

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Patrick J. Zirpoli	Organization:	Creative Corrections, LLC
Email address:	██████████	Telephone number:	570-729-████

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:	Marc J. Moore
ERO PREA Field Coordinator:	██████████
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247
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/Tulsa County Jail		
Physical address:	300 N. Denver Avenue, Tulsa, OK 74103		
Mailing address: (if different from above)			
Telephone number:	918-596-8900		
Facility type:	IGSA		
Facility Leadership			
Name of Official/Officer in Charge:	David L. Parker	Title:	Jail Administrator
Email address:	██████████	Telephone number:	918-596-████
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Dr. Josh Turley	Title:	PREA Coordinator
Email address:	██████████	Telephone number:	918-596-████

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

Pre-Onsite Audit Phase

Audit Planning and Logistics:

On May 14-16, 2019 the Prison Rape Elimination Act (PREA) on-site audit of the David L. Moss Criminal Justice Center/Tulsa County Jail located in Tulsa, Oklahoma was conducted by Department of Justice (DOJ) certified PREA Auditor Patrick J. Zirpoli and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance and review during the report writing and review process by the ICE PREA Program Manager, [REDACTED], a DOJ and DHS certified PREA Auditor. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analysis Unit (ERAU) section during the audit report review process on behalf of Creative Corrections. The purpose of the audit was to determine compliance with the DHS PREA Standards. The PREA audit was the first for the David L. Moss Criminal Justice Center. The David L. Moss Criminal Justice Center is operated by the Tulsa County Sheriff's Office and contracted by U.S. Immigration and Customs Enforcement (ICE) for the housing of male and female detainees. The audit period covered the previous twelve months from May 14, 2018 through May 16, 2019.

Posting Notice of the Audit:

The ERAU Team Lead [REDACTED] forwarded the audit notification poster to the facility. The poster included the dates of the audit, the purpose of the audit, the Auditor contact information through Creative Corrections LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all housing units, and all common areas. The Auditor verified the placement of the audit notification poster during the facility tour and the detainee and staff interviews. The Auditor did not receive any letters from detainees housed at the facility.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The point of contact established for the audit was through [REDACTED]. Before the onsite audit, [REDACTED] facilitated the upload of the completed Pre-Audit Questionnaire along with supporting documents to the ERAU SharePoint. The Auditor reviewed all facility supporting documentation, as well as the agency's policies and procedures. These documents included agency and facility documentation and demonstrated the agency's and facility's compliance with the PREA standards. The Auditor listed the documentation utilized during the analysis of each standard within the standard narrative.

Onsite Audit Phase:

Site Review:

The onsite audit began on May 14, 2019 at 8:00 a.m. at which time [REDACTED] led a short in-briefing. In attendance were the Auditor and the following David L. Moss Criminal Justice Center Staff/Tulsa County Sheriff's Office (TCSO) and ICE Staff:

- Jail Administrator David Parker
- PREA Coordinator Dr. Josh Turley
- Corporal [REDACTED]
- Assistant Jail Administrator [REDACTED]
- [REDACTED] (TCSO)
- Life Safety Officer [REDACTED] (TCSO)
- Compliance Officer [REDACTED] (TCSO)
- Health Service Administrator [REDACTED] Turn-Key Medical Inc.
- [REDACTED] Turn-Key Medical Inc.
- ICE Supervisory Deportation and Detention Officer (SDDO) [REDACTED]

Introductions were made and the audit schedule was discussed. The Auditor provided an overview of the audit process and how compliance was accomplished. The Auditor explained that the PREA Audit: Auditor Assessment Tool is utilized as a guide to ensure that all aspects of each standard are met. This assurance is made by triangulation of the policies and documentation reviewed, the Auditor's personal observations during the onsite audit, and through the information received during the interviews. The Auditor explained that the policies and procedures reviewed are in compliance with the standards, and the Auditor will evaluate if they are put into daily practice at the facility.

The Auditor with key staff, including the PREA Coordinator conducted a facility tour. The facility has a contract for 200 detainee beds, the focus of the tour was on areas that are only accessible by the detainees at the facility. The detainees do not work outside of the housing units, all meals are served on the housing units. The only areas that the detainees have access to are the immediate intake area, library, courtroom, and the medical areas. During the tour, the Auditor made visual observations and closely examined the bathrooms, housing area sight lines, and camera locations, and camera views. The Auditor spoke with random staff and detainees, reviewed all of the housing unit logbooks, examined the bulletin boards to ensure that the proper notices were posted and made random phone checks on the detainee phones to ensure they worked properly.

The main entrance has [REDACTED] Correctional Officers stationed [REDACTED]. Entrance to the facility, which is off of the lobby, is controlled by a [REDACTED]. These officers need to grant access to the facility. All entrants are subject to search.

This facility is located in a single building and has a designed capacity for 2,020 inmates/detainees. The facility houses inmates for county, state, and the US Marshalls Service, as well as the detainees for ICE. The majority of the male and female detainees are located on a specific unit, but detainees with a higher classification level are housed in units with inmates.

The facility contains 5 single occupancy cell housing units, 14 multiple occupancy housing units, and 6 dormitory style housing units. The facility also has 160 segregation cells, 104 mental health beds, and 28 infirmary beds.

The multiple occupancy housing units to house the majority of the detainees are constructed in the same manner. The units are two-tiered, and self-contained. All meals are delivered to the unit, and a recreation yard is attached to the unit. The cells are constructed with the toilet at the far end of the cell behind the beds, this creates a barrier for the detainees while performing bodily functions. The showers are located on the housing unit, they all have operational doors that allow privacy while showering.

All of the housing units have a binder that holds all of the detainee information, the information is also located on the detainee kiosk. This information includes all of the ICE and Facility PREA Information. The housing units have the third-party reporting number which goes directly to the Sand Springs Police Department. They also have the victim advocacy number for the Domestic Violence Intervention Services painted on the poles by the telephones.

The restrictive housing unit, which may be utilized to house a detainee, is of single cell construction. The cells are constructed with the toilet out of view of the door, the showers have doors that allow privacy for showering. The detainee information is available upon request, this is also kept in a binder. The occupants have access to a telephone which is wheeled to the cell door.

The infirmary has separate cells for the occupants. The toilets are out of immediate view, and the showers have doors to provide privacy while showering. At the time of the audit no detainees were housed in the infirmary.

The intake area has multi-occupancy cells that are utilized when detainees are entering and leaving the facility. These cells have toilets located within the cells, and the windows are partially tinted to block the view. The toilet in these cells is not visible.

All of the housing units and areas throughout the facility are monitored by cameras located in [REDACTED]. The auditor reviewed the camera views and found no views where a detainee could be seen performing bodily functions, showering, or changing their clothes.

The average detainee population for the last 12 months was 180, with the length of time in custody at the facility being 18 days. The facility has detained 1,577 adults over the past 12 months. At the time of the audit the facility housed 133 male detainees and 15 female detainees.

The facility is staffed by [REDACTED] security staff, [REDACTED] medical staff, and [REDACTED] mental health staff.

The facility has had 1 substantiated detainee-on-detainee PREA related allegations over the past 12 months. The administrative and criminal investigations were conducted by the facility. Another allegation was reported during the audit period, however, the case was still open case at the time of the on-site audit.

The detainee interviews began immediately following the facility tour. The auditor conducted interviews in separate offices throughout the facility; this provided privacy for the interviews. The detainees were randomly selected from detainees housed at the facility utilizing the main roster. Detainees from every housing unit were selected. During this process detainees in the following categories were interviewed.

Interview Type	Number
Random Detainee Interviews	11
Detainees who are limited English Proficient	7
Detainees with a Cognitive Disability	1
Detainees who identify as gay, or bisexual	1
Total Detainee Interviews	20

During the interview process, several targeted categories of detainees were not being housed at the facility, these included detainees who filed a grievance related to sexual abuse, detainees who reported sexual abuse history, detainees who reported sexual abuse, and transgender and intersex detainees.

The Auditor conducted the interviews with all detainees, in the same manner, a preamble to the interview was relayed to the detainee explaining the purpose of the interview, and how they were selected, and explaining to them that they did not have to speak with the Auditor if they choose not to. No detainees refused to speak with the Auditor. All detainees were asked questions utilizing the Detainee Interview Guide for Immigration Detention Facilities. During the interviews, the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, this includes the ICE National Detainee Handbook, Facility Detainee Handbook, and the Sexual Abuse and Assault Awareness pamphlet. These materials were used to visually stimulate the detainee's recollection of their initial intake process. The Auditor utilized Language Services Associates for seven interviews with multiple languages. Three of the interviewed detainees were females.

Staff interviews were conducted over the three-day audit; all interviews were conducted in offices which allowed privacy for the interview. Staff was randomly selected from those working all shifts. Staffs from the following categories were interviewed:

Interview Type	Number
PREA Coordinator	1
Detention Officers	1
Supervisors	1
Medical/Mental Health	1

Training Officer	■
Classification Staff	■
Investigative staff	■
Human resources	■
Jail Administrator	■
Assistant Jail Administrator	■
Total Staff Interviews	■

The Auditor conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with the Auditor if they choose not to. No staff refused to speak with the Auditor. The Auditor asked all interviewed staff questions utilizing the various Staff Interview Guides for Immigration Detention Facilities.

The Auditor also reviewed staff personnel record, staff training record, and detainee records.

After the onsite audit, an exit briefing was held, [REDACTED] and the Auditor led the briefing, attending the briefing were:

- Jail Administrator David Parker
- PREA Coordinator Dr. Josh Turley
- Corporal [REDACTED]
- Assistant Jail Administrator [REDACTED]
- [REDACTED] (TCSO)
- Life Safety Officer [REDACTED] (TCSO)
- Compliance Officer [REDACTED] (TCSO)
- Health Service Administrator [REDACTED] Turn-Key Medical Inc.
- [REDACTED] Turn-Key Medical Inc.
- Policy and Procedures Officer [REDACTED]
- ICE Deportation Officer [REDACTED]
- ICE SDDO [REDACTED]

At this time, the Auditor provided an overview of the audit findings. The Auditor explained that overall it was found the staff at the facility are extremely knowledgeable in the PREA Standards, sexual safety, and overall security. We further discussed the PREA Standards and the auditor explained that a final determination would be made upon a triangulation of the documentation, visual inspection, and interviews.

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.

<p>Number of Standards Exceeded: 5</p> <p>§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator §115.31 Staff training §115.33 Detainee education §115.34 Specialized training: Investigations §115.35 Specialized training: Medical and mental health care</p> <p>Number of Standards Met: 35</p> <p>§115.13 Detainee supervision and monitoring §115.15 Limits to cross-gender viewing and searches §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient §115.17 Hiring and promotion decisions §115.18 Upgrades to facilities and technologies §115.21 Evidence protocols and forensic medical examinations §115.22 Policies to ensure investigation of allegations and appropriate agency oversight §115.32 Other training §115.41 Assessment for risk of victimization and abusiveness §115.42 Use of assessment information §115.43 Protective custody §115.51 Detainee reporting §115.52 Grievances §115.53 Detainee access to outside confidential support services §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 §115.65 Coordinated response §115.66 Protection of detainees from contact with alleged abusers §115.67 Agency protection against retaliation §115.68 Post-allegation protective custody §115.71 Criminal and administrative investigations §115.72 Evidentiary standard for administrative investigations §115.73 Reporting to detainees §115.76 Disciplinary sanctions for staff §115.77 Corrective action for contractors and volunteers §115.78 Disciplinary sanctions for detainees §115.81 Medical and mental health assessments; history of sexual abuse §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 §115.87 Data collection §115.201 Scope of audits.</p> <p>Number of Standards Not Met: 0</p> <p>Number of Standards Not Applicable: 1</p> <p>§115.14 Juvenile and family detainees</p>
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SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	5
Number of standards met:	35
Number of standards not met:	0
Number of standards N/A:	1

PROVISIONS

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

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed:

- Tulsa County Sheriff's Office Policy Number: 301.06 - Prison Rape Elimination Act
- Tulsa County Sheriff's Organizational Chart

(c): Policy 301.06 mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The policy furthermore defines sexual abuse and sexual harassment. The facility updated the policy on May 9, 2019; the policy changes were approved by the Sheriff and uploaded to the facility's website: <https://tcsso.org>. The PREA Coordinator stated that the policy was forwarded to the agency for approval, the Auditor confirmed that all updates to the policy have been forwarded to the agency for approval. This was confirmed by both the PREA Coordinator and Jail Administrator.

(d): The facility employs a PREA Coordinator that oversees PREA compliance to both the DOJ and DHS PREA Standards. The PREA Coordinator is responsible for overseeing that policies and procedures relative to PREA are updated and ensures facility compliance. The PREA Coordinator is the point of contact for the ICE PSA Coordinator. He stated that he has ample time to make PREA rounds, review policy, and ensuring that the facility is meeting all of its obligations. The Auditor found him to be very knowledgeable of the facility's PREA policies and procedures and his responsibilities for coordinating the facility's efforts to comply with the PREA standards. The PREA Coordinator was very knowledgeable and active in the audit process.

The Auditor reviewed the policies in their entirety, as well as questioned all staff members on the content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

Before the onsite audit, the Auditor reviewed all documentation, during the onsite portion the Auditor observed the policies in daily practice, and further confirmed the daily practices during the interviews with both staff and detainees.

The Auditor found that the facility exceeded the standard, the PREA Coordinator and interviewed staff were extremely knowledgeable in both the DOJ and DHS PREA Standards. They are able to differentiate between the differences within the standards and ensure they are meeting the requirements. The PREA Coordinator has taken it upon himself to continually review and update the policy to ensure they are meeting national standards of responding to sexual abuse and sexual harassment.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

§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:

Documentation Reviewed:

- Policy 301.06
- Staff Rosters
- Post orders
- Housing unit logs
- Staffing Plan
- Staffing Plan Review by the PREA Coordinator
- Investigative File

(a): The facility has developed facility staffing guidelines that provide for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all areas enumerated under this standard. The facility has [REDACTED] cameras that record [REDACTED]. These cameras are [REDACTED]. The Auditor further questioned the Jail Administrator and random staff on the policies and the ability to fully staff the facility at all times; they confirmed that shifts would be filled with mandatory or voluntary overtime if needed. During the interviews, the Auditor confirmed that they work [REDACTED] shifts [REDACTED] and [REDACTED]. They employ both female and male staff; these staffing guidelines provide direct supervision. The staffing guidelines were further confirmed during the onsite audit where the Auditor observed staff supervising the detainee movement, housing unit supervision, video monitor review, and random cell checks taking place.

(b): Policy 301.06 and the housing unit post orders outline the detainee supervision guidelines. The post orders outline the responsibility of the Detention Officers to make [REDACTED] rounds through every housing unit and log the rounds in the Incarceration Management and Cost Recovery System. The Detention Officers are posted on the housing units and provide direct supervision. The supervisors make rounds [REDACTED] and log their rounds in a logbook and the database. The auditor reviewed the logbooks and database on every housing unit and confirmed these rounds are taking place; this practice was further confirmed during the detainee and staff interviews. An annual review of the staffing plan was conducted, and the staffing plan was updated by the PREA Coordinator, and sent for review by the Jail Administrator, who reviewed the staffing plan on May 16,

2019. All post orders were reviewed for the audit, as well as all PREA incidents for the previous year. The Auditor's review took into consideration the one incident and the incident review that occurred from May 14, 2018 to May 16, 2019.

(c): The facility has developed a staffing plan that is based on the seven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; the physical layout, composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports, and any other relevant factors including but not limited to the length of time detainees spend in facility custody. This process is outlined in policy 301.06. The staffing plan was developed by the facility administration including the Jail Administrator, Assistant Jail Administrator, and the facility PREA Coordinator. During the interviews with both the Jail Administrator and PREA Coordinator, the auditor confirmed that all critical posts are being filled and mandatory or voluntary overtime is utilized to fill critical posts. The Auditor reviewed the investigation review, the review noted no staffing concerns.

(d): The shift supervisors make unannounced rounds on the housing units [REDACTED] policy 301.06 prohibits staff from alerting anyone that these rounds are taking place. The supervisor logs the rounds into each housing unit logbook, and the housing unit database. The auditor observed these log entries when examining the logbooks and database. The rounds were confirmed during the detainee and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency has substantially met the requirements of this standard, and all provisions.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The David L. Moss Criminal Justice Center does not house juvenile or family detainees. This was confirmed during the interview with the PREA Coordinator who stated that if anyone under the age of 18 was brought to the facility, they would be immediately transferred. Policy 301.06 and the ICE Contract further outlines that the facility will not house juveniles or family detainees.

§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:

Documentation Reviewed:

- Policy 301.06
- Policy 203.02 Physical Searches

(b)(c)(d): Policy 301.06 and 203.02 outlines cross-gender pat searches of both male and female detainees. Cross-gender pat searches of male detainees will not be conducted unless, after reasonable diligence, the staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Cross-gender pat-down searches of female detainees would not be conducted unless under exigent circumstances. If a search was conducted under either circumstance the search would be documented on an incident report. The Detention Officers interviewed indicated that they had not conducted or were aware of any cross-gender pat-down searches conducted. Detainees interviewed confirmed that they are only searched by the same gender officers. During the audit year, there was no cross-gender pat-searches conducted. A memo from the Tulsa County Sheriff's Office, Sheriff Vic Regalado supported this. Pat-down searches observed during the audit were conducted by the same sex staff member.

(e/f): Policy 203.02 outlines cross-gender strip searches or cross-gender body cavity searches. Strip searches will not be conducted except as specified in a properly issued search warrant and will be conducted by the same sex. Body cavity searches will only be conducted by medical staff, and with a properly issued court order. The medical staff and security staff interviewed were aware of the policy and understood the facility protocols for conducting strip or body cavity searches, and a court order or search warrant would be needed, and an incident report would be prepared. No cross-gender strip or body cavity searches were conducted in the previous 12 months. This was confirmed through a memo from the Tulsa County Sheriff's Office, Sheriff Vic Regalado to the Auditor. The facility does not house juveniles or family units.

(g): Policy 301.06 outlines the policy and procedures which allow detainees to shower, perform bodily functions and change clothing without employees of the opposite gender viewing them. Detainees interviewed indicated they felt they had enough privacy to change their clothes, shower, and perform bodily functions. They were not observed by the staff of the opposite gender. The Detention Officers and Supervisors also confirmed the detainees have privacy for these functions. In the housing units, the cells have the toilet situated behind the bunks and it cannot be seen, the showers have privacy doors on them. The intake and medical cells have the windows tinted to a height where you cannot see the toilet. The policy also requires a staff of the opposite gender announce their presence when entering detainee housing areas; this was observed during the audit. Detainees interviewed stated that staff of the opposite gender announce when entering the housing unit by loudly stating female or male on the unit. Staff is also provided training on unannounced rounds and during interviews indicated that announcements are made upon entering the housing units.

(h): This section is non-applicable. The facility is not a Family Residential Facility.

(i): Detainees will not be searched for the sole purpose of determining the detainee's genital status. Policy 301.06 prohibits staff from searching or physically examining a detainee to determine genitalia status. The review of the training lesson plans for PREA and searches documented these policies are covered in annual training. During interviews with Detention Officers, they were aware of the policy and indicated that only medical would review medical records or make this determination during a routine medical examination all detainees undertake. The interviewed medical staff stated that they perform a medical examination on all detainees upon intake to the facility. If the detainee's gender was unknown, they would determine their gender through conversations during the examination, reviewing any medical records, or through the routine medical examination. No searches have occurred in the audit period per a memo from the Tulsa County Sheriff's Office, Sheriff Vic Regalado and interview with PREA Coordinator. There were no transgender or intersex detainees housed during the audit to interview.

(j): Policy 301.06 states that security staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, searches of transgender and intersex detainees in a professional and respectful manner. Other than annual training, this training is also part of the initial training and covered in shift briefings. During the interview with the facility training coordinator, he confirmed these practices and provided the Auditor with the signed training acknowledgment forms. The Detention Officers, Medical, and Supervisors interviewed confirmed the training and understood the

policy and indicated the transgender/intersex detainee could request the gender of the officer to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy 301.06
- National detainee handbook in multiple languages
- PREA Handout in multiple languages

(a) Policy 301.06 outlines the facility's procedures to ensure disabled detainees have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. During the classification staff interviews the Auditor confirmed the steps taken to effectively communicate with disabled detainees. Detainees who are deaf or hard of hearing would be provided the facility and the ICE Detainee handbooks and if needed sign language translation would be provided through video conference, or the Text Telephone (TTY) Device would be utilized. A detainee with limited reading skills, cognitive disability, or blind would have the materials read to them, and explained in depth so they understood. Medical staff evaluates every detainee upon intake, and would identify any disability, and ensure the material is provided effectively, accurately, and impartially.

(b) Policy 301.06 outlines the procedure to ensure all limited English proficient (LEP) detainees have meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. Upon entry into the facility the detainees are seated in an area where the PREA video is playing, this video plays through both an English and Spanish version. The detainees are then taken to a larger area where they are seated until they are evaluated by both classification and medical personnel. Classification provides the detainees the National Detainee Handbook, the Facility Supplemental Handbook, and the ICE Sexual Abuse and Assault Awareness Pamphlet. These materials are provided in multiple languages, the staff confirmed that the National Detainee Handbook is available in 10 languages, and they have the ability to print the other materials in multiple languages also. During the classification staff interviews they confirmed that they have not encountered a detainee they could not communicate with. They will utilize a language line for interpretation if needed to explain the material to them. They further confirmed that the majority of the detainees speak Spanish, this being the prevalent language they encounter. DHS/ICE PREA posters were observed on the housing units, these posters were in both English and Spanish.

(c) Policy 301.06 states that in matters relating to allegations of sexual abuse the staff will utilize Language Line Services Inc. for translation services. The policy provides the phone number, client code, and further instructions. Several staff at the facility is bilingual and can help communicate. During the staff interviews, they indicated that they would use a bilingual staff member or the language line for translation. The detainees interviewed who were LEP indicated they communicate with staff members through the language line. They further stated that they would ask for those services if an incident did occur. The Auditor further confirmed with the Jail Investigators that they would not utilize any other interpretation method than a bilingual staff member or the language line.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility is in compliance with the standard and all provisions.

§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:

Documentation Reviewed:

- Policy 301.06
- Personnel files
- Tulsa County Sheriff Background Information Book
- Office of Personnel Management Part 731-Suitability
- Executive Order 10450- Security requirements for Government employment
- U.S. Immigration and Customs Enforcement Directive No.: 6-7.0
- U.S. Immigration and Customs Enforcement Directive No.: 6-8.0

(a)(b)(c)(d) Policy 301.06 outlines the facility's hiring and promotion process. The facility does not utilize the ICE Personnel Security Unit (PSU) to conduct the background investigations for the staff, contractors, and volunteers, the facility's Human Resources Department conducts the background investigations. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. During the initial hiring process, and during interviews for promotions, the applicants are asked about this type of conduct. The questions are asked in a written form during the initial staff hiring process, and contractor and volunteer services agreements. During promotion they are asked by the promotion board; and documented by the interviewees. The Auditor confirmed this process with the Human Resources Department and during the personnel file review. The Auditor randomly pulled ■ personnel files, which included volunteers and contractors, and ensured the documentation is contained in the files. Policy 301.06 imposes upon employees a continuing affirmative duty to disclose any such misconduct. During Human Resources interviews the Auditor confirmed that all prior institutional employers of an applicant for employment are contacted to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. The background investigation process includes a determination of suitability for hire and a criminal history background check, this is documented in the personnel files. The facility updates the criminal history background check every five years, this was confirmed during interviews and review of personnel files.

The agency utilizes the ICE PSU to conduct the background investigations on all ICE employees at the facility. This unit promotes the integrity and efficiency of ICE by making risk-based decisions in evaluating whether applicants, employees, and contractors meet suitability, security, and National Security Information access requirements. They conduct personnel security reviews on everyone that works for ICE by ensuring they are suitable for the position selected and that they maintain a high level of character. During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard, these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. The agency imposes a continuing affirmative duty to disclose any misconduct, whether it is related to sexual misconduct or not. The standard addresses the utilization of this process in the promotional system, after reviewing the above policies.

(e)(f) Policy 301.06 states that material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination or withdrawal of an offer of employment. The PREA Coordinator and Human Resources Administrator confirmed that the facility will provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Auditor attended training in Arlington, Virginia where PSU Unit Chief ██████████ presented information on the background investigation process. During this training, he confirmed that any material omissions, intentional false statement, or deception is a factor that would make an applicant, employee, or contractor unsuitable for employment. He further confirmed that the agency would, unless prohibited by law, provide information on a substantiated allegation of sexual abuse involving a former employee or contractor, to any requesting confinement facility.

The Auditor submitted a PREA Audit: Background Investigation for Employees and Contractors Form to ICE PSU for all of the ICE staff at the facility and the six facility officers who have gone through the Electronic Questionnaires for Investigations Processing (E-QUIP) process. All of the investigations are within five years. It should be noted that the ICE staff are not assigned to the facility, but enter the facility frequently.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy 301.06
- Memo to the Auditor

In 2015 the facility began construction on several new housing units to include a mental health unit. During the planning stages the facility took into consideration sexual safety and overall safety, when considering where to place cameras, and the overall design of the housing units. This was confirmed by both the Jail Administrator and PREA Coordinator. During the facility tour the Auditor had the opportunity to tour the housing units; detainees may be housed here for mental health issues. The housing units are designed in a fashion that allows privacy while performing bodily functions, changing clothes, and showering. The facility has also lowered the walls in the open dorm pods and added cameras ██████████ ██████████, this was confirmed through interviews and a memo to the auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06
- Memorandum of Understanding (MOU) with Domestic Violence Intervention Services dated 9/13/13
- Email stating no sexual assault examinations for Detainees were conducted
- ICE Policy 11062.2 Sexual Assault and Abuse Prevention and Intervention

(a): Any sexual abuse allegation at the facility is immediately reported to the PREA Coordinator, and an investigation is immediately started. The allegations are also reported to the Internal Investigations Division, and ICE, including to the Assistant Field Office Director (AFOD) and ICE staff at the facility for investigation and further action. The investigations will either be conducted by the facility trained investigators or ICE has the option to investigate through the Office of Professional Responsibility (OPR) or OIG. Policy 301.06 outlines the facility's evidence and investigation protocols. The facility had one investigation, the facility conducted both the administrative and criminal investigation. The facility utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the PREA Coordinator. The protocols are incorporated into policy 301.06 which outlines the coordinated response plan and provides a guideline for staff to follow when responding to an allegation. The protocols are approved by the facility administration and ICE as part of the annual policy review. The facility does not house juvenile detainees. Per policy 11062.2, when OPR accepts a case, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel by OPR policies and procedures. The OPR will coordinate with the Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is criminal, the facility will stop the administrative investigation and let OIG or the facility investigators conduct the criminal investigation.

(b)(d): The facility has a MOU agreement with Domestic Violence Intervention Services for victim advocacy, all sexual assault examinations are conducted at Hillcrest Medical Center. The MOU states that Domestic Violence Intervention Services will provide immediate advocacy, have a qualified advocate respond in person to the facility or other locations as requested to provide advocacy, and emotional support during the sexual assault examination, interviews, and investigatory process. The MOU was executed on September 13, 2013 and has no expiration. The PREA Coordinator stated during his interview that the services are free of charge to the detainee and the hotline is available 24-hours a day for the detainees. The hotline number and victim advocacy services are provided to the detainees on a poster on the pods, as well as painted near the phones. During the PREA Coordinator and medical interviews, as well as investigative file review, the Auditor confirmed victim advocacy was offered during the investigation, but the victim did not want to utilize the services.

(c): All alleged victims of sexual assault who require a forensic exam are taken to Hillcrest Medical Center for a forensic exam and emergency medical healthcare at no cost to the detainee. Hillcrest Medical Center has agreed to provide Sexual Assault Nurse Examiners (SANE) and agrees to comply with the provisions outlined in the Prison Rape Elimination Act of 2003. This was confirmed through correspondence between the PREA Coordinator and the Oklahoma SANE Coordinator, the Auditor further confirmed with Oklahoma SANE Coordinator that no MOU or agreement is needed. The services are available through the emergency department 24-hours a day, 7 days a week. The medical staff interviewed state that all detainees would be taken to Hillcrest Medical Center for an examination. These services were not utilized during the one investigation - as noted during the review of the investigation by the Auditor.

(e): Either the agency or facility conduct all administrative or criminal investigations of alleged sexual abuse or sexual harassment. The facility has trained law enforcement officers who will conduct the investigations at the facility level. The facility does not need an MOU with any local law enforcement agency. Upon receipt of an allegation of sexual abuse or sexual harassment the facility investigators will begin the investigation. If OPR or OIG indicates they are going to assume the investigation the facility criminal investigators will cease and OPR or OIG will continue the investigation. If OPR or OIG do not assume the investigation the facility investigators will continue the investigation. Through interviews with the investigators they confirmed that they follow the requirements of the standard. They are part of the staff at the facility and receive the PREA training. This was further confirmed during review of the investigation, completed at the facility.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy 301.06
- Policy 11062.2
- Facility website: <https://tcsso.org>
- Agency website: ice.gov/prea

(a/d): Policy 301.06 states that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Upon a staff member receiving an allegation, they will immediately report this to their supervisor which will begin the investigative process. All investigations are immediately referred to the facility investigators and PREA Coordinator, who will notify the AFOD and the ICE staff at the facility. The PREA Coordinator stated that they would immediately begin the investigation. All investigations are reviewed by the OPR. The investigators stated that OPR would review all cases to determine if an investigation is required by the agency. All allegations involving staff are investigated by OPR. Policy 301.06 and ICE policy 11062.2 outlines the evidence and investigation protocols. Once the investigation allegation is reviewed and accepted by the agency OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If the OPR investigators do not conduct the investigation, the facility investigators will conduct both the administrative and criminal investigation. The Auditor reviewed the investigative file and confirmed the investigation process, including the notifications to OPR. The facility has had 1 substantiated detainee-on-detainee PREA related allegations over the past 12 months. The facility conducted both the administrative and criminal investigation.

(b): Policy 301.06 outlines the responsibilities of the facility investigators and other investigative agencies. The PREA Coordinator stated that he is notified of every allegation and will follow the policies to ensure the investigative steps are being followed. He also indicated that as per policy all investigations are stored for at least five years. While conducting his interview he indicated that the investigations are stored by the investigators digitally. The PREA Coordinator and Investigations Unit Supervisor allowed the Auditor to view these files in the digital format.

(c): The auditor reviewed the facility's website: <https://tcsso.org>. The facility has a page dedicated to PREA, policy 301.06 is available to the public for review. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, PREA Audit Reports, and PREA data starting in 2014. The ICE website, www.ice.gov/prea includes information on the agency's PREA overview, PREA policies, reporting methods with addresses and phone numbers, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standards, ICE Detainee Handbook, ICE PREA poster, and ICE PREA pamphlet.

(e)(f): Policy 301.06 indicates that all incidents are promptly reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as, the appropriate ICE FOD if the incident is potentially criminal and a staff member, contractor, volunteer, inmate or detainee is alleged to be the perpetrator of sexual abuse. The PREA Coordinator stated that the notifications are being made as per policy; this was confirmed through review of the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed:

- Policy: 301.06
- Employees training PowerPoint and training rosters
- Lockup USA Corrections Training: Complying with PREA for the Correctional Officer
- Training PowerPoints for Cross-gender, Transgender, and Intersex Searches

(a): The facility has trained all employees, contractors, and volunteers who may have contact with detainees, on how to fulfill their responsibilities under these standards, this training included:

- Facility's zero-tolerance policy for all forms of sexual abuse and assault;
- The right of detainees and staff to be free from sexual abuse or assault;
- Definitions and examples of prohibited and illegal behavior;

- Dynamics of sexual abuse and assault in confinement;
- Prohibitions on retaliation against individuals who report sexual abuse or assault;
- Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including:
- Common reactions of sexual abuse and assault victims;
- How to detect and respond to signs of threatened and actual sexual abuse or assault;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and
- How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault;
- How to avoid inappropriate relationships with detainees;
- Accommodating limited English proficient individuals and individuals with mental or physical disabilities;
- Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations;
- Procedures for fulfilling notification and reporting requirements under this Directive;
- The investigation process; and
- The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

The Auditor reviewed the Lockup USA Corrections Training: Complying with PREA for the C.O and found that all provisions are covered in the training material.

(b): All staff receive training every year and monthly refresher training is provided. The refresher training is provided during the shift briefing, this overview of PREA takes place for five consecutive days a month which ensures all staff receives it. The training was verified through interviews and reviewing signed training certification forms. The Auditor further verified with the Training Coordinator that all staff were trained prior to the facility incorporation of PREA, the incorporation date was May 8, 2017. The Auditor reviewed training records that went back to this date.

(c): The facility documents the training on a roster, they further provide monthly refresher training to ensure that all employees are familiar with the current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials; these were provided to the Auditor before the onsite audit. The Auditor further reviewed the training retention schedule for the facility which indicates that records are retained for five years. This was further confirmed during the review of the training records that dated back five years.

During the all staff interviews, the Auditor verified they had received the training. They verified that they had viewed the training and were able to explain their responsibility under the standards.

The provisions of the standard require the facility to provide refresher training to the staff every two years. The audited facility not only trains all of the jail staff, but every employee of the Tulsa County Sherriff's Office, on a yearly basis. The facility also provides refresher training to the jail staff monthly. The training that is provided far exceeds the expectations of the standard.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

§115.32 – Other training.

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

Notes:

Documentation Reviewed:

- Policy: 301.06 and Attachment A: facility Zero Tolerance Sexual Misconduct Acknowledgement Form
- Contractor and volunteer training materials
- Employees training PowerPoint and training rosters
- Lockup USA Corrections Training: Complying with PREA for the C.O.

(a)(b)(c): The facility has trained all contractors and volunteers who may have contact with detainees on their responsibility under the facility's zero-tolerance policy. All temporary contractors are trained utilizing Attachment A of policy 301.06 which outlines their responsibilities under the zero-tolerance policy. All regular contractors and volunteers are trained utilizing Attachment A and must attend the training the same course as the employees. The training is dependent upon the level of service they provide and the level of contact they have with the detainees. The training is documented by the facility training officer, and the contractor or volunteer acknowledges receipt of the training. During the interview with the training officer, he confirmed that the training takes place as needed, and provided the Auditor with the signed acknowledgment forms. Both the PREA Coordinator and training officer confirmed no volunteer, or contractor is allowed access to the facility without being trained.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency has substantially met the requirements of this standard, and all provisions.

§115.33 – Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed:

- Policy: 301.06
- Detainee National Handbook
- Facility Supplemental Handbook
- PREA Video

(a)(b)(c) Policy 301.06 outlines the facility intake process that ensures all detainees are notified of the agency's and the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies, self-protection and indicators,

definitions, examples of detainee-on-detainee sexual abuse, and staff-on-detainee sexual abuse and coercive sexual activity. They also inform the detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC. Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Upon initial intake all detainees view the PREA Video which is shown in both English and Spanish. The National Detainee Handbook is translated into 10 languages and provided to the detainees upon intake. This process is acknowledged by the detainee by digitally signing during the classification process. The Auditor reviewed 25 files and verified the acknowledgement. The interviews with classification staff confirmed that if an uncommon language was encountered, they would utilize the language line and verbally explain the procedures. This process includes LEP detainees, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The classification staff stated that if they have a deaf detainee they would utilize the TTY Device, for visually impaired, or cognitive disabled detainees they would read the materials to them. The detainees go through a secondary mandatory training when they are logging into the kiosk on the housing unit. Upon initial access into the kiosk all detainees receive education again on the zero-tolerance policy and need to view this information before access will be granted.

(d) The facility has posted on all housing units the DHS-prescribed sexual assault awareness notice; the PREA Coordinator contact information; and name of Domestic Violence Intervention Services that can assist detainees who have been victims of sexual abuse. These postings are in both English and Spanish.

(e) Upon intake the facility provides the DHS-prescribed "Sexual Assault Awareness Information" pamphlet, this is provided in either English or Spanish. The classification staff confirmed that they can print other languages if needed.

(f) Information about reporting sexual abuse is included in the National Detainee Handbook. The National Detainee Handbook is translated into 10 languages and provided to the detainees upon intake. This was confirmed during the detainee interviews, all reported receiving the National Detainee Handbook in a language they could understand.

The Auditor reviewed the intake process for several detainees during the audit. This process was informative and ensures that all detainees not only receive the information on PREA but understand it. The facility goes further by providing this information a second time on the initial sign-in to the kiosk system, and the detainee acknowledges for a second time they received the education. They also provide all written material to the detainee, which they take with them for future reference. This process ensures that the detainee receives the education multiple times and is provided with every opportunity to participate in the process. The Auditor has determined that these efforts far exceed the requirements of the standard.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

§115.34 – Specialized training: Investigations.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed

- Policy 301.06
- Training certificates
- Training materials for PREA Investigators Training and various training courses

(a)(b): Policy 301.06 outlines the training requirements for the investigators and ensures they are qualified to investigate sexual abuse and sexual harassment in confinement settings. The investigators participate in the National Institute of Corrections PREA Investigators Course, an Investigators Course through the Public Agency Training Counsel, and REID Interviewing techniques. All of the facility investigators are sworn law enforcement officers and are certified through the Council on Law Enforcement Education and Training. The investigators are issued a certificate indicating they have completed the training. The Auditor interviewed the supervisor for the unit and interacted with several of the five investigators assigned to the unit. The Auditor found them to be extremely knowledgeable not only in PREA investigations, but the overall investigative process. These investigators receive training far above the requirements of the standards.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

Documentation Reviewed

- Policy 301.06
- Training materials for Specialized Medical and Mental Health PREA Training
- Training certificates for medical and mental health staff

(a)(b): There are no ICE Health Services Corps. With no IHSC staff working at the facility, the provisions(a) and (b) are non-applicable.

(c): All medical and mental health staff are employees of the facility. During the interviews they confirmed that they received the Specialized Medical and Mental Health PREA Training. The Auditor reviewed the training materials and found that the lesson plan meets the requirements of provision (b) of the standard. This was further confirmed during the interview with the facility training officer, who provided the Auditor with the training certificates for medical and mental health staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the facility's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

§115.41 – Assessment for risk of victimization and abusiveness.

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

Notes:

Documents Reviewed

- Policy 301.06
- Intake screening-PREA Risk Assessment
- Detainee Risk Assessments
- Reassessments for all detainees at facility past 90 days

(a)(b)(c)(d): Policy 301.06 outlines the process utilized to assess a detainee's risk of victimization or abusiveness. The facility screens all detainees upon arrival at the facility utilizing the PREA Risk Assessment which is located on the Incarceration Management and Cost Recovery System. This assessment identifies those likely to be sexual aggressors or sexual victims and enables the facility to house detainees appropriately to prevent sexual abuse and mitigate any such danger. The normal process is to have the detainee screened by classification upon arrival at the facility. The PREA Risk Assessment tool takes into consideration the following:

- Whether the detainee has a mental, physical, or developmental disability;
- The age of the detainee;
- The physical build and appearance of the detainee;
- Whether the detainee has previously been incarcerated;
- The nature of the detainee's criminal history;
- Whether the detainee has any convictions for sex offenses against an adult or child;
- Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the detainee has self-identified as having previously experienced sexual victimization; and
- The detainee's concerns about his or her physical safety.

They also take into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. The Auditor observed several detainees going through the intake process and being assessed by the Classification Officers utilizing the assessment tool. This assessment takes place prior to the detainee being placed in general population; and is completed within twelve hours of arrival. The detainees are placed in a large open room in full view of all of the intake staff until the assessment takes place.

(e)(f): The PREA Coordinator and Classification Officers at the facility confirmed during interviews that the PREA Risk Assessment is utilized to reassess the detainees between 60 and 90 days. They stated that no detainee is disciplined for refusing to answer, or for not disclosing complete information in the screening process. The Auditor reviewed all risk reassessments for detainees at the facility past 90 days, these assessments were completed prior to the 90-day mark.

(g): The PREA Coordinator also confirmed that the information from the risk assessment is not available to the general staff, and is limited to medical, intake staff, mental health, and case managers. The assessments are stored digitally in the Incarceration Management and Cost Recovery System; and can only be viewed by the approved staff.

The Classification Officers conduct the screening with the detainees, they confirmed during interviews that they utilize the Language Line Services for LEP detainees. The Auditor reviewed both initial screening and reassessment documentation that was provided prior to the onsite audit and verified that both are taking place within the specified timeframe. While onsite the Auditor reviewed 25 completed screening tools and all reassessment documentation for any detainee at the facility past 90 days. The twenty interviewed detainees confirmed they were assessed during the intake process by medical personnel.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documents Reviewed

- Policy 301.06

(a): Policy 301.06 states that the information from the PREA Risk Assessment is utilized to inform assignment of detainees to housing, recreation, activities, and voluntary work. The PREA Coordinator and Classification Officers stated that these determinations are on an individualized basis. The 25 reviewed screening tools did not indicate any detainee who scored at a high risk for victimization or abusiveness. The PREA Coordinator and Classification Officers stated if they do not feel the detainee would be safe in general population; they have the option of housing the detainee in the medical department, which is a small housing unit and is under direct supervision of staff at all times. This housing area provides single cell housing for the detainee, with no loss of privileges.

(b): The PREA Coordinator stated that when making an assessment and housing decisions for a transgender or intersex detainee, they consider the detainee's gender self-identification and how any placement will affect the detainee's health and safety. He also confirmed that the placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of his/her gender and self-assessment of safety is always taken into consideration, and all placements are consistent with the facility's safety and security. The medical staff conducts an initial medical assessment upon intake and would consult with mental health; this was confirmed during their interviews. They would house the detainee in the medical area for assessment, which is a normal housing unit with no loss of privileges. If the assessment indicated the detainee would not be at risk in general population; they would then house them with the detainee general population. If the assessment indicated they would be at risk, they have the option to house them in the medical unit housing area, which is single cell and under direct supervision by staff. The placement of a transgender or intersex detainee is reassessed at least twice each year to review any threats to safety experienced by the detainee. The facility has not housed any transgender in the last 12 months where a reassessment needed to take place, the PREA Coordinator understood his obligations under the policy. He confirmed he has assessed transgender detainees under this policy who were housed on Tulsa County and Oklahoma State Charges.

(c): Through policy review and Detention Officer interviews the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. The shower in the medical area is a single shower and the detainee would have privacy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.43 – Protective custody.

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

Notes:

Documentation reviewed

- Policy 301.06

(a)(b)(c)(d)(e): Policy 301.06 governs the management of administrative segregation unit. These procedures were developed in consultation with the ICE Enforcement and Removal Operations Field Office Director. The PREA Coordinator stated that they would document detailed reasons for the placement of an individual in administrative segregation, and as per policy he would conduct a review and notify the ICE AFOD within 72 hours. He further stated that he would conduct an identical review after the detainee has spent seven days in administrative segregation, and every week for the first thirty days, and thereafter every ten days. This is also outlined in Policy 301.06. Policy 301.06 states that the use of administrative segregation to protect vulnerable detainees is restricted to those instances where reasonable efforts have been made to provide appropriate housing and would be for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility would assign detainees to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged; this would not last more than 30 days. The detainees would be provided access to programs, visitation, counsel and other services available to the general population. An assessment is completed by classification within 24 hours and reviewed with the PREA Coordinator. Policy 301.06 clearly states that this housing will not last more than 30 days. As previously stated the facility has the option to house in several units including the smaller medical unit, with no change or loss of privileges. If a detainee is placed in segregated housing Classification staff and the PREA Coordinator confirmed they would follow the policy which ensures the placement does not last more than 30 days. The PREA Coordinator and Classification Staff understood the policy, and their obligations if this occurred. They confirmed that they had not placed any detainees in segregated housing under these conditions in the last 12 months. They also confirmed that if they do they will follow policy 301.06 which outlines the written review for detainees placed in segregation. The Auditor reviewed the policy and confirmed it addresses all provisions of the review procedures.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard and all provisions.

§115.51 – Detainee reporting.

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

Notes:

Documentation Reviewed

- Policy 301.06
- Facility Handbook
- National Detainee Handbook
- DHS/ICE reporting posters and local reporting avenue and victim advocacy numbers on Housing Units

(a)(b): Policy 301.06 established the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions through the written materials provided at intake, DHS/ICE reporting posters on housing units, and the detainee binders on each housing unit on how detainees may contact their consular official, the DHS Office of the Inspector General or, confidentially and, if desired, anonymously, report these incidents. The detainee binders contain the same documentation as posted, but in a printed form. The DHS/ICE PREA Poster as well as the facility PREA Reporting Posters indicates that reports can be made anonymously. The facility also utilizes the Domestic Violence Intervention Services and Sand Springs Police Department as third-party reporting avenues. Telephone numbers for these two agencies are painted near the telephones on the housing unit. The facility has also developed internal reporting avenues where the detainees can report directly to a staff member, through the kiosk system, and in person. The Auditor found that the information is being provided to all detainees in a language they can understand. The information is provided in English and Spanish, and if needed the Classification Officer can provide the information in other languages. The National Detainee Handbook is printed in 10 languages and represents the languages at the facility. The Auditor tested the third-party reporting line in two housing units and found the phone number goes to the Sand Springs Police Department.

(c): Policy 301.06 states that staff will accept reports made verbally, in writing, anonymously, and from third parties. They will promptly document any verbal reports on the Sexual Misconduct/PREA Checklist. The interviewed Detention Officers and Supervisors understood their obligation under this standard.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.52 – Grievances.

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

Notes:

Documentation Reviewed

- Policy 301.06
- Facility Handbook
- Memo from facility

(a)(b): Policy 301.06 and the Facility Handbook address the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance, the grievance would be considered an emergency grievance, and no informal grievance procedures are

applied. The PREA Coordinator is also the Grievance Coordinator he stated that there are no time limits for sexual abuse grievances if they received a grievance of this nature, it would immediately be investigated.

(c)(d): Policy 301.06 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The PREA Coordinator stated that he would take immediate corrective action to protect the detainee. He further stated that all medical emergencies would be brought to the immediate attention of proper medical personnel.

(e): Policy 301.06 states that the grievance is initially responded to in 48 hours, and a final decision is provided within five days. As per policy any appeal would be responded to within 30 days. The Grievance Coordinator/PREA Coordinator confirmed the FOD would be notified at the end of the grievance process.

(f): Policy 301.06 and the Facility Handbook state that a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives in preparing a grievance. The interviewed staff understood their obligations to expedite a grievance, and to assist if need be. They confirmed they would assist in preparing the grievance if asked, and ensure the grievance is immediately forwarded to the Grievance Coordinator/PREA Coordinator. All grievances are completed through the kiosk system and are forwarded to the grievance coordinator immediately.

The facility has not had any grievances filed within the last 12 months for sexual abuse. The Auditor confirmed this during the interview with the PREA Coordinator, who is also the Grievance Coordinator, and through a memo from the facility.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06
- MOU with Domestic Violence Intervention Services dated 9/13/13
- Email stating no SANE exams for detainees were conducted
- ICE Policy 11062.2 Sexual Assault and Abuse Prevention and Intervention

(a)(b)(c)(d): The facility has entered into an MOU with Domestic Violence Intervention Services to provide valuable expertise and support in the areas of crisis intervention, support during sexual assault examination, prosecution, and counseling. The MOU is dated September 13, 2013 with no expiration. The information including mailing address and contact number are posted in the housing units and further provided to victims of sexual abuse by the medical or mental health staff. The contact information is painted by the telephones, and available on the kiosk system. Policy 301.06 establishes the procedures which include the outside agencies in the facility's sexual abuse prevention and intervention protocols. During the interview with the PREA Coordinator, he stated that all victims of sexual abuse are given the contact information for Domestic Violence Intervention Services and informed that they could contact them at any time. He further confirmed that they would inform detainees, prior to giving them access to outside resources, of the facility procedures which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The auditor reviewed the one closed investigative case file and confirmed the information on how to contact these services was provided to the detainees. The Auditor confirmed that there are no limitations on contact with these services. Due to the confidentiality the Auditor is unsure if these services were utilized.

After the onsite audit, the Auditor contacted Domestic Violence Intervention Services and confirmed these procedures.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.54 – Third-party reporting

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

Notes:

Documentation Reviewed:

- Policy: 301.06
- Office of Inspector General Poster
- ICE Detention Reporting and Information Line Poster
- Facility website: <https://tcsa.org/resources/prea-act-information>
- Agency website: ice.gov/prea

The facility and agency have established several methods for third-party reporting. The posters for the Office of Inspector General, and ICE Detention Reporting and Information Line are posted in the visiting room and front entrance to the facility. The facility has placed the following reporting steps on its website:

If you have information regarding a David L. Moss (DLM) inmate who has been the victim of sexual misconduct while under DLM custody or community supervision, please call 918-596-5601. Calls to this phone number are recorded.

You don't have to give your name; your contact phone number and address is optional. But it is important that you provide as many details as possible. This includes:

- The name(s) and locations of persons involved
- The name(s) or description of any witnesses to the incident
- DLM inmate number

- A brief description of the incident(s)
- A brief description of where the event(s) occurred
- The date(s), time and place of occurrence(s)
- Names and contact information of others who might have additional information about the incident

You can also report information regarding an inmate by calling CALL RAPE at (918) 743-5763.

The agency has posted the third-party reporting avenues on the agency's website ice.gov/prea. These reporting avenues include the DHS OIG, ICE OPR, and the ICE ERO Detention and Reporting Information Line. The website provides explicit instructions on how to make a report.

Upon returning to home the Auditor called the CALL RAPE at (918) 743-5763 and found the phone number operational.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.61 – Staff reporting duties.

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

Notes:

Documentation Reviewed:

- Policy: 301.06
- Facility website: <https://tcsa.org/resources/prea-act-information>

(a)(b): Policy 301.06 requires all staff to verbally report immediately to a supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility. It also requires staff to report any information regarding retaliation against detainees or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The reporting requirement portion of the policy was reviewed and approved by the Jail Administrator, PREA Coordinator, and ICE. The policy allows any staff to report outside of the chain of command by going directly to the PREA Coordinator, or any Jail Administration, they also have the option of utilizing the third-party reporting avenues.

(c): Policy 301.06 further states that staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions. During the staff interviews, the Auditor confirmed that the staff understood their reporting requirements, reporting avenues available to them, and the requirement to not reveal any information. These procedures were further verified during the review of the investigative report.

(d) The facility does not house juveniles nor family units. The PREA Coordinator confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in policy 301.06. He further confirmed that they have not made any notification of this type within the past 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.62 – Protection duties.

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

Notes:

Documentation Reviewed:

- Policy: 301.06

Policy 301.06 outlines that if a staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. During the staff interviews, they stated that they would make the safety of the detainee their priority and ensure they were separated from the other detainees; and contact their supervisor. During the supervisor interviews, they stated that they could separate detainees through housing unit moves. Any separation for these reasons would be immediately reported to the PREA Coordinator. The PREA Coordinator stated that he would respond immediately or be available by phone to discuss the incident.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.63 – Report to other confinement facilities.

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

Notes:

Documentation Reviewed:

- Policy: 301.06
- Memo from facility

(a)(b)(c)(d); Policy 301.06 outlines the facility's obligations to report allegations that had occurred at another confinement facility. The facility will document these allegations and the facility administrator, or his designee would immediately contact the facility head where the allegation took place. This notification will be made immediately to the ICE Field Office, but not more than 72 hours. The facility administrator would immediately document this notification and copies will be forwarded to the PREA Coordinator. The PREA Coordinator confirmed that if an allegation was received from another facility, he would immediately begin an investigation as outlined in policy 301.06 and notify the ICE Field Office.

The audited facility has not received nor notified another facility under these circumstances in the last 12 months. The Jail Administrator PREA Coordinator understood their obligations under the policy, and confirmed no notifications under these circumstances have been made. The facility also provided the Auditor with a memo stating this.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency has substantially met the requirements of this standard, and all provisions.

§115.64 – Responder duties.

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

Notes:

Documentation Reviewed:

- Policy: 301.06
- Investigative file

(a) Policy 301.06 outlines the responder duties; the staff also receive annual training which covers their response to a detainee who has been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation and make immediate notification to their supervisor. Upon the arrival of assistance, they would preserve any potential crime scene and make an initial inquiry as to the events. If the incident occurred within the last 96-hours they would also request that the victim not do anything that may destroy potential evidence including; washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. All actions are documented on the Sexual Misconduct/PREA Checklist. The Shift Supervisor would be notified immediately; and would then contact the ICE Field Office and implement the coordinated response plan outlined in policy 301.06.

The Auditor reviewed the investigative file and found that the first responders acted accordingly and as per policy.

The interviewed staff understood their obligations as an initial responder, and all who were interviewed were able to outline the first responder obligations.

(b) Policy 301.06 outline that if first staff responder is not a security staff member the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. All interviewed non-security staff understood their obligation under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.65 – Coordinated response.

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

Notes:

Documentation Reviewed:

- Policy: 301.06
- Investigative file
- Memo from facility

(a)(b): Policy 301.06 outlines the coordinated response plan. This plan establishes the guidelines for the facility to respond to sexual abuse or sexual harassment incidents. The plan utilizes a multi-disciplinary approach which includes the Jail Supervisors, Medical and Mental Health Practitioners and Investigators. The plan further details each team member's responsibility during an incident. The Detention Officers interviewed understood their immediate response is to secure the victim, alleged abuser if known, the scene and immediately contact a supervisor. The interviewed Supervisors stated that they would have the detainee taken to medical immediately and contact the PREA Coordinator and Jail Investigators. During the Jail Administrator and PREA Coordinator interviews, they confirmed that this process would be followed, the Auditor further confirmed the process during the investigation review.

(c)(d): The PREA Coordinator confirmed that if a victim of sexual abuse is transferred between DHS immigration detention facilities covered by either subpart A or B of the DHS PREA Standards or to a non-DHS facility, they notify the facility of the potential need for medical or social services. The PREA Coordinator understood that if prohibited by law or if the victim did not want this notification to be made, it would not be. The facility has not made a notification under these circumstances in the last 12 months. This was confirmed during the PREA Coordinators interview and a memo from the facility.

The coordinated response was further verified during the investigative file review.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06
- Investigative file
- Memo from facility

Policy 301.06 states that all employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. A separation order requiring no contact will be documented. The PREA Coordinator confirmed that they have non-contact detainee posts where the individual would be placed until the investigation was completed. He also confirmed that the facility has not entered in, nor renewed, any collective bargaining agreement that prevents them from removing staff from contact with detainees.

Human Resources and the PREA Coordinator further confirmed that the TCSO Internal Affairs Division would be notified of any staff misconduct. The TCSO also has the ability to place staff on administrative leave pending the outcome of the investigation. The facility provided the Auditor a memo stating that they have not removed any staff from contact with detainees during the past 12 months. This was further confirmed during the PREA Coordinators interview.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06

(a)(b)(c): Policy 301.06 outlines the facility's protection against retaliation. The policy states that employees, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. The PREA Coordinator confirmed that they would utilize multiple protection measures including housing changes, removal of staff, and emotional services. The PREA Coordinator stated that for at least 90 days following a report of sexual abuse, the facility will continually monitor to see if there are any disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff, that may suggest possible retaliation by detainees or staff. If this is indicated the facility will act promptly to remedy any such retaliation. Policy 301.06 outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated the monitoring would continue beyond the 90 days. During the onsite audit the Auditor reviewed the documented monitoring for a detainee involved in an incident; the monitoring was conducted in accordance with the policy and standard.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed:

- Policy: 301.06
- Memo from facility

(a)(b)(c)(d): Policy 301.06 outlines the facility post-allegation protective custody. The detainee would be placed in the least restrictive and supportive environment subject to the requirements of 115.43. They would not be held for more than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. Classification and Mental Health Staff confirmed that if a detainee were held in this manner, they would be reassessed utilizing the initial screening tools, before being returned to the general population. The policy further states that the ICE AFOD will be notified within 72 hours if a detainee was placed in protective custody under these circumstances. The PREA Coordinator understood the requirements for housing detainees under these circumstances; he further confirmed they had not had a detainee in post allegation protective custody within the past 12 months. The Classification Staff and PREA Coordinator both confirmed that if they needed to place a detainee in protective custody of this nature, they would utilize the medical unit, which is a smaller unit and under direct supervision by staff. This was confirmed through a memo from the facility. During the one investigation of the detainee-on-detainee alleged abuse, the facility separated the detainees by moving the alleged abuser to a different housing unit.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions

§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:

Documentation Reviewed:

- Policy: 301.06

(a)(b): Policy 301.06 outlines the facility investigators responsibility to conduct prompt, thorough, and objective administrative and criminal investigations into alleged sexual assault. The facility has ■■■ trained investigators, including the unit supervisor, to conduct both administrative and criminal investigations. The PREA Coordinator stated that all allegations are responded to immediately and ICE is notified. If the allegation is criminal, the facility will stop the administrative investigation and let OIG or the facility investigators conduct the criminal investigation. This is done to protect the integrity of the criminal investigation, if the administrative investigation was allowed to continue statements taken under Garrity warnings could not be used in any criminal prosecution. The Auditor confirmed with the investigators that if a criminal investigation were either unsubstantiated or

substantiated, they would still conduct an administrative investigation. The PREA Coordinator and the facility investigators confirmed the administrative investigations would take place following the criminal investigation and only after the investigators and PREA Coordinator consulted about the outcome; or consulted with OIG if OIG conducted the investigation. The reviewed investigative reports confirmed that the criminal investigation was completed; and the administrative investigation was conducted after consultation between the facility investigators and PREA Coordinator.

(c): Policy 301.06 outlines the investigative procedure for administrative investigations. This policy provides provisions for the following:

- Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interviewing alleged victims, suspected perpetrators and witnesses;
- Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator;
- Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph;
- An effort to determine whether actions or failures to act at the facility contributed to the abuse;
- Documentation of each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years
- The procedures in the policy govern the coordination of the administrative and criminal investigation, procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation.

During the interviews with the facility investigators, the Auditor confirmed that they conduct interviews with victims, the alleged perpetrator, and witnesses. Evidence would be collected by the TCSO Crime Scene Unit. They also confirmed that they review all information available to them relating to the victim, alleged perpetrator, or witnesses and conduct an impartial credibility assessment on anyone involved. All administrative investigations are documented in a written report outlining the investigative procedure, evidence collection, and if any actions or failure to act contributed to the incident. The facility investigator supervisor confirmed that the investigative reports are kept indefinitely.

(e)(f): Policy 301.06 states that the investigation will not be terminated if the alleged abuser or victim leaves employment or control of the facility or agency. The PREA Coordinator and Facility Investigator Supervisor confirmed that the investigation would be conducted, even if the alleged abuser or victim left control of the facility, or employment. The PREA Coordinator and Facility Investigator Supervisor further stated that they stay in constant contact either in person or through email during the investigative process. The PREA Coordinator stated he stays in contact with ICE and/or OIG if that agency is conducting the investigation for updates.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions

§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:

Documentation Reviewed:

- Policy: 301.06
- Investigative file

Policy 301.06 states that during an administrative investigation, the investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The facility investigators stated that they do not impose any higher of a standard this was further confirmed during the review of the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.73 – Reporting to detainees.

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

Notes:

Documentation Reviewed

- Policy: 301.06
- Investigative file

Policy 301.06 outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed in writing, where the detainee will sign for a copy of the notification. The detainee would keep a copy and the original is placed in the investigative file. The PREA Coordinator confirmed this procedure; it was further confirmed by reviewing the investigative file.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy: 301.06
- Memo to Auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado

(a)(b)(c)(d): Policy 301.06 outlines the facility's response to staff discipline of a substantiated allegation of violating agency or facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service.

Removal from their position is the presumptive discipline for a violation of the policy. The Jail Administrator confirmed that an internal investigation would be conducted by the TCSO Internal Affairs division, and the presumptive discipline for any violation of this policy is termination. This investigation would be completed by internal affairs following the administrative and criminal investigations. The PREA Coordinator confirmed that the facility would report all removals or resignations instead of removal for violations of agency or facility sexual abuse policies to the OIG and the facility investigators, and confirmed if the staff member were licensed, the licensing body would be notified. The facility provided the Auditor with a memo stating that no staff members have been disciplined, nor licensing bodies notified within the last 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy: 301.06
- Memo to Auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado

(a): Policy 301.06 addresses any contractor or volunteer who has engaged in sexual abuse. The policy directs the facility to prohibit the contractor or volunteer from having any contact with detainees. The facility will also make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. These incidents, if criminal, will also be reported to facility investigators, who are sworn law enforcement officers.

(b)(c): The PREA Coordinator confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. He further confirmed that as per policy 301.06 the facility would take appropriate remedial measures such as training; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards. The PREA Coordinator confirmed if a contractor or volunteer violated any provisions of the standards their security clearance would be immediately revoked.

The facility did not have any incidents of contractor or volunteer corrective action for the past 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy 301.06
- Policy 302.10 Inmate Disciplinary Process
- Investigative file

(a)(b)(c)(d): Policy 301.06 addresses the facility disciplinary sanctions following an administrative or criminal investigation that a detainee engaged in sexual abuse. The disciplinary process outlined in policy 302.10 ensures that the discipline is commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform to rules and regulations in the future. The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure. It was confirmed during the interview with the PREA Coordinator and Disciplinary Officer that this discipline process would be utilized for disciplining any detainee that was found to have engaged in sexual abuse. During the interviews with medical and mental staff they confirmed any detainee involved in an incident, whether victim or offender, would be evaluated, the PREA Coordinator confirmed, as per policy, they would consider any mental disabilities or mental illness that may have contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility had one substantiated investigation during the past 12 months, the detainee left the facility, and ICE custody prior to the completion of the investigation, therefore, this detainee was not disciplined by the facility.

(e)(f): The PREA Coordinator and Disciplinary Officer stated that the facility would follow policy 301.06 for detainee discipline, which states that the facility will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. They also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This is further outlined in policy 301.06.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

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

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

Notes:

Documentation Reviewed

- Policy 301.06
- Memo to auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado

(a)(b)(c): Policy 301.06 outlines the medical and mental health screenings for a history of sexual abuse. If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, they would utilize the CORE electronic medical records to task a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but no later than two working days, the detainee would be brought directly to medical for evaluation, and the mental health evaluation will occur within 72 hours. The detainees at the facility are screened under 115.41 by a Classification Officer and undergo a second screening with medical personnel. If they experienced prior sexual victimization or perpetrated sexual

abuse, they would receive any immediate medical attention as deemed necessary. If mental health were available, they would see them immediately, if not they would utilize the CORE electronic medical records to task mental health with seeing the detainee within 72 hours. This process was confirmed during the interviews with medical and mental health staff. They also confirmed that they would notify the PREA Coordinator. The facility provided the Auditor a memo that stated they had not screened any detainee who reported past victimization or abusiveness in the last 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy 301.06
- Memo to auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado
- MOU with Domestic Violence Intervention Services dated 9/13/13

(a)(b): Policy 301.06 states that a detainee who is a victim of sexual abuse will have timely, unimpeded access to emergency medical treatment and crisis intervention services, which include emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care. The services would be conducted at the hospital and any follow up care would be provided by the facility providers. The services are provided to the detainee without financial cost and regardless of whether they name the abuser or cooperate with any investigation arising out of the incident. The Auditor confirmed with the medical staff that the above procedures would be followed. The facility has a MOU agreement with Domestic Violence Intervention Services for victim advocacy and Hillcrest Medical Center would conduct the sexual assault examination.

The facility provided a memo stating that these services have not been utilized within the past 12 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy 301.06
- Memo to auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado

(a)(b)(c)(d)(e)(f)(g): Policy 301.06 outlines ongoing medical and mental health care following a sexual abuse allegation regardless of whether the victim names the abuser or cooperates with any investigation of the incident. The medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The Health Service Administrator confirmed that the medical and mental health services offered at the facility are consistent with the community level of care. They have █ total staff which includes physicians, nurses, and clinical staff. The detainee would be offered tests for sexually transmitted infections; and all of the treatment services are offered at no cost to the detainee. If vaginal penetration occurs a pregnancy test will be offered. If pregnancy results, the detainee will receive timely and comprehensive access and information about lawful pregnancy related medical services, this treatment will also be at no cost to the detainee. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse. The process was confirmed during the interviews with the PREA Coordinator and medical and mental health staff.

During the investigative review and medical records review the Auditor confirmed medical and mental health services were provided for one unsubstantiated investigation. These services were provided to the alleged victim, the alleged perpetrator was a staff member. This investigation was outside of the 12-month audit period; the Auditor reviewed this investigation to confirm that the services are offered and documented.

A memo was provided to the Auditor where mental health services have not been utilized in the past 12 months, this was confirmed during interviews with mental health staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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:

Documentation Reviewed

- Policy 301.06
- Memo to auditor from the Tulsa County Sheriff's Office, Sheriff Vic Regalado
- 2018 Annual Review of Sexual Abuse Investigations and Corrective Actions
- Investigative file with incident review

(a)(b): The facility conducts an incident review at the conclusion of every investigation of sexual abuse; these investigations include substantiated, unsubstantiated, and unfounded. During the past 12 months, the facility had 1 substantiated investigation involving a detainee. The review team consists of the upper-level management, the PREA Coordinator, and medical and mental health practitioners, as well as varying staff throughout the facility. The review is documented in a PREA After Action Review Report. The report is submitted to the Jail Administrator and ICE PSA Coordinator. This report indicates if any changes need to be made in policy or practice that could better prevent, detect, or respond to sexual abuse. The Auditor confirmed with the Jail Administrator and PREA Coordinator the recommendations for improvement would be made. The review considers whether the incident or allegation was motivated by race, ethnicity or 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 Auditor reviewed the incident reviews conducted, these reviews were conducted within 30 days of the conclusion of the investigation, no recommendations were made.

The Incident Reviews are conducted by varying staff throughout the facility including the Jail Administration, PREA Coordinator and medical and mental health staff. During the interview process the Auditor interviewed several staff who have participated in a review, this included the PREA Coordinator, Jail Administrator, supervisors, medical and mental health staff.

(c): The facility provided the auditor with the 2018 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2017 and 2018. The review indicated corrective actions to be taken, which included PREA training, a new sexual victim/predator screening and upgraded kiosk reporting system. The report was submitted to the Sheriff, this process is also outlined in policy 301.06, the PREA Coordinator confirmed that the report is also forwarded to ICE. All of the corrective action was found to be in place by the Auditor.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§115.87 – Data collection.

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

Notes:

Documentation Reviewed

- Policy 301.06

(a): Policy 301.06 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by the PREA Coordinator. The PREA Coordinator collects and retains all data including case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Coordinator stated that he is responsible for compiling data collected on sexual activity and sexual abuse incidents. He forwards the DHS Monthly PREA Incident Tracking Log to ICE. He also creates and submits a PREA Survey through the PREA Portal for every allegation of sexual abuse and sexual activity. During his interview, the PREA Coordinator indicated that all information is either held digitally or locked in his office or the investigator's office. The established facility retention schedule is ten years for these files.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility has substantially met the requirements of this standard, and all provisions.

§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) During the audit tour, the facility provided the auditor full access to all areas of the facility and the ability to ensure policies and procedures were in daily practice.

(e) Before the audit, during the onsite audit, and during the post-audit phase all relevant documentation was made available through the ICE ERAU SharePoint. Additional documentation was requested by the Auditor which was provided promptly.

(i) The Auditor was permitted to conduct private interviews with the detainees and staff. These interviews were conducted in various offices throughout the facility.

(j) PREA Auditor Notifications were posted throughout the facility providing the Auditor contact information. The auditor did not receive any letters. Interviewed staff and detainees confirmed the PREA Auditor Notifications were posted well before the audit, but they could not recall the date.

AUDITOR CERTIFICATION:

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

Patrick J. Zirpoli September 23, 2019

Auditor's Signature & Date

_____ September 23, 2019

ICE PREA Program Manager's Signature & Date