

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	6/14/2022	To:	6/16/2022
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AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-730-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Harlingen Field Office
Field Office Director:	Marcos Charles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1717 Zoy Street, Harlingen, TX 78550
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Webb County Detention Center
Physical address:	9998 S. Hwy 83 Laredo, Texas 78046
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	956-729-4000
Facility type:	IGSA
PREA Incorporation Date:	2/28/2018

Facility Leadership

Name of Officer in Charge:	Mario Garcia	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	956-729-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Chief of Security
Email address:	(b) (6), (b) (7)(C)	Telephone number:	956-729-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Webb County Detention Center (WCDC) was conducted on June 14-16, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Thomas Eisenschmidt for Creative Corrections, LLC. The Auditor was provided guidance during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C), and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards for the audit period of June 16, 2021, through June 16, 2022. The WCDC is privately owned and operated by CoreCivic and operates under contract with the DHS/ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the WCDC are from Nicaragua, Colombia, and Mexico. The facility does not house juveniles or family detainees. This was the second PREA audit for the WCDC and the facility is located in Laredo, Texas.

On June 14, 2022, an entrance briefing was held in the WCDC staffing conference room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C) opened the briefing via telephone and then turned it over to the Auditor. In attendance were:

CoreCivic Staff

Mario Garcia, Warden

(b) (6), (b) (7)(C) Assistant Warden

(b) (6), (b) (7)(C) Chief of Security, Prevention of Sexual Assault (PSA) Compliance Manager

(b) (6), (b) (7)(C) Administrative Clerk

(b) (6), (b) (7)(C) Health Services Administrator (HSA)

(b) (6), (b) (7)(C) Mental Health Clinician

(b) (6), (b) (7)(C) Human Resource Manager (HRM)

(b) (6), (b) (7)(C) Facility Investigator

(b) (6), (b) (7)(C) Detention Officer (DO)

(b) (6), (b) (7)(C) Learning and Development Manager (LDM)

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

ICE Staff

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD)

(b) (6), (b) (7)(C) ICE Supervisory Detention and Deportation Officer (SDDO)

(b) (6), (b) (7)(C) Deportation Officer (DO) and Contracting Officer's Representative (COR)

(b) (6), (b) (7)(C) DO, Assistant COR (ACOR) and ERO PREA Field Coordinator

(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), OPR/ERAU

Creative Corrections

Thomas Eisenschmidt - Certified PREA Auditor

The Auditor introduced himself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance with those present. Approximately four weeks prior to the audit, ERAU Team Lead, (b) (6), (b) (7)(C), provided the Auditor with the facility's PAQ, agency policies, and other pertinent documents through ERAU's SharePoint site. The main policy that provides facility direction for PREA is 14-2-DHS, Sexual Abuse and Assault Prevention and Intervention (SAAPI). All documentation, policies, and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Lead Auditor for the interviews with staff and detainees. The Auditor also reviewed the facility's website, <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

On the first day of the audit, there were 166 detainees (140 male and 26 females) housed at the WCDC. The current rated capacity for the part of the facility portioned to detain DHS ICE detainees is 499 adult detainees. Other portions of WCDC house United States Marshals Service (USMS) male inmates. There is no comingling of the populations. Each of the populations is satellite fed on their respective living units. The detainee in-processing area consists of 3 hold rooms, with 2 having a capacity of 5 detainees and the remainder with a capacity of 29 detainees. The three rooms have toilets, sitting areas and telephones. The two small rooms have showers. Detainees held in the large room are allowed, when needed or requested, to utilize the two showers in these rooms. Posters are provided in each of the three rooms, consisting of the consulate contact information, the Rape Crisis Center contact information, DHS-prescribed ICE Sexual Abuse Awareness information pamphlet and the DHS ICE Zero Tolerance for Sexual abuse poster with phone and other contact information. The detainees remain in this area until they are individually classified and receive a

risk assessment and then are placed in their general population housing. WDCD housing designation for males and females changes based on apprehension levels. At the time of the site visit, there were 10 male designated dormitories and 8 female designated dormitories. Besides these dormitory living areas, the facility has 4 housing units (A-B-C-D) with 12 double occupied cells dedicated for men and 4 units with single cells dedicated for women. WDCD has 10 Special Management Unit (SMU) cells and 13 medical beds. During the site visit, the Auditor observed signage requiring opposite gender staff to announce themselves prior to entering the living areas. The Auditor also observed female and male staff announcing themselves prior to entering opposite gender living (b) (7)(E)

[REDACTED] During the three days the Auditor was present onsite this practice was observed.

WDCD maintains a staff complement of 156 employees, to include security and non-security personnel for the entire detainee and U.S. Marshals complex. According to the PAQ and the interview with the PSA Compliance Manager, there are 100 CoreCivic security staff, 27 Administrative/Support staff, 22 Medical Staff, 2 Mental Health Staff, and 5 contractors. Volunteers have not been at the facility for over two years.

At the conclusion of the tour, the Auditor was provided with staff and detainee rosters and randomly selected personnel and detainees from each roster to participate in formal interviews. A total of 29 staff were interviewed, including 12 random staff (line-staff and first-line supervisors) and 17 specialized staff. Those specialized staff interviews included 19 questionnaires for the Warden, PSA Compliance Manager, HRM, LDM, Retaliation Monitor, Incident Review Team member, Intake staff (2), Case Manager, Facility Investigator, Grievance Coordinator, AFOD, SDDO, DO (2), Commissary (2), medical staff, and mental health staff. A total of 21 random detainees (5 females and 16 males) were interviewed. All 21 detainees interviewed were limited English proficient (LEP) and required the use of a language interpreter through Language Services Associates, provided by Creative Corrections. There were no transgender or intersex detainees available for interview at the time of the site visit. The Auditor interviewed two detainees who declared prior victimization, four who had identified as lesbian, gay, or bisexual, and one detainee who filed a sexual abuse allegation. There were three allegations of sexual abuse reported at WDCD for the audit period. The three reported investigations were detainee-on-detainee. Of these three allegations, one was unsubstantiated and two were unfounded at the conclusion of the investigation.

On June 16, 2022, an exit briefing was held in the WDCD visiting room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C) opened the briefing (via telephone) and then turned it over to the Auditor. In attendance were:

CoreCivic Staff

Mario Garcia, Warden

(b) (6), (b) (7)(C) Assistant Warden

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

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

(b) (6), (b) (7)(C) Facility Investigator

(b) (6), (b) (7)(C) Detention Officer

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

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

ICE Staff

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

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

(b) (6), (b) (7)(C) SDDO (via phone)

(b) (6), (b) (7)(C) DO, ACOR, ERO PREA Field Coordinator

(b) (6), (b) (7)(C) DO, COR

(b) (6), (b) (7)(C) ICS, OPR/ERAU

Creative Corrections

Thomas Eisenschmidt, Certified PREA Auditor

(b) (6), (b) (7)(C) APM (via phone)

The Auditor spoke briefly about the staff and detainee knowledge of the WDCD PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that he would need to discuss his findings and review interviews conducted (staff and detainee) prior to making a final determination on compliance. The Auditor explained the audit report process time frames and thanked all present for their cooperation.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

§115.31 Staff training

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 38

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.18 Upgrades to facilities and technologies
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health Care
§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
§115.66 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
§115.71 Criminal and 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

Number of Standards Not Met: 1

§115.65 Coordinated response

PROVISIONS

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

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

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

Notes:

(c) The Auditor determined compliance with this subpart of the standard based on review of the 2019 Policy 14-2-DHS mandating, "zero-tolerance towards all forms of sexual abuse." This written policy outlines the WCDC approach to accomplish this zero-tolerance goal through defined hiring practices and ensuring employees, contractors, volunteers, and detainees receive training and information on the zero-tolerance policy regarding sexual abuse and assault, the means to report it, and consequences for violations. The interview with the WCDC Warden confirmed that this policy was reviewed and approved by the agency, and he provided the Auditor with documentation of the policy review by the AFOD. The informal and formal interviews with staff and detainees indicated they were aware of the facility's policy on sexual abuse.

(d) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "the facility shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point-of-contact for the local ICE field office and ICE PSA Coordinator." The Chief of Security is the designated PSA Compliance Manager, who confirmed he is the point of contact for the agency's PSA Coordinator, and he has sufficient time and authority to oversee efforts for the facility to comply with their zero-tolerance policy. His position is noted on the facility organizational chart as a direct report to the Assistant Warden and he supervises all security staff at the facility.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that states, "Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility's physical plant; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; Recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of time detainees spend in agency custody." The interviews with the Warden and the PSA Compliance Manager confirmed that WCDC utilizes direct supervision by staff in conjunction with the use of the facility's 174 video cameras to provide supervision of the male and female detainees. The Auditor was provided the most recent (September 28, 2021) detainee supervision guidelines review documenting the subpart (c) requirements were assessed. There were no recommendations for changes to the 14-2-DHS policy or facility operations from this review. The Auditor was provided and reviewed the WCDC supervision guidelines. During the three days the Auditor was on-site, he observed, on each of the eight-hour shifts, adequate supervision of the detainees. The Auditor also reviewed the incident reviews conducted for each of the three sexual abuse allegations during the audit period. Staffing was not an issue in any of the cases.

(d) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "supervisors, shall conduct frequent unannounced facility rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer, post log, shift report, etc.). This practice shall be implemented for all shifts and all areas where detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility." The Auditor interviewed the shift supervisor on each of the WCDC shifts. All confirmed they make at least one round in every location detainees have access, staggering times and locations. The Auditor randomly reviewed logbooks in areas detainees have access while on-site and found supervisor daily signatures on each of the shifts, indicating that PREA rounds are being made. The interviews with 12 random security staff confirmed they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

WCDC does not accept juveniles or family detainees. This was confirmed in the PAQ, during interviews conducted with the Warden, PSA Compliance Manager, and personal observations by the Auditor while on-site.

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

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

Notes:

(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "pat-down searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender frisk/pat searches will be documented in a logbook." The Auditor interviewed 12 security staff (male and female), who acknowledged cross-gender pat-down searches are not permitted at WCDC; however, they were also aware that if exigent circumstances occurred requiring a cross-gender pat-down search, the search would have to be documented. The PAQ and documentation provided to the Auditor by the PSA Compliance Manager indicated that cross-gender pat-down searches were not conducted at WCDC during the audit period.

(e)(f) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "Strip searches or visual body cavity searches by staff of the opposite gender shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity searches of juveniles to a medical practitioner. All strip searches and visual body cavity searches shall be documented." The Warden, PSA Compliance Manager and the PAQ confirmed the facility had no instances of cross-gender strip searches or body cavity searches conducted during the audit period, but they would be documented if there had been.

(g) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." As noted earlier, WCDC houses both male and female detainees. Above the entrances to each of the housing units is signage reminding staff to make cross-gender announcements prior to entering. The Auditor observed male and female staff announcing themselves prior to entering the cross-gender housing areas during the tour. The random interviews with staff, including both male and female, confirmed their requirement of opposite gender staff announcing their presence prior to entering detainee living areas. The random detainee interviews, including both male and female, confirmed that cross-gender staff announcements are made prior to staff of opposite gender entering their unit. The review of the camera system and observations of the bathroom areas during the site visit revealed no privacy concerns generally or specifically with the shower or toilet areas.

(h) This subsection is non-applicable. WCDC is not a Family Residential Facility.

(i)(j) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. The gender of the staff member searching a transgender or intersex detainee will depend on the specific needs of the individual detainee and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the detainee." The LDM provided the Auditor with the WCDC search training curriculum that met the policy and standard requirements for all types of searches. The random male and female security staff interviews confirmed their knowledge of the prohibition of searching detainees to determine their genital status and the requirement to perform all pat-down searches in a professional and respectful manner, and in the least intrusive manner as possible. These security staff also detailed the search training they received to include techniques for conducting cross-gender, transgender, and intersex searches in a professional manner. The interview with the LDM also indicated all staff training on searches is developed based on ICE policy PBNDS 2.10 "Search of Detainee." The Auditor reviewed five security staff training files and found completed search training documentation in each of the files. At the time of the audit, there were no transgender or intersex detainees present at the facility to interview. Interviews with the 21 detainees confirmed that searches are conducted in a professional and respectful manner.

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

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary, to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall accommodate the detainee by: Providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively

and expressively, using any necessary specialized vocabulary; and providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication. The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate." Upon arrival at WDC, detainees receive the WDC Facility Handbook, available in Spanish and English, the DHS-prescribed ICE Sexual Abuse and Assault Awareness (SAA) information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA information pamphlet is available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). WDC has the entire facility handbook audio recorded in Spanish and English for any detainee with limited sight. The Auditor interviewed two intake staff, including a supervisor. Both confirmed that they had personally encountered a detainee who was hearing impaired. In that specific instance and anytime the facility may encounter a detainee with any hearing limitations, the information was and would be provided to them in writing or through use of the text telephone (TTY). The Auditor was also informed by these two intake staff that if they encountered a detainee with low intellect, mental health concerns, or limited reading skills, the detainee would be assessed on an individual basis to determine his or her specific needs. They may be provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee's limitation. The two intake staff interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize their contracted interpretive language service to assist them with interviews if a staff interpreter was unavailable. Over 98% of the WDC staff is bilingual (English/Spanish). These staff also indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook that provides this information, they utilize the facility's Language Line Solutions contract for accessing interpreting services to provide the detainee with meaningful access to all aspects of the agency's SAAP program. They informed the Auditor that pages 31 through 41 of the WDC Facility Handbook are read to the detainee through use of the interpreter and the orientation is documented with the interpreters' name, signed by the detainee, and placed in the detainee's detention file. These pages include information topics for the detainee regarding The Americans with Disabilities Act, ICE Detainee Communication, DHS/OIG Hotline, Rape Crisis Center, PREA Information, ICE SAAP, facility schedules, and Detainee Phone Pin Instructions. The Auditor reviewed 10 detainee files and found these completed acknowledgement forms present in all files. There were no detainees present at WDC that spoke a language not covered by the 14 ICE National Handbook languages for the Auditor to interview. A Russian female detainee was interviewed who indicated she had received the ICE National Detainee Handbook in Russian upon arrival. The other 20 random detainees interviewed acknowledged receiving information upon arrival in a language they could understand.

(c) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse." The random security staff interviewed were aware of the restrictions on interpreters as outlined in the 14-2-DHS facility policy. The Auditor's review of the three allegations of sexual abuse reported at WDC for the audit period found that in all three cases, the detainee was provided a staff interpreter during the investigative process.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS, Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive that require collectively, to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor, or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as outlined above. Policy 14-2-DHS further requires, "all applicants and employees who may have direct contact with detainees shall be asked about previous misconduct, as outlined above in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information." The 14-2-DHS Policy and standard subpart (b) require, "all new hires, staff awaiting promotions, and all facility staff on an annual basis to complete and submit a self-declaration form indicating he/she has not engaged in any prohibited conduct. The individual will respond directly to questions about previous misconduct, as required per the standard and, as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct." The acting Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in

sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. The WCDC HRM stated, during her interview, that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon any request from an institutional employer for which the employee has sought new employment when provided a release of information signed by the prior employee. She also stated the facility, along with ICE during the background process, would request information from prior institutions where the prospective candidate was previously employed. She stated that if the potential candidate notes this former employer during the initial facility paperwork that the facility would contact the former employer. She further stated that during the thorough ICE background check, his/her entire employment record would be scrutinized. She further stated that the 14-2-DHS Policy prohibits the facility to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. She also stated that as a condition of employment, each employee has a continuing affirmative duty to disclose to either her or their supervisor any behavior outlined in subpart (a). The Auditor interviewed 12 random staff, and each was aware of this duty to report. The Auditor also reviewed 10 employee files and found ICE approvals to hire the staff member prior to their actual start date, as well as a signed self-declaration that the employee has not engaged in behavior outlined in subpart (a) as required by policy and to comply with their duty to report. The 14-2H-DHS Self-Declaration of Sexual Abuse form serves as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. One of the 10 files reviewed was a current promotion. The Auditor noted a current disclosure form was present in this individual's file.

(c)(d) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "Before hiring new employees who may have contact with detainees, CoreCivic shall perform a criminal background records check. CoreCivic shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with detainees. CoreCivic shall conduct criminal background records checks at least every five years of current employees and unescorted contractors who may have contact with detainees or have in place a system for otherwise capturing such information." The HRM stated ICE completes all background checks for all staff and contractors prior to hiring, and then again every five years. Review of documentation provided by ICE PSO confirmed that the 10 randomly selected employees (7 facility/contract staff and 3 ICE staff) background checks were performed prior to them reporting to work. This documentation also confirmed the due dates for the five-year background rechecks. The Auditor determined the provided background check information was compliant with the standard.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a) This standard subpart is not applicable as the facility Warden and PAQ confirmed that WCDC has not expanded or modified the existing facility within the audit period.

(b) The Auditor determined compliance with this subpart of the standard based on the interview with the Warden and the PSA Compliance Manager. (b) (7)(E)

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011." Interviews with the Warden, PSA Compliance Manager and the Facility Investigator confirmed the investigation protocols as outlined in policy. As noted earlier, the 14-2-DHS Policy was reviewed and approved by ICE. The Facility Investigator interview confirmed he utilizes evidence collection techniques that maximizes evidence collection that he was trained on to properly conduct administrative investigations. The agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, outlines the agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. As noted earlier, there were three allegations of sexual abuse reported at WCDC for the audit period. Of the three reported investigations, all were detainee-on-detainee. Of these allegations, one was unsubstantiated and two were unfounded at the conclusion of the investigation. The Auditor reviewed all three of these investigative files and determined that uniform evidence procedures, to include ensuring detainees do not destroy useable evidence, were followed during the administrative investigations.

(b)(d) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity

may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services." The WCDC has a written MOU with the Rape Crisis Center. The MOU was entered into March of 2019, with no sunset date, to provide detainee victims of sexual abuse access to a victim advocate for emotional support services during the examination and any law enforcement interviews. The investigative file review for each allegation found notations that indicated detainees were informed of the victim advocate services on the day of the allegation.

(c) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "The investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners." The Auditor reviewed the MOU between WCDC and the Doctors Hospital in Laredo (DHL). The MOU was entered into July 2019, expiring in 2024, and requiring, "an examiner (SANE) for comprehensive care; prophylaxis treatment for sexually transmitted disease; timely collection of forensic evidence; forensic photography and testimony." In addition, the DHL will facilitate advocacy services as needed if requested by the victim. The HSA confirmed WCDC utilizes DHL for all detainees requiring a forensic examination. She also stated the facility had no need for forensic examinations during the audit period, which was also confirmed during review of the three investigative files.

(e) The Auditor determined compliance with this subpart of the standard based on review of the MOU with the Laredo Police Department (LPD) and interview with the PSA Compliance Manager. This MOU requires that in any incident involving PREA, the facility will contact the LPD and provide all allegations of sexual abuse involving potentially criminal behavior. The LPD will provide any assistance if needed. This MOU was established in March of 2019 with no sunset date. The MOU specifically addresses the requirement of subpart (e), requiring the LPD comply with subparts (a) through (d) of the standard. In each of the three investigative files reviewed during the audit period, the Auditor found notifications to the LPD.

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

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

Notes:

(a)(b)(d)(e) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse." The policy further requires, "Retention of such reports [sexual abuse allegation investigations] for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years." The policy further requires, "coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation." As part of the facility's Coordinated Response, the policy further requires, "All allegations of sexual abuse or assault shall be immediately and effectively reported to ICE/Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the allegation as a significant incident and refer the allegation for investigation." Standard 115.21 and Policy 14-2-DHS require all allegations be reported to the LPD to be evaluated for criminality. Additionally, all allegations are to be reported to the Joint Intake Center (JIC), where the allegation will be assessed to determine if it falls within the PREA purview. The PREA allegations are referred to OIG or OPR. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused by DHS OIG, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for action, and the agency would assign an administrative investigation to be completed. The Auditor reviewed the three sexual abuse investigative files reported at WCDC during the audit period. All three were detainee-on-detainee allegations. LPD was notified of all three allegations and declined to conduct a criminal investigation. An administrative investigation was conducted on all three by the trained Facility Investigator. At the conclusion of the investigations, two were unfounded and one was unsubstantiated.

(c) The Auditor determined compliance with this subpart based on the protocols for ICE investigations and CoreCivic investigations being found on their respective web pages: (www.ICE.gov/prea) and (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>).

(f) The Auditor based compliance on these subparts of the standard after review of Policy 14-2-DHS that requires, "Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director/designee, and to any local government entity or contractor that owns or operates the facility." The Warden and PSA Compliance Manager confirmed that the facility notifies the AFOD and SDDO by email, and a telephone call depending on the nature of the incident, of every sexual abuse allegation. LPD was notified of all three allegations and declined to conduct a criminal investigation. The interview with the ERO PREA Field Coordinator, SDDO and the AFOD confirmed that

they are notified of every allegation of sexual abuse made at the WDC. The review of the three investigative files confirmed ICE notifications of the incident were made as required and documented in the investigative files.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees, and shall also be included in annual refresher training thereafter. Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee victim's welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, (LGBTI) or gender nonconforming detainees; instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and or assault." The Auditor reviewed the SAAPI training curriculum provided by the WDC which is used to train staff and noted it addressed the subpart (a) requirements. The LDM interview confirmed all WDC employees complete the 14-2A-DHS Policy Acknowledgement form, serving as verification of the employee's review and understanding of this training and the agency's zero tolerance policy. The random 12 WDC staff and 4 ICE staff interviewed by the Auditor confirmed they had received PREA pre-service training and receive annual refresher training. During their interviews, they detailed the training content that addressed the requirements outlined in subpart (a) of the standard. The Auditor reviewed 10 staff training files and found completed 14-2A-DHS documents in each file. The Auditor was provided and reviewed the current PALMS SAAPI training certificates for 50 ICE staff including the AFOD assigned at WDC. The Auditor feels the facility exceeds the standard, as the standard requires refresher training every two years and the facility documentation and interviews confirmed training refresher is annual.

§115.32 - Other training.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. Civilians/contractors/volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file." The Auditor interviewed the LDM who indicated that employee and contractor PREA training is identical and covers all standard 115.31 subpart (a) requirements. The only contractors at WDC are Trinity Food staff (5) who provide services daily and are therefore covered in 115.31. The WDC currently has no volunteers or contractors as defined under subpart (d) of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "During the intake process, all detainees shall be notified of the facility's zero tolerance policy on sexual abuse and assault through the orientation program and detainee handbook. Detainees will be provided with information (orally and in writing) about the facility's SAAPI Program. Such information shall include, at a minimum: the facility's zero-tolerance policy for all forms of sexual abuse or assault; the name of the facility PSA Compliance Manager, and information about how to contact him/her; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; information about self-protection and indicators of sexual abuse and assault; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." All detainees arriving at WDC receive the WDC Facility Handbook, only available in Spanish and English, the DHS-prescribed ICE SAA information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA information pamphlet is available in nine languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). WDC has the entire facility handbook audio recorded in Spanish and English for any detainee with limited sight. The Auditor interviewed two intake staff, including a supervisor. Both confirmed that they had personally encountered a detainee who was hearing impaired. In that specific instance and anytime the facility may encounter a detainee with any hearing limitations, the information was and would be provided to them in writing or through use of the text telephone (TTY). The Auditor was also informed by these two intake staff that if they encountered a detainee

with low intellect, mental health concerns, or limited reading skills the detainee would be assessed on an individual basis to determine his or her specific needs. They may be provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee's limitation. The two intake staff interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize their contracted interpretive language service to assist them with interviews if a staff interpreter was unavailable. Over 98% of the WDCD staff is bilingual (English/Spanish). These staff also indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook that provides this information, they utilize the facility's Language Line Solutions contract for accessing interpreting services to provide the detainee with meaningful access to all aspects of the agency's SAAPI program. They informed the Auditor that pages 31 through 41 of the WDCD Facility Handbook are read to the detainee through use of the interpreter and the orientation is documented with the interpreters' name, signed by the detainee, and placed in the detainee's detention file. The Auditor reviewed 10 detainee files and found these completed acknowledgement forms present in all files. These pages include information topics for the detainee regarding The Americans with Disabilities Act, ICE Detainee Communication, DHS/OIG Hotline, PREA, Rape Crisis Center, PREA Information, ICE SAAPI, facility schedules, and Detainee Phone Pin Instructions. There were no detainees present at WDCD that spoke a language not covered by the 14 ICE National Handbook languages for the Auditor to interview. A Russian female detainee was interviewed and indicated she received the ICE National Detainee Handbook in Russian upon arrival. The other 20 random detainees interviewed acknowledged receiving the SAAPI information as required in policy upon arrival in a language they could understand.

(d) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "the facility shall post on all housing unit bulletin boards the following notices: the DHS-prescribed sexual abuse and assault awareness notice; the name of the PSA Compliance Manager and Information about local organization(s) that can assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available)." During the tour of WDCD, the Auditor observed the DHS-prescribed sexual assault awareness notice posted with the name of the PSA Compliance Manager included, and The Rape Crisis Center contact information posted in the detainee housing units. The 21 random detainee interviews also confirmed their knowledge of these posters and the services available to them.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility Investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers: interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The PAQ indicated the facility has eight investigators, but there is one designated investigator who conducts all administrative investigations. The Auditor was provided a copy of the designated Facility Investigator's specialized training certificate as well as the training curriculum provided by the MOSS Group. The curriculum addressed the policy and training subpart (a) requirements. Agency Policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements. The Auditor's review of the three investigative case files found they were conducted by the WDCD trained Investigator.

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

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

Notes:

(a)(b) These subparts of the standard do not apply to WDCD as the facility medical department is operated by CoreCivic and not DHS or agency employees.

(c) The Auditor determined compliance with this subpart of the standard based on the interview with the HSA and review of Policy 14-2-DHS that requires, "in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training: how to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations of sexual abuse; and how to preserve physical evidence of sexual abuse." The HSA indicated that facility medical staff does not provide any forensic services and only stabilizes the alleged victim for transport to the outside hospital. She also noted that her entire staff has received the specialized training and provided documentation to confirm. This Policy, 14-2-DHS, was approved by the ICE ERO AFOD.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e) The Auditor determined compliance on these subparts of the standard after a review of Policy 14-2-DHS that requires, "All detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility. The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses against an adult or child; Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization."

The Auditor interviewed two intake staff and a Classification Case Manager. Each confirmed that the initial classification, to include the vulnerability assessment (form 14-2B-DHS, Sexual Abuse Screening Tool), is completed within two hours of arrival and would never occur after 12 hours. They stated that in addition to the 14-2B-DHS form, staff tasked with screening conduct a thorough review of all available records (forms 213 and 216) provided by ICE when available, that can assist them with the risk assessment, to include any information about prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility. The Classification Case Manager interviewed confirmed detainees are kept separate from general population in the intake area until the vulnerability assessment and classification processes are completed. The 14-2B-DHS form was reviewed by the Auditor and found to comply with the subpart (c) and (d) requirements. The Auditor reviewed 10 detainee detention files and found completed risk assessments conducted utilizing the 14-2B-DHS form on the day of the detainee's arrival. The interview with the 21 random detainees confirmed their classification and risk assessments were completed within their first couple hours after arriving at the WDC. All the random detainees confirmed that they remained in the intake area until they were classified. Of the 10 detention files reviewed, 1 file was of a detainee held at WDC beyond 90 days and the Auditor found a reassessment completed between the 60-90 days, as required by standard and policy. The three investigative case files reviewed confirmed a vulnerability reassessment was completed in two of the three files. The third was not completed as the detainee was removed to Guatemala within 9 days of the allegation report.

(f) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked about whether the detainee has a mental, physical, or developmental disability; identifies as LGBTI or gender non-conforming; experienced prior sexual victimization or has any concerns about [their] physical safety." The Classification Case Manager and the two intake officers confirmed detainees are not disciplined for refusing to answer any of the questions asked from the 14-2B-DHS form.

(g) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The PSA Compliance Manager and the Classification Case Manager informed the Auditor that completed 14-2B-DHS forms are maintained in the detainee's central file located in the Intake Supervisor's office, under double lock and restricted key.

§115.42 - Use of assessment information.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after a review of Policy 14-2-DHS that requires, "The facility shall use the information from the 14-2B-DHS, DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing, recreation, work program, and other activities." The Auditor was informed by the Classification Case Manager that detainee assignments are made for work and housing based on each individual detainee's risk assessment and classification. The instructions for completion of the vulnerability assessment informs the staff member conducting it, that it is important that any PREA classification, whether it indicates the potential for being at risk of victimization or the potential of being sexual abusive be noted to provide the correct initial housing for placement and recreation. WDC has very limited voluntary work opportunities for detainees, but the facility utilizes information from the risk assessment and classification process for making work assignments. The Auditor reviewed 10 detainee detention files in which the initial assessment and reassessment files are maintained. The file review demonstrated individualized determinations being conducted on each detainee and consideration of the information from the risk assessment for placement decisions to ensure his/her safety.

(b)(c) The Auditor determined compliance with these subparts of the standard after a review of Policy 14-2-DHS that requires, "In deciding whether to house a transgender or intersex detainee in a male housing unit/area or female housing unit/area, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and an assessment of the effect of placement and shall consider on a case-by-case basis whether

such a placement would ensure the detainee's health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions on transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee." There were no transgender or intersex detainees present at WCDC during the site visit. The HSA and Mental Health Practitioner discussed recent transgender detainees housed at WCDC with the Auditor. They confirmed in all instances transgender detainees arriving at WCDC are assessed by the medical and mental health department prior to any housing decisions being made. They indicated the safety and security considerations as well as the concerns of the detainee are considered. They also stated that WCDC has had no intersex detainees placed at the facility, but the same process would be followed for intersex detainees as well. The Warden, PSA Compliance Manager, and Classification Case Manager stated that any transgender or intersex detainee would be reassessed every six months and would be allowed to shower separately from other detainees during count times, if necessary, or at times convenient to facility operation.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after a review of Policy 14-2-DHS that requires, "Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE Field Office Director (FOD) to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the reason." The Warden informed the Auditor that the use of segregation for any vulnerable detainee would not be the typical protocol at WCDC. He indicated his options to deal with protecting a vulnerable detainee would include moving the vulnerable detainee to another housing unit, to one of the facility medical beds, or discuss the situation with the AFOD to expedite the transfer of the detainee to another facility more suitable for the detainee's safety, ensuring that access to programs and other services available to the general population will be allowed to the maximum extent possible. The Warden also confirmed that WCDC has not utilized segregation for any vulnerable detainee at risk of sexual abuse during the audit period.

(d)(e) The Auditor determined compliance with these subparts of the standard after a review of Policy 14-2-DHS that requires, "If involuntary segregated housing is warranted then the facility will take the following actions: a supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in Administrative Segregation and every week thereafter for the first thirty (30) days and every ten (10) days thereafter." The Warden confirmed that the placement of a vulnerable detainee in segregation would require the review process as required by policy and the subpart (d) requirements and the placement notification to the FOD within 72 hours.

§115.51 - Detainee reporting.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of Policy 14-2-DHS that requires, "Detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; Calling the facility's twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Contacting the respective consular office; and/or Forwarding a letter to the Facility Support Center (FSC) PREA Coordinator [...] at 10 Burton Hills Boulevard, Nashville, TN 37215. Detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees may anonymously report any pressure, threat, or instance of sexual violence/misconduct directly to the DHS OIG at 1-800-323-8603." Reporting information is available to detainees upon arrival through the WCDC Facility Handbook, ICE National Detainee Handbook, the DHS-prescribed SAA information pamphlet, and signage posted throughout the facility, as covered in standards 115.16 and 115.33 of this report. The Auditor interviewed 21 random detainees. Each confirmed their knowledge of how to report allegations of sexual abuse. The 10 detainee files reviewed demonstrated signed copies of receipt of these materials.

(c) The Auditor determined compliance with this subpart of the standard based on review of Policy 14-2-DHS that requires, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse will be reported to the

Facility Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental." There were three allegations of sexual abuse reported at WDCD for the audit period. The Auditor reviewed these three allegations and found the allegations were made in the following manner: two were reported to security staff and one through the housing unit tablet. The allegations made through the tablet are received by the PSA Compliance Manager. The file reviews indicated in the instances where the allegation was made verbally, the staff member placed the allegation into written format. The Auditor interviewed 12 random staff who confirmed their knowledge of the facility policy requirement that they are to accept and immediately report allegations of sexual abuse regardless of how the report was made and that all verbal reports from detainees or third parties must be documented in writing to their supervisors for investigation referral.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after a review of Policies 14-2-DHS and 14-5, Inmate/Resident Grievance Procedures, that collectively require detainees to be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. Detainees may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative to prepare a grievance. Additionally, the facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff are required to bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility is required to issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE FOD at the end of the grievance process. The Auditor interviewed the Grievance Supervisor during the site visit. The Grievance Supervisor informed the Auditor that she would accept all grievances alleging sexual assault and would follow the grievance process which includes assigning the allegation a grievance number and processing it as an emergency grievance. She further informed the Auditor that emergency grievances are those time-sensitive grievances that pose an immediate threat to the detainee's health, safety, or welfare, and security of the facility, which would be handled immediately. She also indicated she imposes no time limit on when the submission of a sexual abuse allegation is made regardless of when it occurs and would ensure medical emergencies are referred to the medical department immediately. She further stated she would notify the ICE SDDO who in turn makes all ICE notifications. She confirmed sexual abuse grievances are responded to within two days of receipt and responses to an appeal of the grievance decision are responded to within 30 days. The facility had no sexual abuse allegations reported through the grievance process during the audit period.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance on these subparts of the standard after a review of Policy 14-2-DHS that states, "CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Each facility shall establish, in writing, procedures to include outside agencies in the facility's sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. Detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports on abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Auditor was provided a written MOU with the Rape Crisis Center. Contact information for this advocate was observed by the Auditor in each of the housing units. This Center accepts allegations of sexual assault, and the WDCD Facility Handbook informs detainees that they may report allegations of sexual abuse to the Rape Crisis Center; additionally, detainees are advised that the Center is a mandatory reporter for any allegation of sexual abuse and the extent that the calls to the Center may be monitored. The Auditor's review of the three investigative files noted the alleged victims were provided contact information for the Rape Crisis Center. None of these allegations were learned from monitoring communications with outside support services.

§115.54 - Third-party reporting.

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

Notes:

The Auditor determined compliance with the standard after a review of Policy 14-2-DHS that requires, "Each facility shall establish a method to receive third-party reports of sexual abuse and shall post this information on the facility PREA link found on the CoreCivic website." The Auditor observed reporting sexual abuse information on behalf of any detainee, in Spanish and English, in the entrance lobby at WDCD. A review of both the ICE web page (<https://www.ice.gov>) and CoreCivic web page (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) confirmed each has a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees as well. Most of the 21 random detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The facility had no third-party reports of sexual abuse during the audit period.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after a review of Policy 14-2-DHS that requires, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse will be reported to the Facility Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental. All employees are required to immediately report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority; retaliation against detainees or employees who have reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions." The Auditor interviewed 12 random security staff and each of these staff members confirmed their knowledge of the reporting requirements of the standard and the facility policy. Each was also aware of their ability to report allegations of sexual abuse outside of their chain of command, through the CoreCivic ethics reporting telephone line if necessary. Each detailed their responsibility for confidentiality and reporting only to a designated supervisor or official, and to not reveal any information related to a sexual abuse allegation to anyone. The Auditor's review of the investigative files found that two of these allegations were reported directly to security staff, and one was reported through use of the tablet reporting option which went to the PSA Compliance Manager. The three investigative files demonstrated that each staff member immediately responded to the incident in accordance with agency policy and their response training. The 14-2-DHS Policy was approved by the AFOD.

(d) The Auditor determined compliance on this subpart of the standard after a review of Policy 14-2-DHS that requires, "If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws." There are no juveniles housed at WCDC. The Warden confirmed, if the facility encountered an incident of sexual abuse involving a vulnerable adult, the CoreCivic's legal counsel's office would be contacted to determine reporting obligations under the reporting laws of the State of Texas. He also stated the LPD would be informed.

§115.62 - Protection duties.

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

Notes:

The Auditor based compliance on this standard after a review of Policy 14-2-DHS that requires, "When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee." The specific question about any detainee at substantial risk was asked of the random security staff, PSA Compliance Manager, and the Warden. All indicated if they became aware of any detainee at substantial risk of sexual abuse, they would take immediate action to mitigate the threat. In most cases this would include finding and securing the detainee and removing him/her from the threat. The Warden indicated removing the detainee from the facility would be a consideration after the situation was evaluated. According to the Warden and PSA Compliance Manager, and review of the three allegations reported within the audit period, WCDC did not have a detainee who was at substantial risk of imminent sexual abuse requiring the facility to take immediate action to protect the detainee during the audit period.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance on these subparts of the standard after a review of Policy 14-2-DHS that requires, "If the allegation of sexual abuse involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility, or state, or federal facility), the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken: Contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation; Determine from the facility administration at that facility whether the allegation was reported and investigated; If the allegation was reported and investigated by the appropriate officials, the receiving facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur; If the allegation was not reported or not investigated, a copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred; All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation and if an allegation is received from another facility, he/she will ensure the allegation is investigated. All allegations of sexual abuse or assault shall be immediately and effectively reported to ICE/Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the allegation as a significant incident and refer the allegation for investigation." The Warden, PSA Compliance Manager, and the PAQ indicated WCDC did not receive any reports of sexual abuse from a detainee on arrival at WCDC, that occurred at another facility within the audit period; however, both were aware that if they receive such a complaint that they would contact the other facility and document the notifications in accordance with the policy requirements. The Warden and PSA Compliance Manager also informed the Auditor that WCDC was never contacted by another facility informing them a detainee made an allegation of sexual abuse while placed at WCDC. If an allegation were reported from another facility occurring at WCDC, the Warden and PSA Compliance Manager confirmed an investigation would be conducted and the AFOD notified. The interview with the SDDO confirmed that he makes all required notifications to ICE personnel as required by the standard.

§115.64 - Responder duties.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard after a review of Policy 14-2-DHS that requires, "Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: the alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department; and the Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing without medical supervision, use the restroom facilities, eat, drink, or brush his/her teeth. In order to preserve any evidence, the alleged perpetrator should not be allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while secured in segregation in a single cell (if available). The highest-ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation." The Auditor interviewed 12 random security staff, and each was questioned about responding to allegations of sexual abuse. All 12 detailed the policy and subpart (a) requirements in their response. The Auditor's review of the three sexual abuse allegations made during the audit period confirmed that the first responder followed the requirements of Policy 14-2-DHS, to the extent necessary. In all three allegations reported within the audit period, the first responder was a security staff person.

(b) The Auditor determined compliance with this subpart of the standard after a review of Policy 14-2-DHS that requires, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff." During the site visit, the Auditor interviewed two non-security staff specifically about responding to allegations of sexual abuse. Both staff members stated that they would ask the victim to not destroy any potential evidence and immediately notify a security staff member. There were no allegations of sexual abuse reported to non-security staff during the audit period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) The Auditor determined compliance on these subparts of the standard after a review of Policy 14-2-DHS that requires, "Each facility will establish a Sexual Assault Response Team (SART) which includes the following positions: PSA Compliance Manager; Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. The SART responsibilities include responding to reported incidents of sexual abuse and assault; responding to victim assessment and support needs; ensuring policy and procedures are enforced to enhance detainee safety; and participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards." A SART team member was interviewed during the site visit, who confirmed that the 14-2-DHS Policy is the WCDC written coordinated response to incidents of sexual assault and the coordinated response is accomplished through the SART members. He detailed for the Auditor his responsibilities during a sexual assault and how he interacts with the other members of the team during a response to a sexual assault. The review of the three investigative files demonstrated a coordinated response of medical, mental health practitioners, security staff and the investigator.

(c)(d) Policy 14-2-DHS requires, "If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." The Warden, HSA, PSA Compliance Manager and the PAQ confirmed that WCDC had no instances of victim transfers between a facility covered or not covered by the DHS PREA Standards during the audit period. The Warden and HSA further stated that, if they were to transfer a victim of sexual abuse, all proper notifications would be made in accordance with the policy. This standard requires a policy that allows, if the victim requests, information about the victim's need for medical or social services be withheld if he/she is being transferred to a non-DHS facility; the policy does not support this allowance.

Does Not Meet (d): Interviews with the HSA confirmed that the facility was not aware of the requirement to allow a detainee to request they not inform the receiving facility of the incident and the victim's potential need for medical or social services if transferred to a facility not covered by the DHS PREA Standards. To become compliant, the facility must implement a procedure that allows for the victim's potential need for medical for social services be withheld, upon request, if he/she is being transferred to a facility not covered by the DHS PREA Standards. This procedure should be included in the written institutional plan (as indicated by the PSA Compliance Manager and SART member interviews is Policy 14-2-DHS) and provided to the Auditor for compliance review. The facility must also train staff responsible for transporting records and providing these type notifications on the revised procedure, and provide the Auditor documented evidence of this training.

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

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

Notes:

The Auditor determined compliance with this standard after review of Policy 14-2-DHS that requires, "Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Contractors and

civilians [volunteers] suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other sexual abuse policies." The Warden was specifically asked what the consequences would be for any staff member, volunteer, or contractor suspected of perpetrating sexual abuse and he confirmed with the Auditor that they would be removed from all detainee contact pending the results of the investigation. The three allegations of sexual abuse during the audit period did not involve any staff member, volunteer, or contractor.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. For at least ninety (90) days following a report of sexual abuse, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a need to continue. The PSA Compliance Manager shall ensure that thirty/sixty/ninety (30/60/90) day retaliation monitoring is conducted by the designated staff, following a report of sexual abuse, to protect against potential retaliation against detainees or employees. This shall include periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D PREA Retaliation Monitoring Report (30/60/90) form. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need." The Facility Investigator conducts retaliation monitoring at WDCD. During his interview, he confirmed his monitoring requires a face-to-face interview with the individual he is monitoring for a minimum period of 90 days, or longer if necessary. During the monitoring period, his review for detainees would include any disciplinary reports issued and/or housing or program changes or requests. When monitoring staff retaliation, his review would include performance reviews, time off refusals, or reassignment requests. The Auditor reviewed the three investigative files and found retaliation monitoring was conducted on all three of the detainees alleging sexual abuse. Two detainees were monitored until they left the custody of WDCD and the third was monitored for 90 days.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The Auditor based compliance on these subparts of the standard after review of Policy 14-2-DHS requiring, "The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment." The Warden confirmed that the placement of any detainee victim of sexual assault in segregation would be a last resort at WDCD. He indicated that he would evaluate movement to another housing unit or placement in a medical unit bed. The Warden and PSA Compliance Manager confirmed that during the audit period, segregation was not used to house a detainee victim of sexual abuse post allegation. The Warden also stated that if there was ever an occasion where segregation was to be used, it would require a notification be made to the FOD within 72 hours. He also stated, prior to the detainee returning to general population, a vulnerability reassessment would be completed. The Auditor interviewed a detainee who alleged sexual abuse at WDCD during the site visit. The detainee confirmed no placement in segregation occurred as a result of making the allegation.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b) The Auditor based compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, "The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse." The Facility Investigator at WDCD was interviewed and confirmed the facility is required to report all allegations of sexual abuse to the LPD for potential criminal action and coordinate an administrative investigation as well. He detailed his responsibilities as an investigator to include that his investigations must be thorough, prompt and objective. As noted throughout the report, WDCD had three allegations of sexual abuse during the audit period. The review of these investigative files found the investigations were completed promptly by a trained investigator and appeared to be thorough and objective.

(c)(e)(f) The Auditor based compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, "Administrative investigation procedures include: preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee and without requiring any detainee

who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility 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 (5) years; coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation." WDCD has an MOU with LPD and, during interview the PSA Compliance Manager, Facility Investigator and the Warden confirmed the facility notifies the LPD upon every allegation of sexual abuse and waits to conduct the administrative investigation after consultation with the appropriate investigative offices within DHS/ICE/OPR. The Facility Investigator confirmed he remains in contact with these agencies providing assistance where needed. He also confirmed that based on his training and experience, his determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews note from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He also confirmed that by policy, the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating his investigation. There were three allegations of sexual abuse reported at WDCD for the audit period. The Auditor reviewed these investigative files and found the file contents demonstrated compliance with the subpart (c) and Policy 14-2-DHS protocol requirements.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditor determined compliance with this standard after review of Policy 14-2-DHS that requires, "In any sexual abuse investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse has taken place." The interview with the Facility Investigator confirmed the evidence standard he utilizes when determining the outcome of a sexual abuse case is the preponderance of evidence. There were three allegations of sexual abuse reported at WDCD for the audit period. The Auditor reviewed these investigative files and it appeared that all the outcomes of the investigations were based on this standard of evidence.

§115.73 - Reporting to detainees.

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

Notes:

The Auditor determined compliance with this standard after review of Policy 14-2-DHS that requires, "When the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. All detainee notifications or attempted notifications shall be documented [and] signed for on the 14-2E Detainee Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Detainee Allegation Status Notification shall be filed in the detainee's file." The Auditor interviewed the Facility Investigator who confirmed the policy requirement of this detainee notification utilizing the 14-2E form. The Auditor provided the Team Lead with the Notification of PREA Investigation Result to Detainee - ICE Facilities form with the three cases that were reported at WDCD during the audit period. In two cases the detainee was notified; however, one was removed to Guatemala and the notification was unable to be completed.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS requiring, "Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse." Interviews conducted with both the Warden and HRM confirmed removal from employment and Federal Service would be the presumptive discipline for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or failed to follow the zero-tolerance policy. As noted in standard 115.11, the 14-2-DHS Policy regarding dismissal from service for violations with the zero-tolerance policy was approved by the ICE ERO AFOD. WDCD had no allegations of sexual assault involving a staff member during the audit period.

(c)(d) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies, to the extent known." The interviews with the Warden and PSA Compliance Manager confirmed that all allegations of sexual abuse are immediately reported to the LPD regardless of the employment status of the individual. He also indicated he would report violations of the WDCD sexual abuse policy by licensed staff to any licensing bodies as known. There were no allegations of sexual abuse involving staff during the audit period.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other sexual abuse policies. Incidents of substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to the FOD regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known. Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." The Warden's interview confirmed that any contractors and volunteers who engaged in sexual abuse would face removal from the facility and be reported to the LPD, and licensing bodies as applicable. He also stated he would report such conduct and removal to the ICE ERO FOD through the ICE ERO AFOD. WCDC had no such incidents requiring the removal of a contractor or volunteer within the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS and policy 15-100 (Resident Rules and Discipline) that collectively require, detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse, consistent with the requirements of ICE PBNDS 3.1 Disciplinary System. Sanctions shall be commensurate with the nature and circumstances of other similar abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. For the purpose of disciplinary action, a report of sexual abuse or assault made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A detainee shall have the right to due process, which includes the right: to present statements and evidence, including witness testimony on his/her own behalf; and appeal the committee's determination through the detainee grievance process. The Auditor interviewed and discussed the detainee disciplinary process at WCDC with the PSA Compliance Manager. He detailed the process to include a system that allows for progressive levels of reviews, appeals, procedures, and documentation procedures. There were three allegations of sexual abuse reported at WCDC for the audit period. There were no substantiated allegation resulting in detainees being disciplined.

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

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "If the screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral." The two intake staff interviewed confirmed that any detainee disclosure of prior victimization or perpetrated sexual abuse, during intake, would require an email be sent to medical, mental health and the PSA Compliance Manager requesting a detainee referral and the reason. The vulnerability assessment required under 115.41 is entered electronically into the Offender Management System (OMS) and if a checkmark is made on the document, to indicate a victim or abuser, a referral email is immediately forwarded to medical and mental health for follow up. The HSA interview confirmed when this medical follow-up/referral is initiated for either victimization or abusiveness, the detainee receives a health evaluation typically the same or next day and no later than two working days from the date of the assessment. When a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. The Auditor interviewed two detainees who acknowledged prior victimization upon arrival at WCDC. They both indicated and the medical records confirmed both were seen the day after their arrival.

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

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS and Policy 13-79 (Sexual Assault Response) that collectively require detainee victims of sexual abuse and assault to have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services, both emergency and ongoing, is to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy 13-79 states, "The nature and scope [of care] are determined by QHCP [Qualified Health Care Professional] and/or QMHP [Qualified Mental Health Practitioner] according to their professional judgment." During the interview with the HSA, she stated that WCDC does not conduct forensic examinations. Any detainee requiring such an examination would be sent to DHL. She also confirmed all services for any alleged victim to include emergency medical treatment and crisis intervention services, including sexually transmitted infections prophylaxis, are provided without cost and with professionally accepted standards of care. The HSA and the PAQ confirmed WCDC had no detainees sent out for a forensic examination for sexual abuse

during the audit period. The Auditor's review of the three allegations reported during the audit period and the associated medical files confirmed detainees were immediately seen by medical staff at the time the facility became aware of the allegation.

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

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide victims with medical and mental health services consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." Policy 14-2-DHS and Policy 13-79 collectively require the evaluation and treatment of sexual assault victims to include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Policy 13-79 states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The interview with the HSA confirmed that any detainees, who experience sexual abuse while in detention, receive a medical and mental health evaluation. She also confirmed that all services provided to detainee victims of sexual abuse are consistent with the community-level of care. She further stated that the evaluation and treatment are without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. She stated her medical and mental health departments are capable of providing on-site crisis intervention services, sexually transmitted infections and other infectious diseases testing along with prophylactic treatment to victims, pregnancy testing and referrals for any other treatment services if necessary. There were three allegations of sexual abuse reported at WDCD for the audit period. The Auditor reviewed each of these investigative files along with the victim medical record and found the detainees in each case were immediately seen by medical upon reporting the allegation.

(g) The Auditor determined compliance with this subpart of the standard after review of Policy 14-2-DHS that requires, "The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." Policy 13-79 requires, "QMHP shall attempt to conduct a mental health evaluation of all known [detainee] on [detainee] abusers within sixty (60) days of learning of such abuse history and offer treatment deemed appropriate. If the [detainee] refuses a mental health evaluation, the refusal will be documented on the 13-49B Refusal to Accept Medical Treatment and placed in the medical record." The interview with the mental health practitioner confirmed that all known abusers as well as those detainees found to have perpetrated sexual abuse at the conclusion of an investigation would be offered an evaluation and follow up treatment. There were no substantiated allegations of sexual abuse at WDCD during the audit period.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 14-2-DHS that requires, "the Facility Administrator ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the PSA Compliance Manager, and the [CoreCivic] FSC PREA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. Both the report and response shall be forwarded to the [CoreCivic] FSC PREA Coordinator and the ICE Prevention of Sexual Assault Coordinator. The PSA Compliance Manager was interviewed regarding his role as Chairperson of the incident review team during the site visit. He informed the Auditor that an incident review is conducted on every allegation of sexual abuse. He indicated that their review includes the policy requirements and the subpart (b) requirements and once completed, he provides copies to all parties required by policy and standard, including the agency PSA Coordinator. The Auditor reviewed the three investigative files for the audit period. In each of these files, the Auditor observed a completed incident review conducted within 30 days of the conclusion of the investigation, and documentation of the appropriate notifications. There were no recommendations made by the committee as a result of their review.

(c) The Auditor determined compliance with this subpart of the standard after review of Policy 14-2-DHS that requires, "The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility

Administrator and ICE Field Office Director, or his or her designee, for transmission to the ICE PSA Coordinator." The Auditor was provided the facility annual review of sexual abuse allegations and subsequent incident reviews dated February 2022. The PSA Compliance Manager confirmed a copy of this review is provided to the ICE ERO FOD and the agency PSA Compliance Manager.

§115.87 - Data collection.

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

Notes:

(a) The Auditor determined compliance on this subpart of the standard after review of Policy 14-2-DHS that requires, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records." The Auditor observed the location where the WDC staff secures these documents and found them under a double lock and restricted key.

§115.201 - Scope of audits.

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

Notes:

- (d) The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.
- (e) The Auditor was provided with and allowed to view all relevant documentation as requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	1
Number of standards met:	38
Number of standards not met:	1
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Thomas Eisenschmidt

7/25/2022

Auditor's Signature & Date

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

7/27/2022

Assistant Program Manager's Signature & Date

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

7/27/2022

Program Manager's Signature & Date

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



Homeland Security

AUDITOR INFORMATION

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

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Harlingen Field Office
Field Office Director:	Marcos Charles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1717 Zoy Street, Harlingen, TX 78550
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Webb County Detention Center		
Physical address:	9998 S. Hwy 83, Laredo, Texas 78046		
Mailing address: (if different from above)			
Telephone number:	956-729-4000		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	Mario Garcia	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	956-729-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Chief of Security
Email address:	(b) (6), (b) (7)(C)	Telephone number:	956-729-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Webb County Detention Center (WCDC) was conducted on June 14-16, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Thomas Eisenschmidt employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards for the audit period of June 16, 2021, through June 16, 2022. The WCDC is privately owned and operated by CoreCivic and operates under contract with the DHS/ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the WCDC are from Nicaragua, Colombia, and Mexico. The facility does not house juveniles or family detainees. This was the second PREA audit for the WCDC and the facility is located in Laredo, Texas.

During the audit, the Auditor found WCDC met 38 standards, had one standard (115.31) that exceeded, had one standard (115.14) that was non-applicable, and one non-compliant standard (115.65). As a result of the facility being out of compliance with standard 115.65, the facility entered into a 180-day corrective action period which began on July 27, 2022, and was slated to end on January 23, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring the standard into compliance.

The Auditor received the first CAP documentation via email on August 2, 2022. The CAP was reviewed and approved by the auditor for the one standard that did not meet compliance during the PREA audit site visit and documentation review. The Auditor received the final CAP documents provided by the facility for review on October 5, 2022. This documentation was reviewed, and the Auditor determined that the facility demonstrated compliance with the one standard found non-compliant at the time of the site visit.

Number of Standards Met: 1

§115.65 Coordinated response

PROVISIONS

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

§115. 65 - Coordinated response

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(c)(d) Policy 14-2-DHS requires, "If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." The Warden, HSA, PSA Compliance Manager and the PAQ confirmed that WCDC had no instances of victim transfers between a facility covered or not covered by the DHS PREA Standards during the audit period. The Warden and HSA further stated that, if they were to transfer a victim of sexual abuse, all proper notifications would be made in accordance with the policy. This standard requires a policy that allows, if the victim requests, information about the victim's need for medical or social services be withheld if he/she is being transferred to a non-DHS facility; the policy does not support this allowance.

Does Not Meet (d): Interviews with the HSA confirmed that the facility was not aware of the requirement to allow a detainee to request they not inform the receiving facility of the incident and the victim's potential need for medical or social services if transferred to a facility not covered by the DHS PREA Standards. To become compliant, the facility must implement a procedure that allows for the victim's potential need for medical for social services be withheld, upon request, if he/she is being transferred to a facility not covered by the DHS PREA Standards. This procedure should be included in the written institutional plan (as indicated by the PSA Compliance Manager and SART member interviews is Policy 14-2-DHS) and provided to the Auditor for compliance review. The facility must also train staff responsible for transporting records and providing these type notifications on the revised procedure, and provide the Auditor documented evidence of this training.

Corrective Action Taken (d): On August 2, 2022, WCDC provided the Auditor a copy of the facility CAP to include updating their current Policy 14-2-DHS to comply with the subpart (d) requirements and ensuring staff responsible for providing detainee records to receiving facilities upon transfer are trained in the new process. The Auditor accepted the CAP as presented. On September 6, 2022, the Auditor received the updated Policy 14-2-DHS, detailing the changes made allowing a detainee to request the facility not inform the receiving facility of a sexual abuse incident and the victim's potential need for medical or social services if transferred to a facility not covered by the DHS PREA Standards. Full compliance was pending the Auditor's review of completed training records for staff responsible for transporting these types of records and making these types of notifications to the receiving facility. On October 5, 2022, the Auditor received and reviewed the training documentation for the Policy 14-2-DHS changes to the staff responsible for sharing this information. WCDC is now compliant with the standard.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.
Outcome: Choose an item.
Notes:

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.

Thomas Eisenschmidt
Auditor’s Signature & Date

October 24, 2022

(b) (6), (b) (7)(C)
Assistant Program Manager’s Signature & Date

October 26, 2022

(b) (6), (b) (7)(C)
Program Manager’s Signature & Date

October 27, 2022