interviewed the PSA Compliance Manager and the JCIU Sergeant, and both staff clearly described their responsibilities when responding to incidents of sexual abuse.

(c)(d): A review of the TCSO Allegation of Sexual Response Plan and policy 301.06 indicated that the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, 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 if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in either the plan or the policy. In addition, the Auditor reviewed a memorandum from the PSA Compliance Manager stating, "During this audit cycle the facility did not transfer an ICE detainee to another facility who was the victim of sexual abuse. Should the facility ever transfer an ICE Detainee to another facility, the facility would work through our local ERO who would arrange for the transfer and notification to the new facility;" thus further confirming the facility has not included sections (c) and (d) in their coordinated response as they do appear to have a practice in place that would be followed in this situation was to occur.

Does Not Meet (c)(d): Neither the facility's coordinated response plan, or policy 301.06, include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update the TCSO Allegation of Sexual Response Plan, and facility policy 301.06, to include the language required by subsections (c) and (d) of the standard and to initiate the practice of informing the receiving facility covered by subpart (a) and (b) of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise. The facility must also conduct documented training of all applicable staff on the change in the Allegation of Sexual Response Plan, and policy 301.06, that includes notifying facilities as required by the standard. In addition, if applicable, the facility must provide the Auditor with any detainee files where the detainee victim of sexual abuse, or assault, was transferred to confirm the facility is following the updated policy 3-1.06 and Sexual Response Plan.

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

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

Notes:

The Auditor reviewed Policy 301.06 that states, "TCSO will utilize multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations;" however, the "Zero Tolerance Misconduct" written information distributed to detainees upon intake states, "Tulsa County Sheriff's Office will take all allegations of sexual misconduct seriously and will promptly and thoroughly investigate whether sexual misconduct has taken place. Tulsa County Sheriff's Office provides notice that it has the option of placing the accused on leave of absence or on reassignment to non-inmate contact." The PSA Compliance Manager stated that the facility protects detainee victims from alleged abusers. The PSA Compliance Manager further stated that staff, volunteers, or contractors would be separated and removed to ensure there is no contact with the detainee victim and other detainees pending investigation. During this audit period, there were no closed cases meeting the criteria of this standard for the auditor to review. During the onsite audit review and random staff interviews, staff reported that detainee victims are always separated from their alleged abuser.

Recommendation: The Auditor recommends that the facility update the "Zero Tolerance Misconduct" written information distributed to detainees upon intake to state "Tulsa County Sheriff's Office will take all allegations of sexual misconduct seriously and will promptly and thoroughly investigate whether sexual misconduct has taken place. Tulsa County Sheriff's Office provides notice that it will place the accused on leave of absence or on reassignment to non-detainee contact" as opposed to the current verbiage that states, "it has the option of placing the accused on leave of absence or on reassignment to non-inmate contact" to correspond with its current practice.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these standard subparts through review of Policy 301.06 that states, "TCSO will protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The PREA coordinator will monitor, in writing that all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff." Policy 301.06 further states, "For at least 90 days following a report of sexual abuse, the PREA coordinator will monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and will act promptly to remedy any such retaliation. For Detainees, the ICE/ERO shall continue monitoring beyond the 90-day period if the initial monitoring indicates a continual need." During the onsite audit, the PSA Compliance Manager confirmed that retaliation monitoring would include disciplinary reports, grievances, post reassignments, housing assignments, and negative performance reviews. The PSA Compliance Manager stated that the Risk Manager is responsible for monitoring retaliation at TCSO. In an interview with the Risk Manager, he indicated that he is responsible for both staff and detainee monitoring at the facility. He further indicated that he utilizes Shift Lieutenants, the Disciplinary Hearing Officer, and the Assistant Jail Administrator to assist him in monitoring both detainees and staff by notifying him of changes in the detainees or staff's record. The Auditor conducted a sexual abuse investigative file review of the single allegation of sexual abuse and confirmed retaliation monitoring included the above standard requirement components and that such monitoring was conducted up until the detainee's release from TCSO.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard based on review of Policy 301.06 that states, "Victims of sexual abuse will be placed in a supportive environment that represents the least restrictive housing option possible. Detainee Victims shall not be held for longer than five days in any type of administrative confinement, except in highly unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. ICE Field Office Director shall be notified whenever a detainee victim has been held in administrative confinement for 72 hours. Upon notification, the ICE Field Office Director shall review the placement and consider: Whether the placement is only as a last resort and when no other viable housing options exist; and...In cases where the detainee has been held in administrative confinement for longer than 5 days, whether the placement is justified by highly

unusual circumstances or at the detainee's request." The PSA Compliance Manager's memorandum stated that "the facility hasn't used restrictive housing for the protection of a detainee victim during this audit period." The Auditor confirmed there were no detainees housed in protective custody after reporting sexual abuse through observation, detainee file reviews, and an investigative file review. The PSA Compliance Manager indicated she would report to the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. The PSA Compliance Manager verified the notification to the ICE FOD would be made immediately through email.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "When the TCSO conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations pursuant to section C.4 of this policy." The Auditor conducted one investigative file review of an inmate-on-detainee sexual abuse allegation which occurred during the audit period. The file review reflected the investigation was prompt, thorough, and objective, and not criminal in nature; and therefore, not referred to the JCIU. The investigation was closed and found to be unsubstantiated. The JCIU sergeant/investigator, and PSA Compliance Manager, stated that both administrative and criminal investigations are conducted promptly, thoroughly, and objectively. Also, the Auditor confirmed the JCIU sergeant/investigator received specialized training through review of training National Institute of Corrections specialized investigative training objectives and completion certificates. The Auditor reviewed the one inmate-on-detainee investigative file that occurred during the audit period and confirmed the investigation was completed by a specialized trained facility investigator.

(c): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. No investigator will require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation...Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and...Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The PSA Compliance Manager confirmed the facility's policy governing administrative investigations. The investigative file review confirmed the facility included the above standard requirements in making its determination of an unsubstantiated finding.

(e): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation." The Auditor interviewed the PSA Compliance Manager who verified that TCSO will continue the investigation even after the release of a detainee victim or detainee perpetrator or staff departure. The Auditor reviewed the single inmate-on-detainee sexual abuse investigative file that occurred during the audit period and determined the investigation continued after the detainee was released from the facility. The Auditor interviewed the JCIU Sergeant/investigator, acting AFOD, and the PSA Compliance Manager who confirmed that the departure of the alleged perpetrator or victim does not provide a basis to terminate the sexual abuse investigation.

(f): A review of policy 301.06 confirms that the policy does not require the facility to cooperate with outside investigators. The PSA Compliance Manager, and the JCIU Sergeant confirmed during their interviews that TCSO's JCIU investigates all TCSO's criminal investigations of sexual abuse and TCSO's Internal Affairs investigates all administrative allegations of sexual abuse or sexual harassment. Also, the Auditor was provided with, and reviewed a memorandum, written by the PSA Compliance Manager confirming that since the detention facility is managed by the Tulsa County Sheriff's Office, the facility does not rely on outside law enforcement agencies to conduct the facility's criminal investigations into sexual abuse. The Auditor reviewed the one investigation file that occurred during the audit period and confirmed that the JCIU and the TSCO Internal Affairs cooperated with each other in an endeavor to stay informed about the progress of the investigation.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditor determined compliance with the standard based on review of Policy 301.06 that states, "TCSO investigators will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Auditor reviewed the single sexual abuse investigative file that occurred during the audit period and confirmed that facility investigators used the standard of preponderance of evidence to make a determination of the case findings. The JCIU sergeant/investigator confirmed that preponderance of evidence is used to determine a case finding.

§115.73 - Reporting to detainees.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

The Auditor reviewed Policy 301.06 that states, "Following an investigation into an inmate's allegation of sexual abuse the investigator will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If TCSO did not conduct the investigation, the jail investigator will request the relevant information from the investigative agency in order to inform the inmate. All such notifications or attempted notifications will be documented...TCSO's obligation to report under this standard will terminate if the inmate is released from the agency's custody." The PSA Compliance Manager verified that detainees are informed of their case status in writing. The Auditor conducted an investigative file review of a sexual abuse allegation reported at TCSO, and the investigative file confirmed that the detainee was not notified of the outcome of the investigation.

Does Not Meet: The Auditor reviewed the single sexual abuse allegation investigation file that occurred during the audit period and confirmed the detainee was not notified of the outcome of the investigation. To become compliant the facility must provide the Auditor, if applicable, any investigative files for allegations during the CAP period to confirm the detainee was notified of the outcome of the sexual abuse allegation.

§115.76 - Disciplinary sanctions for staff.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "All employees will be subject to disciplinary sanctions up to and including termination, and criminal prosecution for violating agency sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." A review of policy indicates that it was reviewed and approved by the Agency; however, the policy does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, the policy does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." The PSA Compliance Manager's memorandum stated, "During this audit period there were no occurrences of sexual assault/abuse by staff on an ICE Detainee. There is no form letter for termination, as each case is handled individually. The official letterhead is formatted with the same header information as this memo and would be signed by the Undersheriff/Sheriff at the time of the hearing that resulted in termination." There were no staff-on-detainee sexual abuse allegations during the audit period for the Auditor to review. The Auditor conducted an interview with the PSA Compliance manager and was informed that staff is subject to disciplinary or adverse action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse or for violating facility policies.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of policy 301.06 indicates that the policy does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, policy 301.06 does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." To become compliant with subsections (a) and (b), the facility must update policy 301.06 to include the required verbiage of the standard. In addition, the facility must submit the updated policy to the Agency for review and approval. In addition, if applicable, the facility must provide investigation files that confirm a staff member was disciplined in accordance with standard 115.76 after an incident of substantiated sexual abuse.

(c)(d) The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." During the interview with the PSA Compliance Manager, the Auditor was advised that the facility has not had to remove staff from their duties because of an allegation of sexual abuse. There were no allegations during the audit period that involved a staff member for the Auditor to review.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard that states, "Any temporary contractor, regular contractor, or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. TCSO will take immediate remedial measures and will prohibit further contact with inmates." The Auditor reviewed a memorandum from the PSA Compliance Manager stating, "During this audit period there were no occurrence[s] of sexual assault/abuse by a contractor or volunteer on an ICE Detainee. There is no form letter for termination of a volunteer, as each case is handled individually. In the case of a contractor, we would include the supervisor of the contractor in the meetings during investigations and other than having the contracted employee

escorted out of the facility and access removed, we do not handle discipline with that individual. If criminal charges are filed, the Sheriff's Office will participate with court officials to determine if the case will be prosecuted." The Auditor reviewed the single investigative file that occurred during the audit period and determined the investigation involved an inmate perpetrator, not contractors or volunteers. The PSA Compliance Manager, during her interview, confirmed that contractors and volunteers would be prohibited from having contact with detainee victims, removed, or even terminated depending on the outcome of the investigation.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "Inmates will be subject to disciplinary sanctions pursuant to the formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse, as defined in TCSO policy and the facility handbook. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories." Policy 302.10 (Inmate Disciplinary Process) states, "The decision of the DHO regarding minor/major infractions may be appealed to the shift supervisor. If the inmate wishes to appeal the decision of the shift supervisor, the Jail Administrator or designee will review the sanction and will either affirm or reverse the decision. The inmate will be notified of the decision within 15 days of receipt of the appeal." The Auditor conducted one investigative file review of an inmate-on-detainee sexual abuse allegation occurring during the audit period and confirmed the detainee perpetrator received a disciplinary report due to the allegation of sexual abuse; however, the Auditor could not confirm the disciplinary process based solely on the submitted report. The PSA Compliance Manager confirmed the disciplinary process imposes sanctions commensurate with the nature and circumstances of the abuse committed. She further explained the disciplinary process by stating that the "Disciplinary Hearing Officer notifies the detainee perpetrator of facility violation, allows the detainee perpetrator to speak on the issue, reviews case facts twice, and then will make a determination with documentation of the report kept in detainee's file." The PSA Compliance Manager also reported that there are progressive levels of the facility's disciplinary process. The Disciplinary Hearing Officer reported during her interview that a detainee victim of sexual abuse would not be written up or sanctioned for being a victim. However, the detainee perpetrator would undergo the disciplinary process which could take up to seven days to complete. The Disciplinary Hearing Officer confirmed that sanctions are commensurate with the rule violation and advised that disciplinary measures include restriction of commissary, recreation, or housing reassignments in administrative segregation or restrictive housing.

(d)(e)(f): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. TCSO offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The TCSO hearing officer will consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The hearing officer will not discipline any inmate for sexual contact with staff unless there is a finding that the staff member did not consent. Any report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." Policy 302.10 states, "Any inmate whose mental health may have contributed to the rule's violation will have their misconduct reviewed by a qualified mental health provider to determine whether the disciplinary action warrants dismissal." In an interview with the TCSO hearing officer, it was indicated that a detainee would not be disciplined for sexual contact with staff unless there was a finding that the staff member did not consent to the sexual contact. There were no reports of a detainee with mental disabilities or mental illness being involved in a sexual abuse allegation or sexual misconduct allegation during the audit period. When asked for a listing of all detainees with mental and physical disabilities on day one of the onsite audit, the Auditor was informed that there were none. This information was further confirmed by medical staff. The Auditor conducted a sexual abuse file review from an incident during the audit period and confirmed neither the detainee victim or inmate perpetrator had a mental disability or illness.

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

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "If the medical screening indicates that a person 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 needed...When a referral for medical follow-up is initiated, the Detainee shall receive a health evaluation no later than two working days from the date of the assessment... When a referral for mental health follow-up is initiated, the Detainee shall receive a mental health evaluation no later than 72 hours after the referral." The Auditor reviewed a memorandum from the PSA Compliance Manager stating there were no mental health follow-ups conducted as a result of a detainee's prior sexual abuse victimization "within this audit cycle." The interview with the Intake Sergeant verified that if a detainee has experienced prior sexual abuse victimization or perpetrated sexual abuse, an immediate referral is made to medical and mental health departments for follow-up. The Mental Health Therapist reported that detainees must be seen by mental health staff immediately. The Auditor was provided a blank copy of the Mental Health Note that is used to assess, and follow up, with detainees who have reported a history of sexual abuse.

Recommendation (a): Currently, the facility's policy only addresses sexual abuse history being reported during the medical screening. Since there is a two-step intake/classification process that includes intake staff and medical staff, the Auditor recommends the policy be updated to address a sexual abuse history being reported to intake staff as well as medical staff.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment... Inmate victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will 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." During the onsite audit review, the Auditor was informed by the HSA, three medical staff, and the Risk Manager, that medical treatment and forensic medical examinations stemming from a sexual abuse incident would be provided at no cost to the detainee. They also reported that the facility transports detainee victims of sexual abuse to Hillcrest Hospital to receive medical treatment services at no cost. The Auditor reviewed one inmate-on-detainee investigative file and determined the detainee was not provided timely, unimpeded access to emergency medical treatment and crisis intervention services as required in the standard. Following the incident, the detainee was not taken to medical for assessment.

Does Not Meet (a): The facility is not compliant with section (a) of the standard. The Auditor reviewed one inmate-on-detainee investigative file and determined the detainee was not provided timely, unimpeded access to emergency medical treatment and crisis intervention services as required in the standard. Following the incident, the detainee was not taken to medical for assessment. To become compliant, the facility must follow their protocol that requires staff to take an alleged victim of sexual assault to medical for evaluation after every reported incident of sexual abuse. In addition, the staff must be trained on the protocol and the training must be documented. The facility must submit, if applicable all sexual abuse investigative files of incidents that occurred during the CAP period to confirm that the detainee victims were taken to medical after an incident of sexual abuse.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): Policy 301.06 states, "TCSO, through the Health Services provider, will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include, as appropriate: (a) Follow-up services; (b) Treatment plans; and (c) When necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TCSO will provide such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate." The Auditor conducted an onsite review of the facility and was informed by medical staff that if there was an allegation of sexual abuse, the facility would send the detainee to Hillcrest Hospital to have a forensic sexual assault examination conducted, if appropriate. The Auditor was also informed that medical treatment, to include prophylaxis, would be provided to detainees. In addition, the Auditor was informed that upon return to the facility, the detainee would be seen by medical and mental health staff. The Auditor made several attempts to contact a SANE at Hillcrest Hospital while onsite and left a message. However, the Auditor did not receive a returned call. There were zero detainees housed at TCSO during the onsite audit who were involved in an incident of sexual abuse. The Auditor reviewed the single investigative file that occurred during the audit period. According to the file review, the incident did not arise to the need for a forensic sexual assault examination, however, the facility did not offer the detainee victim to medical or mental health for services.

Does Not Meet (a): The Auditor was unable to determine compliance with this subpart of the standard. During the investigative file review of the only inmate-on-detainee sexual abuse incident, the facility did not offer a medical or mental health evaluation to the detainee victim as required by this standard. To become compliant, the facility must train all applicable staff on the standard requirement to offer detainee victims access to medical and mental health staff following an incident of sexual abuse. To become compliant the facility must follow their protocol that requires staff to take an alleged victim of sexual assault to medical for evaluation after every reported incident of sexual abuse. In addition, the staff must be trained on the protocol and the training must be documented. The facility must submit, if applicable all sexual abuse investigative files of incidents that occurred during the CAP period to confirm that the detainee victims were taken to medical after an incident of sexual abuse.

(e)(f)(g): Policy 301.06 indicates, "Detainee victims of sexual abuse while detained are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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. LPC attempts to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." The Auditor conducted an onsite review of the facility and was informed by medical staff that if there was an allegation of sexual abuse, they would send the detainee to Hillcrest Hospital to have a forensic sexual assault

examination conducted at no cost to the detainee. The Auditor was also informed that medical treatment, to include prophylaxis, would be provided to detainees at no cost. In addition, the Auditor was informed that upon return to the facility, the detainee would be seen by medical and mental health staff. The Risk Manager, and PSA Compliance Manager, confirmed that required medical and mental health services of this standard are provided to detainee victims of sexual abuse at no cost to the detainee. The Auditor reviewed the single investigative file that occurred during the audit period and confirmed the abuser was an inmate; and therefore, there were no detainee abusers noted for the audit period.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The Auditor reviewed Policy 301.06 that states, "The facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review will ordinarily occur within 30 days of the conclusion of the investigation...The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners... Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse." During the interview with the PSA Compliance Manager the Auditor was informed that incident reviews are conducted immediately after the closure of a sexual abuse case. The PSA Compliance Manager further confirmed that the review team includes the HSA, a detective, a shift lieutenant, a corporal, a sergeant, and PSA Compliance Manager. Also, the PSA Compliance Manager reported that the incident report is sent to the AFOD and forwarded to the agency's PSA Coordinator via email. The acting AFOD confirmed this process in his interview. The Auditor conducted one investigative file review of an inmate-on-detainee sexual abuse allegation which occurred prior to this audit period. According to the investigative file review, a sexual abuse incident review was not completed within 30 days of the inmate-on-detainee investigation completion nor was a completed incident review report, and response, forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Although the facility conducted a sexual abuse incident review at the conclusion of the inmate-on-detainee investigation, the incident review was not completed within 30 days or forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard. To become compliant, the facility must train all members of the incident review team on the requirement to conduct all incident reviews within 30 days and forward a copy of the completed incident review, and response to the Agency PSA Coordinator as required by the standard. In addition, facility must provide the Auditor with a copy of training acknowledgement verifying that all incident review team members have received such training. The facility must provide the Auditor, if applicable, copies of all investigation files, including copies of the completed incident reviews, that occur during the CAP period.

Recommendation (a): The Auditor recommends the facility updates policy 301.06 to replace the verbiage, "will ordinarily occur within 30 days" with "within 30 days." In addition, the Auditor recommends that policy 301.06 be further updated to include the verbiage, "Both the report and response shall be forwarded to the Agency PSA Coordinator" as required by the standard.

(b): The Auditor confirmed compliance with this subpart of the standard through review of Policy 301.06 that states, "Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility." The PSA Compliance Manager verified that the review team takes the above elements into consideration. A review of the one closed allegation investigation confirmed the incident review team considered all the necessary criteria of this component.

(c): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "The review team, led by the PREA Coordinator will...Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d.1)-(d.5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA coordinator...TCSO will implement the recommendations for improvement, or will document its reasons for not doing so." The TCSO 2019, 2020, and 2021 PREA Annual Reports reflected the facility's overall aggregated data of allegations and investigations; however, the reports do not provide a breakdown to specifically reflect the number of detainee investigations or allegations of sexual abuse. The Auditor reviewed the facility website and confirmed the reports are published for the public to review. The PSA Compliance Manager stated during the interview that the facility conducts an annual review of its sexual abuse investigations and incident reviews. The PSA Compliance Manager reported there was no incident of sexual abuse involving detainees within the past 12 months. Therefore, there were no improvements needed. Also, during the interview, the PSA Compliance Manager stated that the Chief Deputy reviews annual sexual abuse incidents and findings, which are reported to the "FOD and SDDO." During the documentation review process, there was no confirmation that the facility prepared a negative report for the year 2021. In addition, there was no indication of a negative report being submitted to the AFOD or the Agency PSA Coordinator.

Does Not Meet (c): The Auditor was unable to determine compliance with subpart (c) of this standard as the facility did not provide documentation that it prepared a negative report to reflect that it has not received any reports of sexual abuse for the year 2021. In addition, the facility was also unable to provide documentation that the annual negative report's results and findings were forwarded to the AFOD or Agency PSA Coordinator. To become compliant, the facility must complete an annual negative report of sexual abuse allegations for the year 2021 and provide documentation that the report was submitted to the FOD and the Agency PSA Coordinator. Also, although the facility provided documentation of an annual review of all sexual abuse investigations to assess and improve sexual

abuse intervention, prevention, and response efforts, the Auditor recommends the facility to specifically breakdown the number of detainee investigations or allegations of sexual abuse in the annual review.

§115.87 - Data collection.

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

Notes:

(a): The Auditor determined compliance with this subpart of the standard after review of Policy 108.01 (Records Administration) which acknowledges that the Tulsa County Sheriff's Office has governing authority over all facility sexual abuse investigation records which are "maintained indefinitely in their original form or converted to a microfilm, computer disk, compact disk or some other retrievable mechanism." The PSA Compliance Manager confirmed that all records pertaining to sexual abuse and sexual harassment are securely kept in the Risk Management team's office where there is restricted access from other staff and detainees. During the onsite audit, the Auditor verified the sexual abuse and sexual harassment files were secured in a cabinet in a restricted office with limited access to only the Risk Management team.

§115.201 - Scope of audits.

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

Notes:

(d): The Auditor was allowed access to the entire facility and able to interview staff and detainee about sexual safety during the audit visit.
(e): The Auditor was able to revisit areas of the facility and to view all relevant documentation as requested.
(i): Formal interviews with staff, contractors, volunteers, and detainee were conducted in a private confidential setting.
(j): Audit notices were posted and observed throughout the facility in English and Spanish. The Auditor received no staff or detainee correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)

Number of standards exceeded:	0
Number of standards met:	26
Number of standards not met:	14
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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.

Cicily Harrington

5/14/2022

Auditor's Signature & Date

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

6/2/2022

Program Manager's Signature & Date

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

6/2/2022

Assistant Program Manager's Signature & Date

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



Homeland Security

AUDITOR INFORMATION

Name of Auditor:	Sabina Kaplan	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	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 number:	409-866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
Field Office Director:	Mary De Anda Ybarra
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	David L. Moss Criminal Justice Center		
Physical address:	300 N. Denver Ave., Tulsa, OK 74103		
Mailing address: <i>(if different from above)</i>	Click or tap here to enter text.		
Telephone number:	918-596-8900		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Chief Deputy
Email address:	(b) (6), (b) (7)(C)	Telephone number:	918-596-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Accreditation Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	918-596-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found TCSO (also known as DLMCJC) met 26 standards, had 0 standards that exceeded, had 1 standard (§115.14) that was non-applicable, and 14 non-compliant standards (§115.13, §115.16, §115.22, §115.32, §115.33, §115.41, §115.42, §115.53, §115.65, §115.73, §115.76, §115.82, §115.83, and §115.86). As a result of the facility being out of compliance with 14 standards, the facility entered into a 180-day corrective action period which began on June 2, 2022 and ended on November 29, 2022. 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.

The facility submitted documentation, through the Agency, for the CAP on July 12 through November 22, 2022. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on December 1, 2022. In review of the submitted documentation to demonstrate compliance with the deficient standards, the Auditor determined the following in regard to compliance:

Number of Standards Met: 12

§115.13 Detainee supervision and monitoring
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.42 Use of assessment information
§115.53 Detainee access to outside confidential support services
§115.65 Coordinated response
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews

Number of Standards Not Met: 2

§115.33 Detainee education
§115.41 Assessment for risk of victimization and abusiveness

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. 13 - Detainee supervision and monitoring

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

Notes:

(a)(b)(c): The Auditor determined the facility's compliance with subparts (a) and (c) of this standard through review of Policy 301.06 which states, "The Jail Administrator or designee will develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies will take into consideration: 1) The physical layout of each facility; 2) The composition of the inmate population; 3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 4) Generally accepted detention and correctional practices; 5) Any judiciary findings of inadequacy; 6) Any findings from Federal investigative agencies; 7) Any findings of inadequacy from internal or external oversight bodies; 8) All components of the physical facilities layout including "blind spots" or isolation locations; 9) The number and placement of supervisory staff; 10) Programs, program locations, and shift hours; 11) Any applicable local, state, regulations, standards, or laws; 12) Any findings from PREA review committee meetings; and 13) Any other relevant factors." In accordance with the facility's comprehensive staffing analysis plan development process, the Oklahoma State Jail Inspection Standards, American Correctional Association Standards, PREA Standards, Sexual Abuse and Prevention Standards, and the National Detention Standards are all used to determine adequate staffing and supervision of detainees. A review of the facility PAQ indicated TCSO has a total of 190 security staff, consisting of 111 males and 79 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and Summit Food Service staff who do not have contact with detainees. In addition, there are 44 medical and 7 Mental Health contract personnel employed by Turn Key Health Services and 10 contract Food Service personnel employed by Summit Food Service. The Auditor observed staffing levels during the on-site audit and determined they were adequate. (b) (7)(E)

There were no cameras observed in the shower areas or medical examination rooms.

(b) (7)(E)

Also, during the onsite audit review, there were six staff members (D.O.s and sergeants) working in the intake area that allowed for adequate supervision of detainees in the intake/booking area. The video surveillance cameras are monitored by one or two assigned D.O.'s in Master Control, 24 hours a day, seven days a week. The PSA Compliance Manager confirmed that staffing entails priority posting assessed through National Annual Work Hours which determines appropriate coverage and that the staffing analysis is developed at the end of each year taking into consideration the previous history of sexual abuse and sexual harassment incidents as well as other supervision issues or concerns, comprehensive supervision guidelines, video monitoring technology, the National Institute of Corrections Standards, any judicial findings of inadequacy, findings and recommendations of sexual abuse incident reviews, and length of time ICE detainees are housed at the facility to determine adequate staffing and needed changes. The Auditor reviewed the staffing analysis and determined that it contained all elements required by subsection (c) of the standard; however, the submitted staffing analysis was for the year 2020 and not for the year 2021. In addition, the Auditor reviewed nine facility Post Orders and confirmed only four were reviewed within the last year as required, and therefore, the Auditor could not confirm compliance with subsection (b) of the standard.

Does Not Meet (b): The Auditor reviewed the staffing analysis and determined that it contained all elements required by subsection (c) of the standard; however, the submitted staffing analysis was for year 2020 and not for year 2021, and therefore, did not meet the annual review requirement of subsection (b). In addition, the Auditor reviewed nine facility post orders and confirmed only four were reviewed within the last year. To become compliant, the facility must document that a staffing analysis was conducted in the year 2021. In addition, the facility must provide documentation that all post orders have been reviewed annually as required by subsection (b) of the standard.

Corrective Action Taken (b): The facility submitted the staffing analysis for the year 2021. In addition, the facility submitted a memo requesting a review of all post orders, an updated plan to guarantee all post orders are reviewed annually, and documented confirmation that all post orders were reviewed. Subsequently, the facility submitted a memo to the PSA Compliance Manager that states, "Yes ma'am. The post orders are in the workflow process. They have been

reviewed and are just going through for approval." Upon review of the submitted documentation, the Auditor now finds the facility in compliance with subsection (b) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient

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

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through review of Policy 301.06 that states, "TCSO will ensure that reasonable step(s) are taken to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Officers will use Language Line Services for interpretation. The agency will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under staff first responder duties, or the investigation of the inmate's allegations." Fourteen random staff reported they would not use another detainee, the alleged abuser, or a detainee who has a significant relationship to the alleged abuser to interpret for a detainee involving a sexual abuse incident or in formal interviews. During the onsite audit, the Auditor observed English and Spanish versions of the ICE Detainee Handbook were readily available to distribute to detainees during the intake and classification process. In an interview with the Intake Sergeant, the Auditor was informed if a detainee, during the intake process, required an ICE National Detainee Handbook in a language other than English or Spanish, the facility would request one from the ICE Field Office who would provide one in a timely manner. In addition, the Auditor confirmed during the onsite tour that should a detainee require a language other than English or Spanish the kiosks on the intake housing pods where detainees are housed provide the ICE National Detainee Handbook in the 14 most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The Auditor observed ICE Zero-Tolerance posters, written in English and Spanish, indicating the PSA Compliance Manager's name on housing unit bulletin boards and in kiosks located in the intake housing pods, consulate information on housing pod bulletin boards, and in the binders on the officer's desk, and the DHS-prescribed Sexual Assault Awareness Information pamphlets posted in English and Spanish. The Intake Sergeant reported the DHS-prescribed Sexual Assault Awareness Information pamphlet was available in English and Spanish for distribution during intake and if a detainee required a language other than English or Spanish her staff would contact the PSA Compliance Manager to obtain the DHS-Prescribed Sexual Assault Awareness pamphlets in one of the other seven available languages, including Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. The Auditor tested the facility's language line and found that it is readily available for staff's use. The Auditor's interviews with 14 random staff indicated that PREA information is also available in the facility handbook (English and Spanish); however, the facility handbook is not available to detainees who speak a language other than English or Spanish. Interviews with staff indicated that should a detainee need help understanding the information in the facility handbook they would be referred to the Law Library, Medical or Mental health staff for further assistance. The Auditor's random staff interviews also indicated that for detainees who are deaf or hard of hearing or blind or low visioned, the facility provides a Telecommunication Device for the Deaf (TTY), audio from the PREA Orientation video, and staff assistance from the Law Library and Medical staff. Also, informal interviews with random staff indicated that the facility plays the PREA Orientation video, in English and Spanish, in each detainee/inmate housing pod twice a day through the wall mounted televisions, however, they could not confirm that the detainees who spoke other than English or Spanish were able to get the video information in a manner they could understand. In addition, the interviews and or post onsite email follow-up with the facility could not confirm that the video contained a closed-captioned capability to deliver the information to those detainees who were deaf or were hard of hearing. The Auditor's interviews with 14 random staff indicated they use the facility's language line to communicate with LEP detainees when bi-lingual staff are not available to provide interpreter services when communicating information pertaining to sexual abuse and sexual harassment to detainees. In addition, random staff reported that the law library staff, and mental health staff are consulted to assist with relaying sexual abuse and sexual harassment prevention, intervention, and response to detainees with intellectual, psychiatric, or speech disabilities. Interviews with the law library staff and mental health staff confirmed this during the onsite audit review and some of the law library and mental health staff interviewed further stated that they have spoken slowly and read sexual abuse and sexual harassment information from readily available reading materials (handbooks/posters) to detainees who have intellectual, psychiatric, or speech disabilities to ensure detainees have an equal opportunity to participate in or benefit from the facility or agency's established sexual abuse prevention, detection, intervention, and response protocols. There was only one detainee present throughout the audit. He entered the facility on the first day of the audit allowing the Auditor to observe the detainee's intake and classification process. During this process, intake and medical staff asked if the detainee had any disabilities, including LEP, and the detainee reported none. Therefore, the intake and classification processes were conducted in English, and the detainee was provided a DHS-Prescribed Sexual Assault Awareness pamphlet in English as well. The detainee was offered a copy of the ICE National Detainee Handbook, and the facility handbook, but the detainee declined. The intake staff advised the detainee that the handbooks could be assessed on the kiosks in the housing pods. The Auditor also observed that the detainee signed acknowledging receipt of the facility and Agency's sexual

abuse prevention and response information. The Auditor conducted 10 detainee file reviews and found that 7 detainees had a preferred language of English, and 3 detainees' preferred language was Spanish. The file review confirmed that the detainees received the facility handbook; however, the files reviewed could not confirm that any of the detainees received a copy of the ICE National Detainee Handbook. The Auditor confirmed that the ICE National Detainee Handbook is available to the detainees through the kiosks on their intake housing pods. There was no indication of detainees needing assistance due to any other disabilities or limited proficiencies. The review of the single investigative file confirmed that although the housing unit officer used another detainee to interpret the victim's allegation, the facility utilized a staff interpreter to interpret during the investigative process.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard which requires that the facility ensures that LEP detainees have meaningful access to all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility provides the detainee with an orientation video during orientation, and on the housing pods, which contains information regarding the facility's efforts to prevent, detect, and respond to sexual abuse, however, the video is only available in English and Spanish. Interviews with staff could not confirm that the PREA information available to detainee in the orientation video is accessible to LEP detainees in a manner that they could understand. To become compliant, the facility must develop a practice that would allow LEP detainees who do not speak English or Spanish access the PREA information provided by the facility on the orientation video. Once developed, all Intake staff must receive documented training on the new procedures and the facility must present the Auditor with 10 detainee files that are for detainees who speak languages other than English or Spanish to confirm that the detainees are getting the video information in a format they understand.

Corrective Action Taken (b): The facility provided the Auditor with Policy 311.03 section 3.2.C in its entirety, which speaks to providing all inmates/detainees with the information required by the standard at the time of booking/intake. The facility also provided documentation that indicates that the facility has only received one detainee who did not speak English or Spanish during the CAP and provided documentation that the detainee, who spoke Mandarin, had the orientation video translated utilizing the language line. Upon review of the submitted documentation, the Auditor finds the facility is now in compliance with subsection (b) of the standard.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight

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

Notes:

(a)(b)(c)(d)(e)(f): The Auditor determined compliance with the subparts of the standard based on review of Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, 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 (b) (6), (b) (7)(C) 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)." In addition, Policy 301.06 states, "TCSO will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment...When the TCSO conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. TCSO will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a shift Deputy, the PREA Coordinator or Jail Investigations" and "If a Detainee is a victim, suspect, or witness to any possible PREA event the housing supervisor will: a. Notify the on-site TCSO ICE supervisor; b. Notify the ICE/ERO; and c. Document the notification via email." Policy 301.06 further states, "The Deputy, PREA Coordinator, or Jail Investigations will ensure that there is a complete tracking system from the initial request through the final disposition. The PREA Coordinator will retain statistical data to include: (1) Number of allegations of sexual abuse and sexual harassment received; (2) Number of allegations resulting in an administrative investigation; (3) Number of allegations referred for criminal investigation; (4) Number of investigations completed. TCSO will publish such policy on its website." Policy 108.01 (Records Administration) states, "In accordance with state statutes, the Sheriff's Office will, beginning November 1, 1999, maintain all records that are subject to inspection under the Open Records Act, either in original form or through microfilm or similar medium, for a minimum of seven years. If the Sheriff's Office is the sole source of those records, they will be maintained indefinitely, either in original form or converted to a retrievable medium, such as microfilm, computer disk, compact disk, etc." A memorandum from the PSA Compliance Manager indicated that since the detention facility is managed by the Tulsa County Sheriff's Office, the facility does not rely on outside law enforcement agencies to conduct the facility's criminal investigations into sexual abuse. The PSA Compliance Manager confirmed that TCSO would provide the ICE Field Office with all collected information pertaining to the sexual abuse allegation to assist with

the agency's investigation. The PSA Compliance Manager further confirmed that the TCSO, along with the JCIU, immediately calls the acting AFOD and sends an email to the assigned ICE Field Office informing of a sexual abuse allegation. The PSA Compliance Manager also indicated that all criminal allegations into sexual abuse are investigated by JCIU, and that Internal Affairs conducts administrative investigations of sexual abuse, sexual harassment, or sexual misconduct. There was one sexual abuse allegation reported during the audit period. The case was referred to ICE ERO which was subsequently closed with a determination of unsubstantiated. The Auditor found the investigative file to be well organized, allowing for ease of auditing. The case was determined not to be criminal in nature; and therefore, was not referred to the JCIU. The PSA Compliance Manager indicated that TCSO posts its protocols on the facility's website at www.tcsso.org. The Auditor reviewed TCSO's website which included the facility's protocol to ensure each allegation of sexual abuse is investigated by the agency or facility and the facility's reporting procedures. The Auditor also reviewed the ICE website, <https://www.ice.gov/prea>, which included the required Agency protocol.

Does Not Meet (d): Although the facility has a protocol to contact the ICE supervisor and the ICE/ERO, the Auditor has been unable to determine compliance with subpart (d) of this standard which requires that the protocol contain the verbiage of subsections (e) and (f). Subsection (e) of the standard states, "a detainee, prisoner, inmate, or resident 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, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." In addition, subsection (f) of the standard states, "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 the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." To become compliant, the facility must consult with DHS to revise policy 301.06 to reflect the above standard requirement. In addition, the facility must provide the Auditor with a copy of the revised policy, train staff on the revision, and provide training documents to confirm staff have been trained on the updated policy.

Corrective Action Taken (d): The facility submitted updated policy 311.03 that confirms that it now contains all elements of the standard and an email from the Dallas Field Office confirming that the updated policy was reviewed and approved by the Agency. In addition, the facility submitted documentation that all classification and line staff have been trained on the updated procedure. Upon review of the submitted documentation, the Auditor finds that the facility is now in compliance with subsection (d) of the standard.

§115. 32 - Other training

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

Notes:

(a)(b)(c): Policy 301.06 states that, "TCSO will ensure that all volunteers and contractors who have contact with inmates (or enter the secure portion of the facility) have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with inmates, all volunteers and contractors who have contact with inmates will be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Temporary Contractors will receive training via written form (Attachment A) ...Regular Contractors will receive training via written form (Attachment A), the written form...and after watching the video called "PREA for the C.O." ...Volunteers will receive training via written form (Attachment A) ...written form will be provided...after watching the video called "PREA for the C.O." ... TCSO will maintain documentation confirming that temporary contractors, regular contractors, and volunteers understand the training they have received." The HSA confirmed that medical staff receive PREA orientation and annual training through video or from the TCSO's Training Supervisor every March. The HSA advised that she conducts the ongoing sexual abuse prevention education during staff meetings. The Mental Health Therapist, and two Turn Key staff, verified they have been initially trained on sexual abuse prevention and response and receive ongoing annual training in staff meetings administered by the HSA. The Auditor's interviews with three nurses indicated they sign an acknowledgement form after each training. The PSA Compliance Manager further confirmed that Turn Key medical staff documents all their training. During the Auditor's interviews with three volunteers, two verified through interviews that they had received PREA training through video. The PSA Compliance Manager confirmed that volunteers receive PREA training administered by the Chaplin. The Auditor reviewed 10 contractor signed acknowledgement forms, from the initial and ongoing trainings of Turn Key medical staff, verifying they have received initial and annual PREA training. The facility could not, however, provide documentation supporting volunteers received training based on the standard's requirement.

Does Not Meet (c): Although the facility provided significant documentation confirming that contractors who have contact with immigration facility detainees have received training on sexual abuse prevention and response, the Auditor was unable

to determine compliance with subsection (c) of the standard as the facility could not provide documentation to confirm that volunteers had received the required training. To ensure compliance, the facility must provide documentation confirming that all volunteers assigned to TCSO have received training in the facility's zero-tolerance policy, in addition to, how to report an incident of sexual abuse.

Corrective Action Taken (c): The facility submitted a copy of the training offered to volunteers at TCSO that confirmed volunteers receive training on the facility's zero-tolerance policy and how to report an incident of sexual abuse. In addition, the facility provided the Auditor with a form documenting that a volunteer received training on Sexual Abuse Assault Prevention. Upon review of the submitted documentation the Auditor finds that the facility is now in compliance with subsection (c) of the standard.

§115. 33 - Detainee education

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): The Auditor reviewed Policy 301.06 that states, "ICE officers will provide Detainees with the following training: (1) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (2) Information about self-protection and indicators of sexual abuse; (3) Prevention and intervention strategies; (4) Explanation of methods for reporting sexual abuse, to include: (a) Staff members; Staff members other than the immediate point-of-contact line officer; (c) DHS Office of the Inspector General; and (d) The Joint Intake Center. (5) Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainees' immigration proceeding; and (6) The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." The Intake Sergeant indicated detainees are provided education in accordance with Policy 301.06 and the requirements of this standard through orientation: video, ICE National Detainee Handbook, facility detainee handbook, and brochure. The intake staff indicated to the Auditor that when intake staff is confronted with a detainee that may be hearing impaired or deaf, TCSO orientation information is provided to them in writing or if that is not successful, information would be provided through medical or mental health staff. When staff encounters a detainee who is blind or with limited sight, the staff member would provide individualized service to the detainee to include reading the information. In addition, if needed the staff would also refer the detainee to the law library, medical, or mental health for further assistance. Intake staff informed the Auditor that staff interpreters, and the facility's language line, are used to assist with communicating sexual abuse education to LEP detainees. The Intake Sergeant indicated that TCSO maintains documentation of detainee participation in the intake process orientation. The Auditor noted the acknowledgement of orientation signed by the detainee located in the 10 detainee files reviewed; however, the review of this acknowledgement form could not confirm that detainees received PREA information as required by the standard. According to the file reviews, all 10 files indicated that the detainees received the facility's Detainee Handbook and viewed the PREA video; however, the facility handbook and the video are only available in English and in Spanish. The Auditor was unable to interview any LEP detainees during the onsite audit as there was only one detainee in the facility during the time of the audit; this detainee was fluent in English and had no disabilities. During his interview, the detainee reported that he received information about sexual abuse and how to stay safe or report an incident of sexual abuse. The detainee verified receiving a pamphlet on sexual abuse during the intake process as well as observing PREA information posted on the walls. The Auditor confirmed the detainee received education on the above requirements through observation of the detainee's intake process. A copy of the Zero Tolerance Sexual Misconduct form used during the intake process to acknowledge detainees' participation in the intake orientation process was provided to the Auditor, along with a signed acknowledgement informing that a detainee had received the facility's handbook and watched the "Prison Rape video."

The Auditor confirmed that the ICE National Detainee Handbook, and facility handbook, are accessible to detainees in intake only in English and Spanish. According to the Intake Sergeant, the facility handbook is not available in other languages onsite and if the detainee required a copy of the ICE National Detainee Handbook in one of the other 12 languages including, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese, the facility would request one from the ICE Field Office who would provide one in a timely manner; the Intake Sergeant did not elaborate on "timely manner." Furthermore, there was no signed acknowledgement in any of the 10 detainee files reviewed confirming that the detainee received an ICE National Detainee Handbook in their preferred language during the orientation process. Although the Auditor confirmed that the ICE National Detainee Handbook is available in all 14 languages through the kiosks in the detainee intake housing pods, because the facility relies on this document as part of their orientation process, the ICE National Detainee Handbook would need to be available at intake, or at a minimum, the pertinent information related to content covering subsection (a)(1-6) of the standard. In addition, the information must be relayed to detainees who do not speak English or Spanish in a manner they understand, and to detainees who are blind or limited sight, deaf or hard of hearing, are otherwise disabled, or have limited reading skills.

During the onsite visit, the Auditor observed the posting of the DHS-prescribed sexual assault awareness notice in English and Spanish, the DHS ICE Zero-Tolerance poster which included the name of the PSA Compliance Manager, and information on how to contact DVIS on housing unit bulletin boards and in binders on the officer's desk. During the onsite audit review, the Auditor confirmed the DHS-prescribed Sexual Abuse Awareness Information pamphlet is available in English and Spanish in the intake processing area; however, according to the Intake Sergeant, should a detainee's preferred language be one of the other seven available languages including Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, her staff would contact the PSA Compliance Manager to obtain a copy in one of these other languages. During the onsite audit, the Auditor conducted 10 detainee file reviews which indicated that all 10 detainees received the facility handbook, viewed the "Prison Rape" video, and confirmed that they are aware of the posters and the required reporting information; however, the signed acknowledgement did not confirm receipt of the ICE National Detainee Handbook or the DHS-prescribed Sexual Assault Information pamphlet. In addition, although the signed acknowledgement included view of the "Prison Rape" video, the video is only available in English and Spanish and does not consider those detainees whose preferred language is other than English or Spanish. Therefore, the Auditor could not confirm the educational information was provided to detainees in written and verbal formats that he/she could understand as required by the standard.

Does Not Meet (b)(c)(e)(f): The facility does not meet subsections (b)(c)(e)(f) of the standard. The Auditor reviewed 10 randomly chosen detainee files, all of which contained a signed orientation acknowledgment form, indicating the distribution of the facility handbook and viewing of the "Prison Rape" video; however, the form did not include acknowledgement of the distribution of the DHS-prescribed Sexual Assault Awareness Information Pamphlet or the DHS ICE National Detainee Handbook. In addition, although the signed acknowledgment indicated the detainee watched the "Prison Rape" video, the video is only available in English and Spanish; and does not contain closed captioning for the deaf or hard of hearing detainee. Therefore, the video information is not available to those detainees whose preferred language is other than English or Spanish or to those who are deaf or hard of hearing. The Auditor also observed during the onsite visit that the facility only had English and Spanish copies of the ICE National Detainee Handbook available onsite. Through an interview with the Intake Sergeant, it was indicated should copies of the ICE National Detainee Handbook be needed in one of the other 12 languages, the facility would request one from the ICE Field Office who would provide one in a timely manner. The Intake Sergeant did not elaborate on "timely manner," and as there were no signed acknowledgement in any of the 10 detainee files reviewed, the Auditor could not confirm compliance with detainees receiving the ICE National Detainee Handbook during the orientation process although the facility relies on this document as part of their orientation process; and therefore, the ICE National Detainee Handbook would need to be available at intake, or at a minimum, the pertinent information related to content covering subsection (a)(1-6) of the standard. To become compliant, the facility must adapt the practice of providing the PREA education in a manner all LEP and deaf or hard of hearing detainees can understand. This includes distributing the written information in the preferred language of the detainee and utilizing closed captioning on the TV's or providing the deaf or hard of hearing detainee with a script of the video. In addition, they must change their practice to include the detainee signing for the ICE National Detainee Handbook and the DHS-prescribed Sexual Assault Awareness Information pamphlet in a language that they understand. Once developed, all Intake staff must receive documented training on the new procedures. In addition, the facility must present the Auditor with 10 detainee files that include detainees who speak languages other than English or Spanish, to confirm that the detainees are getting the information in a format they understand.

Corrective Action Taken (b)(c)(e)(f): The facility provided the Auditor with policy 311.03 section 3.2.C in its entirety, which speaks to providing all inmates/detainees with the information required by this standard at the time of booking/intake and documented training of all intake staff on the updated policy 311.03. The facility also provided documentation that indicates that the facility has only received one detainee who did not speak English or Spanish during the CAP and provided documentation that the detainee, who spoke Mandarin, had the orientation video translated utilizing the language line. However, the facility policy 311.03 further states, "TSCO will provide inmate/detainee education in formats accessible to all inmates/detainees, including those who are ...deaf... Inmates/detainees identified in this category by classification will be referred to programs for specialized training. The program's supervisor or chaplain shall ensure that these inmates/detainees are contacted, and training is provided in an accessible form." The policy as written does not require the detainee who is deaf, and or hard of hearing to receive the information during intake. The facility submitted an email requesting a change to the Zero Tolerance Sexual Misconduct Form that is signed by inmates/detainees during the booking process; however, as of the CAP end date of 11/29/2022, the new practice has not been initiated. Upon review of all submitted documentation the Auditor finds that the facility is now in compliance with subsections (c), (e), and (f); however, continues to find that the facility does not meet subsection (b) that requires PREA information be provided to detainees including those who are deaf or hard of hearing during the intake process.

§115. 41 - Assessment for risk of victimization and abusiveness

Outcome: Does not Meet Standard

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "All inmates will be assessed during an intake screening and upon transfer from another outside facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Detainees will receive an intake screening within 12 hours of arrival at the facility." Policy 301.06 further states, "Inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If classification cannot conduct such an assessment immediately, classification may hold the inmate in involuntary segregated housing (medical) for less than 24 hours while completing the assessment." According to the Intake Sergeant, each detainee is kept separately from other detainees until the detainee is classified and housed accordingly. The Auditor conducted an onsite review of the facility to include the intake processing area and was advised by the Intake Sergeant, two intake officers, and Risk Manager, that intake screening assessments are conducted immediately after the detainee enters the facility. Intake staff reported that detainees must complete the intake process before they are housed with other detainees. The Auditor confirmed this process through observation of the only detainee entering the facility while the Auditor was onsite. The Auditor also conducted 10 detainee file reviews and found that all 10 detainees were assessed for risk of victimization and risk of abusiveness within 12 hours of admission to the facility. The PSA Compliance Manager verified that detainees received initial classification and PREA assessment within 12 hours of intake and before being assigned to a housing pod. The Auditor interviewed the only detainee in the facility, and he reported that he spent a "significant amount of time" in intake; however, the Auditor, through observation of the detainee's intake process while onsite, confirmed that the detainee was classified within 12 hours of admission. Nonetheless, the facility's policy allows for detainees at high risk for sexual victimization to be placed in involuntary segregated housing for up to 24 hours to allow classification to complete the assessment confirms the facility is not compliant with subsection (b) of the standard which requires that initial housing be determined within 12 hours of arrival to the facility.

Does Not Meet (b): The facility's policy permits placing a detainee who may be at high risk of sexual abuse in segregated housing for up to 24 hours to allow classification to conduct an initial assessment. As the standard requires that the initial assessment be completed within 12 hours of arrival to the facility, TCSO is not compliant with subsection (b) of the standard. To become compliant, the facility must change their practice of allowing classification up to 24 hours to make an initial assessment of a detainee who may be at risk for sexual abuse to completing the initial assessment and initial housing assignment within 12 hours as required by subsection (b) of the standard. In addition, the facility must train all applicable staff on the new practice and provide the Auditor with documentation of said training. The facility must provide the Auditor, if applicable copies of all assessments that involved a detainee who may be at high risk of sexual abuse that occurred during the Corrective Action Plan (CAP) period.

Corrective Action Taken (b): The facility provided updated policy 301.06 that requires all detainees receive an intake screening within 12 hours of arrival. In addition, the facility provided the Auditor with 13 Booking Sheets and the corresponding Classification Sheets that confirmed the detainees received their initial housing assignment within 12 hours of arrival at the facility. In addition, the facility provided the Auditor with a memorandum stating, "The facility did not receive a detainee who may be at high risk during the CAP period and therefore requested documentation could not be provided." The facility provided documented training of both intake and classification staff. Upon review of all submitted documentation, the Auditor finds that the facility is now in substantial compliance with subsection (b) of the standard.

(e)(f)(g): The Auditor reviewed Policy 301.06 that states, "Detainee's will be reassessed within 60-90 days from the inmates' arrival at the facility" and "an inmate's risk level will be reassessed by the Classification Officer when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." Policy 301.06 further states, "Inmates will not be disciplined for refusing to answer, or for not disclosing complete information." Classification officers and supervisors may obtain access to this controlled information..." The PSA Compliance Manager advised that staff is provided ongoing training to adhere to the facility's confidentiality standards. The Auditor conducted 10 detainee file reviews and found that all 10 detainees had been released prior to 60 days of being housed in TCSO. However, the facility submitted a memo which states, "During this audit cycle the facility had one ICE Detainee housed at the facility long enough to have a 60/90-day reassessment. Unfortunately, the reassessment did not occur until the 120-day time frame." The files did not indicate any disciplinary measures imposed upon detainees for refusing to answer or disclose requested information during the risk assessment. In addition, the Auditor reviewed one investigation file and determined that the detainee victim was not reassessed after an incident of sexual abuse.

Does Not Meet (e): The facility submitted a memo which stated, "During this audit cycle the facility had one ICE Detainee housed at the facility long enough to have a 60/90-day reassessment. Unfortunately, the reassessment did not occur until the 120-day time frame." In addition, the Auditor reviewed one investigation file and determined that the detainee victim was not reassessed after an incident of sexual abuse. Based on this memo, and the lack of documentation to confirm compliance, the facility is not compliant with subsection (e) of the standard. To become compliant, the facility must provide, if available, a sample of all sexual abuse investigation packets that confirm the detainee was reassessed following an incident of sexual abuse and 10 detainee files that document that a reassessment was completed between 60 - 90 day timeframe that occur during the CAP process. In addition, the facility must submit documentation that both classification staff, and the facility Investigator, have received training regarding the requirement to complete reassessments between 60 and 90 days, following an allegation of sexual abuse, and when additional information is obtained.

Corrective Action Taken (e): The facility provided the statement, "Policy 311.04, while not updated for this particular standard was sent out for training purposes, however; policy 311.04 continues to require, "Detainees will be reassessed within 30 days from the detainee's arrival at the facility" and therefore, staff have not been trained on the DHS requirement to complete the reassessment between 60 - 90 days. The facility also provided memos indicating, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided" and "the facility did not house a detainee long enough that required a reassessment between 60-and-90-days and therefore requested documentation could not be provided." Upon review of the documentation, which confirmed that the facility has not updated their policy 311.04 or trained staff on the DHS requirement to complete a reassessment between 60 - 90 days from the initial assessment, the Auditor continues to find that the facility does not meet subsection (e) 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): The Auditor determined compliance with this subpart of the standard through review of Policy 301.06 that states, "TCSO will use information from the risk screening form to notify housing, bed, work, education, and program assignments. TCSO will keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. TCSO will make individualized determinations about how to ensure the safety of each inmate." During the onsite audit, the intake staff reported that information from the risk assessment is used to make appropriate housing determinations. The Intake Sergeant, and Risk Manager, confirmed risk assessments are conducted on an individualized basis to determine initial housing and bed assignments; however, during the onsite tour the Auditor observed that all detainees are initially housed in one housing pod for 10 days due to the facility's COVID-19 protocol. Furthermore, the Auditor reviewed 10 detainee files uploaded to the ICE SharePoint. The file review could not confirm that the information received from the PREA risk screening is considered when determining initial housing. In addition, the Auditor reviewed the facility detainee handbook that states, "Once you are booked into the jail, you will be classified and assigned a security level. ICE classification levels will be determined by the ICE agents in the detention facility. These levels are equivalent to the classification levels of other Detainees being housed in DLMCJC. Your classification level is determined by criminal history, present charges, past incarcerations, and any additional information developed during your present incarceration." According to the PSA Compliance Manager, Risk Manager, and Intake Sergeant, detainees do not stay at the facility long enough to be able to participate in work, education, or program assignments; however, a review of the detainee handbook confirms that detainees have the opportunity to participate in various programs, including but not limited to education, religious, and library services.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Subsection (a) of the standard requires that the facility use information obtained from the risk assessment noted in standard 115.41 when determining initial housing, recreation and other activities, or voluntary work assignments. A review of the detainee facility handbook which states, "Once you are booked into the jail, you will be classified and assigned a security level. ICE classification levels will be determined by the ICE agents in the detention facility. These levels are equivalent to the classification levels of other Detainees being housed in DLMCJC. Your classification level is determined by criminal history, present charges, past incarcerations, and any additional information developed during your present incarceration" confirms the facility does not consider all elements of subsection (c) of standard 115.41 when determining initial housing. In addition, a review of 10 detainee files could not confirm that this information is considered when determining detainee initial housing, recreation and other activities, or voluntary work assignments. In addition, the Auditor observed during the onsite audit that all detainees are initially housed in one housing pod for 10 days due to the facility's COVID-19 protocol. To become compliant, the information during the PREA risk screening needs to be shared with staff determining the detainee's initial housing, recreation and other activities, or voluntary work assignments so that the detainee's risk of sexual abuse can be properly assessed. In addition, all Intake, and other applicable staff, should be trained in the proper use of the information received

from the PREA risk screening when determining the detainee's initial housing, recreation and other activities, or voluntary work assignments. The facility must also provide 10 detainee files that document that the information from the risk screening is utilized when determining initial housing, and if available, recreation and other activities, or voluntary work assignments.

Corrective Action Taken (a): The facility submitted policy 302.11, Inmate Work Programs, that states, "Ice detainees are not eligible to work in the inmate work program" and documented training on utilization of the information gathered during the PREA risk screening. In addition, the facility submitted policy 302.02 Classification that states, "...Detainees will be assigned to housing, offered recreation and other activities and assigned to voluntary work according to their classification levels." The facility submitted nine detainee files that included Initial Intake Surveys, Initial Classification Surveys, Classification Pre-Screenings, and initial Classification housing forms that confirmed the detainee was initially classified and assigned to initial housing using information received from the risk screening. Upon review of the submitted documentation, the Auditor finds that the facility is now 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): The Auditor reviewed Policy 301.06 that states, "TCSO will provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible." While onsite, the Auditor observed that this information was made available to detainees in the facility handbook; however, the facility handbook is only available in English and Spanish. The Auditor also observed such information posted on the detainee housing pod bulletin boards in English and Spanish, and that the DVIS number is painted on the walls in the housing pods near the detainee phones. Staff, during interviews, reported that the informational videos are also placed twice a day at certain intervals in the housing pods; however, the video is available only in English and Spanish. The Auditor reviewed the MOU established between the facility and DVIS and found that the standard's required services are indicated. There was only one detainee in the facility while the Auditor was onsite. The detainee recalled seeing or hearing about organizations for supporting victims of sexual abuse. The Auditor reviewed the single allegation investigative file that occurred during the audit period and confirmed the facility did not provide the detainee with information about DVIS following the allegation.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Although the Auditor observed information regarding DVIS posted on the facility walls near the housing unit phones, available in the facility handbook, and in the video played daily on the housing units, the information is only available to the detainee population in English and Spanish. In addition, the Auditor reviewed the single allegation investigative file and confirmed the information about DVIS was not provided to the detainee victim following an incident of sexual abuse. To become compliant, the facility must offer the information about DVIS in a language that the detainee who does not speak English or Spanish can understand. In addition, the facility must provide the Auditor with documentation that confirms the facility has developed a way to provide the information to detainees who are not English or Spanish speaking. The facility, if applicable, must provide the Auditor with all investigative files that occurred during the CAP process to confirm the detainee was offered information about DVIS following an incident of sexual abuse.

Corrective Action Taken (c): The facility provided updated policy 311.05, Prison Rape Elimination Act (PREA) – Reporting, that confirms that the facility will use the language line for interpretation services as needed when offering the detainee outside victim's advocates including DVIS. In addition, the facility also provided one detainee medical MARS that confirms that the detainee was offered DVIS services during her medical evaluation. The facility submitted to the Auditor a memo indicating, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided." Upon review of all submitted documentation, the Auditor now finds the facility in substantial 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): A review of the TCSO Allegation of Sexual Response Plan and policy 301.06 indicated that the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, 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 if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in either the plan or the policy. In addition, the Auditor reviewed a memorandum from the PSA Compliance Manager stating, "During this audit cycle the facility did not transfer an ICE detainee to another facility who was the victim of sexual abuse. Should the facility ever transfer an ICE Detainee to another facility, the facility would work through our local ERO who would arrange for the transfer and notification to the new facility;" thus further confirming the facility has not included sections (c) and (d) in their coordinated response as they do appear to have a practice in place that would be followed in this situation was to occur.

Does Not Meet (c)(d): Neither the facility's coordinated response plan, or policy 301.06, include the requirements mandated by subsections (c) and (d) of the standard. To become compliant, the facility must update the TCSO Allegation of Sexual Response Plan, and facility policy 301.06, to include the language required by subsections (c) and (d) of the standard and to initiate the practice of informing the receiving facility covered by subpart (a) and (b) of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise. The facility must also conduct documented training of all applicable staff on the change in the Allegation of Sexual Response Plan, and policy 301.06, that includes notifying facilities as required by the standard. In addition, if applicable, the facility must provide the Auditor with any detainee files where the detainee victim of sexual abuse, or assault, was transferred to confirm the facility is following the updated policy 301.06 and Sexual Response Plan.

Corrective Action Taken (c)(d): The facility provided the Auditor with a copy of policy 301.06, that confirms it contains the required verbiage of the standard. In addition, the facility provided documented training on the new procedure for all line and classification staff. The facility submitted a memo that states, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided." Upon review of all submitted documentation, the Auditor now finds the facility in substantial compliance with subsections (c) and (d) of the standard.

§115. 73 - Reporting to detainees

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

Notes:

The Auditor reviewed Policy 301.06 that states, "Following an investigation into an inmate's allegation of sexual abuse the investigator will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If TCSO did not conduct the investigation, the jail investigator will request the relevant information from the investigative agency in order to inform the inmate. All such notifications or attempted notifications will be documented...TCSO's obligation to report under this standard will terminate if the inmate is released from the agency's custody." The PSA Compliance Manager verified that detainees are informed of their case status in writing. The Auditor conducted an investigative file review of a sexual abuse allegation reported at TCSO, and the investigative file confirmed that the detainee was not notified of the outcome of the investigation.

Does Not Meet: The Auditor reviewed the single sexual abuse allegation investigation file that occurred during the audit period and confirmed the detainee was not notified of the outcome of the investigation. To become compliant the facility must provide the Auditor, if applicable, any investigative files for allegations during the CAP period to confirm the detainee was notified of the outcome of the sexual abuse allegation.

Corrective Action Taken: The facility submitted a memo that states, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided." Upon review of the submitted documentation, the Auditor now finds the facility in substantial compliance with standard 115.73.

§115. 76 - Disciplinary sanctions for staff

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

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "All employees will be subject to disciplinary sanctions up to and including termination, and criminal prosecution for violating agency sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." A review of policy indicates that it was reviewed and approved by the Agency; however, the policy does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, the policy does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." The PSA Compliance Manager's memorandum stated, "During this audit period there were no occurrences of sexual assault/abuse by staff on an ICE Detainee. There is no form letter for termination, as each case is handled individually. The official letterhead is formatted with the same header information as this memo and would be signed by the Undersheriff/Sheriff at the time of the hearing that resulted in termination." There were no staff-on-detainee sexual abuse allegations during the audit period for the Auditor to review. The Auditor conducted an interview with the PSA Compliance manager and was informed that staff is subject to disciplinary or adverse action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse or for violating facility policies.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of policy 301.06 indicates that the policy does not contain the required verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, policy 301.06 does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." To become compliant with subsections (a) and (b), the facility must update policy 301.06 to include the required verbiage of the standard. In addition, the facility must submit the updated policy to the Agency for review and approval. In addition, if applicable, the facility must provide investigation files that confirm a staff member was disciplined in accordance with standard 115.76 after an incident of substantiated sexual abuse.

Corrective Action Taken (a)(b): The facility submitted policy 301.06 that states, "All employees will be subject to disciplinary sanctions up to and including termination, and criminal prosecution for violating agency sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." As termination is greater than removal from Federal Service the Auditor accepts the verbiage of policy 301.06. Upon review of submitted documentation, the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115. 82 - Access to emergency medical and mental health services

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

Notes:

(a)(b): The Auditor reviewed Policy 301.06 that states, "Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment... Inmate victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will 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." During the onsite audit review, the Auditor was informed by the HSA, three medical staff, and the Risk Manager, that medical treatment and forensic medical examinations stemming from a sexual abuse incident would be provided at no cost to the detainee. They also reported that the facility transports detainee victims of sexual abuse to Hillcrest Hospital to receive medical treatment services at no cost. The Auditor reviewed one inmate-on-detainee investigative file and determined the detainee was not provided timely, unimpeded access to emergency medical treatment and crisis intervention services as required in the standard. Following the incident, the detainee was not taken to medical for assessment.

Does Not Meet (a): The facility is not compliant with section (a) of the standard. The Auditor reviewed one inmate-on-detainee investigative file and determined the detainee was not provided timely, unimpeded access to emergency medical treatment and crisis intervention services as required in the standard. Following the incident, the detainee was not taken to medical for assessment. To become compliant, the facility must follow their protocol that requires staff to take an alleged victim of sexual assault to medical for evaluation after every reported incident of sexual abuse. In addition, the staff must be trained on the protocol and the training must be documented. The facility must submit, if applicable all sexual abuse investigative files of incidents that occurred during the CAP period to confirm that the detainee victims were taken to medical after an incident of sexual abuse.

Corrective Action Taken (a): The facility submitted to the Auditor snap shots of PREA training taken by staff that confirmed the training included the facility protocol requiring that all detainees be taken to medical following an incident of sexual abuse. In addition, the facility submitted a memo that states, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided." Upon review of the submitted documentation, the Auditor now finds the facility substantial compliance with subsection (a) 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): Policy 301.06 states, "TCSO, through the Health Services provider, will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include, as appropriate: (a) Follow-up services; (b) Treatment plans; and (c) When necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TCSO will provide such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate." The Auditor conducted an onsite review of the facility and was informed by medical staff that if there was an allegation of sexual abuse, the facility would send the detainee to Hillcrest Hospital to have a forensic sexual assault examination conducted, if appropriate. The Auditor was also informed that medical treatment, to include prophylaxis, would be provided to detainees. In addition, the Auditor was informed that upon return to the facility, the detainee would be seen by medical and mental health staff. The Auditor made several attempts to contact a SANE at Hillcrest Hospital while onsite and left a message. However, the Auditor did not receive a returned call. There were zero detainees housed at TCSO during the onsite audit who were involved in an incident of sexual abuse. The Auditor reviewed the single investigative file that occurred during the audit period. According to the file review, the incident did not arise to the need for a forensic sexual assault examination, however, the facility did not offer the detainee victim to medical or mental health for services.

Does Not Meet (a): The Auditor was unable to determine compliance with this subpart of the standard. During the investigative file review of the only inmate-on-detainee sexual abuse incident, the facility did not offer a medical or mental health evaluation to the detainee victim as required by this standard. To become compliant, the facility must train all applicable staff on the standard requirement to offer detainee victims access to medical and mental health staff following an incident of sexual abuse. To become compliant the facility must follow their protocol that requires staff to take an alleged victim of sexual assault to medical for evaluation after every reported incident of sexual abuse. In addition, the staff must be trained on the protocol and the training must be documented. The facility must submit, if applicable, all sexual abuse investigative files of incidents that occurred during the CAP period to confirm that the detainee victims were taken to medical after an incident of sexual abuse.

Corrective Action Taken (a): The facility submitted to the Auditor snap shots of PREA training taken by staff that confirmed the training included the facility protocol requiring that all detainee victims be offered a medical or mental health evaluation as required by subsection (a) of the standard. In addition, the facility submitted a memo that states, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided."

Upon review of the submitted documentation, the Auditor now finds the facility in substantial compliance with subsection (a) 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): The Auditor reviewed Policy 301.06 that states, "The facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review will ordinarily occur within 30 days of the conclusion of the investigation...The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners... Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse." During the interview with the PSA Compliance Manager the Auditor was informed that incident reviews are conducted immediately after the closure of a sexual abuse case. The PSA Compliance Manager further confirmed that the review team includes the HSA, a detective, a shift lieutenant, a corporal, a sergeant, and PSA Compliance Manager. Also, the PSA Compliance Manager reported that the incident report is sent to the AFOD and forwarded to the agency's PSA Coordinator via email. The acting AFOD confirmed this process in his interview. The Auditor conducted one investigative file review of an inmate-on-detainee sexual abuse allegation which occurred prior to this audit period. According to the investigative file review, a sexual abuse incident review was not completed within 30 days of the inmate-on-detainee investigation completion nor was a completed incident review report, and response, forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. Although the facility conducted a sexual abuse incident review at the conclusion of the inmate-on-detainee investigation, the incident review was not completed within 30 days or forwarded to the Agency PSA Coordinator as required by subsection (a) of the standard. To become compliant, the facility must train all members of the incident review team on the requirement to conduct all incident reviews within 30 days and forward a copy of the completed incident review, and response to the Agency PSA Coordinator as required by the standard. In addition, facility must provide the Auditor with a copy of training acknowledgement verifying that all incident review team members have received such training. The facility must provide the Auditor, if applicable, copies of all investigation files, including copies of the completed incident reviews, that occur during the CAP period.

Corrective Action Taken (a): The facility provided an email to the PSA Compliance Manager that indicated that the incident review was conducted within 30 days as required by the standard. A review of the investigation file confirms that the incident was closed on 10/14/2019. In addition, a review of the investigation file suggests that the incident review was conducted on 12/16/19, however, a review of the PREA allegation spreadsheet confirms that the incident review was conducted on 11/16/2019. The facility also submitted an email that was generated to all applicable staff to ensure that further incident reviews and responses are forwarded to the Agency PSA Coordinator. As the facility did complete the incident within the timeframe of the standard, the Auditor no longer required that all members of the incident review team receive training on the requirement to conduct all incident reviews within 30 days. In addition, the facility submitted a memo that states, "The facility did not have an incident of sexual abuse during the CAP and therefore requested documentation could not be provided." Upon review of the submitted documentation, the Auditor now finds the facility in substantial compliance with subsection (a) 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.

Sabina Kaplan

Auditor's Signature & Date

January 16, 2023

Sabina Kaplan

January 18, 2023

Assistant Program Manager's Signature & Date

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

Program Manager's Signature & Date

January 18, 2023