

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDITOR INFORMATION			
Name of auditor:	William Willingham	Organization:	The Nakamoto Group, Inc.
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Atlanta		
Field Office Director:	Sean Gallagher		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	180 Ted Turner Dr., Suite 522, Atlanta, GA 30303		
Mailing address: <i>(if different from above)</i>			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Stewart Detention Center		
Physical address:	146 CCA Rd., Lumpkin, GA 31815		
Mailing address: <i>(if different from above)</i>	P.O. Box 248, Lumpkin, GA 31815		
Telephone number:			
Facility type:	<input type="checkbox"/> SPC <input type="checkbox"/> CDF <input checked="" type="checkbox"/> DIGSA <input type="checkbox"/> IGSA <input type="checkbox"/> FRC		
	<input type="checkbox"/> Other, Describe:		
Facility Leadership			
Name of Official/Officer in Charge:	Troy Pollock	Title:	Acting Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	404-838 (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Droydred Blackmon	Title:	Chief of Unit Management
Email address:	(b) (6), (b) (7)(C)	Telephone number:	404-838 (b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the Stewart Detention Center (SDC) was conducted September 19-21, 2017, by William Willingham and (b) (6), (b) (7)(C). The Nakamoto Group, Inc. certified auditors. The facility is operated under contract with CoreCivic, a private correctional management firm. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided the auditors with agency and local policy, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. The facility has (b) (6) security and (b) (6) medical staff.

An in-brief meeting was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), Department of Homeland Security (DHS) Civil Rights Civil Liberties (CRCL) Senior Policy Advisor (b) (6), (b) (7)(C), Acting Warden Troy Pollock, Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C) CoreCivic Prevention of Sexual Assault (PSA) Coordinator (b) (6), (b) (7)(C), SDC PSA Compliance Manager Droydred Blackmon, Assistant Warden (b) (6), (b) (7)(C) CoreCivic Quality Assurance Manager (b) (6), (b) (7)(C) and ICE Health Service Corps (IHSC) Health Services Administrator (HSA) (b) (6), (b) (7)(C). The population of the facility was 1621 male adult detainees (no females or juveniles) on the first day of the audit. After the in-brief, a comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, including the Restricted Housing Unit (RHU), the medical services department, recreation, food service, the library, visiting room and other facility support areas. During the tour, it was noted that there was sufficient staffing and monitoring technology to ensure a safe environment for detainees and staff. Signs were posted that indicated female staff must announce their entrance into areas where detainees are found. Detainees are able to shower, dress and use the toilet facilities privately, without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Zero tolerance posters concerning sexual abuse were prominently displayed in all housing units, common areas and throughout the facility. Auditor notifications allowing detainees to write to the auditor were also located in the same areas (no letters were mailed to the auditors).

A total of twenty-five random staff interviews were conducted during the audit. The interviews included ICE Health Service Corps (IHSC) medical staff and security staff (including supervisors) from all shifts. ICE interview forms were used as a guide. Interviews were conducted in private offices or private rooms adjacent to the housing units or in the administration office area. All staff were aware of the agency's zero tolerance policy and knew of their responsibilities to protect detainees from sexual abuse and their duties as first responders, as part of a coordinated response. Additional staff were also interviewed and included the Acting Warden, PSA Compliance Manager, PREA Investigator, HSA, the Retaliation Monitor, the Human Resource Manager (HRM), a Classification Officer, the Classification Supervisor, the Chief of Security, two volunteers and two contractors. No staff refused to be interviewed. All interviewed staff, the volunteers, and contractors demonstrated an understanding of the PREA and their responsibilities under the PREA, relative to their position at the facility and employment status. A staff member of the local victim advocate center (Sexual Assault Support Center, Inc.), which provides services to the facility, was also interviewed telephonically. A telephonic interview with the Director Of Nursing from a local hospital (Southwest Georgia Regional Medical Center) confirmed forensic medical examinations are conducted at that facility.

Forty detainees randomly selected from all housing units, including the RHU, were interviewed by the auditors. Interviews were conducted in private offices or private areas adjacent to the housing units or in the administration office area. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. Of the interviewed detainees, none self-identified as being bisexual, one self-identified as being Gay, and four were disabled. Additionally, 36 LEP detainees were interviewed with telephonic interpretation service utilizing Certified Languages International, Inc. or the Nakamoto Group, Inc. staff interpreter. No detainees had previously reported sexual abuse. Additionally, no detainees self-identified as being transgender or intersex. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms, and stated that they felt safe at the facility and would contact staff if necessary concerning a PREA issue. One detainee refused to be interviewed.

The SDC is located in Lumpkin, GA, and became operational in 2006. The facility is owned and operated by CoreCivic. The SDC was originally built as new construction and underwent an expansion in 2012 (administrative offices). The facility is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). The IHSC operates the medical and mental health programs at the facility.

There are three dormitory-style general population housing units and three general population one-two detainee secure cell units located in the facility. Small recreation areas with TV viewing are located in each unit. The facility also has a separate RHU (single or double occupancy cells) for administrative (protective custody) or disciplinary segregation cases. Each RHU has either three or four pods (wings), which are staffed with (b) (7)(E), who makes irregular rounds or inspections and also provides excellent visual supervision from the designated work station. (b) (7)(E) roams the pods to provide supervision. Each unit also has a "bubble", commonly known as a Control Room, staffed at all times. The bubble security officer also provides visual supervision of the pods. All detainees have direct contact with the officer to make requests or resolve problems. ICE staff routinely visit the detainees. Medical, food service, laundry and other program services are located in the same building near the housing units. Counseling programs are offered to detainees upon request. Meals are provided in a dining hall (by a contractor-Trinity). One very large recreation yard is also located on the outside of the main building.

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.

When the on-site audit was completed, a close-out meeting was held with ERAU Team Lead (b) (6), (b) (7)(C), Senior Policy Advisor (b) (6), (b) (7)(C), DHS CRCL, Acting Warden Troy Pollock, AFOD (b) (6), (b) (7)(C), agency CoreCivic PSA Coordinator (b) (6), (b) (7)(C), SDC PSA Compliance Manager Droydred Blackmon, Assistant Wardens (b) (6), (b) (7)(C), CoreCivic Quality Assurance Manager (b) (6), (b) (7)(C) and HSA (b) (6), (b) (7)(C), to discuss the audit findings. The facility and ICE staff were found to be courteous, cooperative and professional. Staff morale appeared to be good and the observed staff/ICE/detainee interactions seemed to be appropriate. There were no blind spots observed during the tour and adequate video cameras and mirrors supplement the staff monitoring of detainees.

The standards used for this audit became effective May 6, 2014. Thirty-nine standards were found to be compliant to the PREA, one standard (115.31) exceeded compliance and one standard (115.14) was found to be not-applicable. CoreCivic does not contract for the confinement of detainees beyond the ICE contract. The auditors were provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance. Observations made during the tour and all interviews also supported compliance. All areas of the facility were observed to be clean and well-maintained.

A review was conducted of the investigations completed during the past 12 months alleging sexual abuse (no cases were open at the time of the audit). There were 13 allegations reported by detainees, all resulting in administrative investigations. Administrative investigations are conducted by the facility investigator. The ICE Office of Professional Responsibility (OPR) staff would conduct criminal investigations. Of the 13 allegations reviewed, all were determined to be unsubstantiated. All closed investigative files were reviewed and found to have been completed thoroughly and were very well documented. At the conclusion of the audit, the auditors thanked the facility and ICE staff for their hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	1
Number of standards met:	39 (41 total, one not applicable)
Number of standards not met:	0

PROVISIONS

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

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 Sexual Abuse Prevention and Response and ICE Directive 11062.1 Sexual Abuse and Assault Prevention and Intervention, address the requirements of this standard. Written policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting and responding to such conduct. The Warden appointed a PSA Compliance Manager who reports to him on PREA issues. The PSA Compliance Manager and PSA Coordinator confirmed they have sufficient time and authority to oversee compliance with the PREA. (continued on last page)

§115.13 – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2, Facility Post Orders and the Annual Staffing Plan address the requirements of this standard. Policy requires that a comprehensive staffing analysis be completed annually. A review of the current staffing plan, organizational chart, Post Orders and an interview with the Acting Warden and HRM confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. Supervision is supplemented by video cameras and various ICE staff which routinely visit the units to address detainee issues. The audit included an examination of video monitoring systems, ICE/facility staff visiting logs, unannounced PREA rounds reports, staff deployment and staff/detainee interviews. (continued on last page)

§115.14 – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

The facility does not house juveniles or family units.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2, a training lesson plan and several supporting memos (reminding staff to be fully compliant with this standard) outline the requirements of this standard. The SDC does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented (confirmed through interviews). (continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes

SDC policy 14-2, SDC Form 14-2AA (attachment to SDC policy 14-2), IHSC Directive 03-01 Sexual or Physical Assault, Abuse And/or Neglect Policy, and several supporting memos outline the requirement of this standard. The facility takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, an orientation video, staff reading or writing information and detainee handbooks are in both English and Spanish (primary languages). (continued on last page)

§115.17 – Hiring and promotion decisions.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2, IHSC Personnel Unit Guide and the Ingenuity (contractor) Employee Handbook address the requirements of this standard. The facility requires all staff to pass a background investigation to ensure compliance with this standard. The Acting Warden and HRM were interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. The auditor reviewed the tracking system that is in place to ensure that updated background checks are conducted when staff are promoted and every five years. Policy clearly states the submission of false information by any applicant is grounds for termination.

§115.18 – Upgrades to facilities and technologies.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

The facility has undergone an upgrade (modification) to its monitoring technology. Relevant PREA issues were taken into consideration during the design and installation phase of this upgrade. There has been the installation of updated video monitoring systems, electronic surveillance systems and other monitoring technology since May 6, 2014. Interviews with staff, observations and an inspection of the additional equipment confirm compliance with this standard.

§115.21 – Evidence protocols and forensic medical examinations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2, IHSC Directive 03-01 and two Memorandums of Understanding address the requirements of this standard. IHSC mental health and medical services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were also aware that facility investigators conduct administrative investigations relative to sexual abuse allegations and OPR investigators conduct criminal investigations. All forensic medical examinations would be conducted by a specially trained medical doctor at the Southwest Georgia Regional Medical Center (SGRMC), confirmed through an interview with the Medical Center's Director of Nursing. (continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse. The facility investigator reports all PREA allegations to the local county sheriff's office and on-site ICE staff (ERO). The facility PREA investigator was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. She would conduct administrative investigations or assist OPR in gathering evidence and maintaining files and would function in a liaison role if a criminal investigation was initiated. (continued on last page)

§115.31 – Staff training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and the PREA training lesson plan address the requirements of this standard. The review of training documents/curriculum, training logs, CoreCivic training lesson plans and staff interviews confirmed that all staff, ICE employees and IHSC staff received PREA training that includes each element required of the standard. IHSC staff receive additional specialized training that includes detecting and assessing signs of sexual assault and abuse, preservation of physical evidence and responding effectively and professionally to victims and how to report sexual assault/abuse. (continued on last page)

§115.32 – Other training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and SDC policy 22-1 outline the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received PREA training. The IHSC contract medical/mental health staff also have an internal PREA training program. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews with contractors and volunteers confirmed they receive PREA training initially and annually. Contract staff are also provided with a pocket-sized PREA response guide.

§115.33 – Detainee education.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2, SDC Form 17-100A (Acknowledgement of Detainee Orientation) and the facility PREA Orientation Video address the requirements of this standard. During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook and the SDC Handbook. This information is available in English and Spanish, and interpreted for detainees needing it in other languages (using staff interpreters or Language Line Interpreter). Detainees sign a form acknowledging receipt of these documents. (continued on last page)

§115.34 – Specialized training: Investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 outlines the requirements of this standard. OPR and facility investigators have completed a specialized investigator training program that meets the requirements of this standard. The facility investigator also completed training provided by CoreCivic. The training covers the required procedures for obtaining, preserving and securing physical evidence, interviewing victims and witnesses and investigating in a detention facility, when sexual abuse is alleged. The auditor reviewed the specialized training documentation and interviewed the facility investigator, ICE staff and the training officer to confirm compliance with this standard.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC Directive 03-01 and the ICE SAAP Directive 11062.1 address the requirements of this standard. All mental health and medical staff are provided specialized training on victim identification, interviewing, reporting and clinical interventions. This training is provided initially for new employees and then annually, with updates if necessary. The auditor reviewed the training lesson plan and training sign-in sheets and interviewed the HSA, which confirmed the IHSC staff and contractors received the necessary training.

§115.41 – Assessment for risk of victimization and abusiveness.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and SDC Medical Intake Screening Tool Form 14-2B address the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. Detainees cannot be disciplined for refusing to answer or for not disclosing complete information concerning intake screening questions. The review of medical intake screening documents, as well as interviews with staff and detainees, confirm compliance. All new arrivals are assessed within their first 12 hours. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. (continued on last page)

§115.42 – Use of assessment information.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 outlines the requirements of this standard. The facility uses an intake screening instrument (reviewed by the auditor) to determine proper housing and program assignments as well as risk ratings. The goal of the assessment is to keep detainees who are at high-risk of being sexually abused separate from those detainees who are at a high-risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and detainees are not placed in housing units based solely on their sexual identification or status. During the audit, there was one detainee who self-identified as being Gay. He was also disabled and when interviewed, stated he felt safe at the facility. Interviews with case management and IHSC staff also confirmed compliance with this standard. (continued on last page)

§115.43 – Protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. The policy states that detainees at high-risk for sexual victimization shall not be placed in the RHU (Protective Custody) unless an assessment of all available alternatives have been made and there is no available means of separating the detainee from the abuser. If placed in RHU, detainee will be afforded all programs and opportunities provide to general population. Detainee victims could be transferred to another unit or placed in the medical unit. The detainee will be assessed within 72 hours and reassessed every seven days thereafter while in Protective Custody (PC). (continued on last page)

§115.51 – Detainee reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. A review of facility documentation (pamphlets, brochures, posters) and staff/detainee interviews indicated that there are multiple ways (verbally to staff, in writing via a letter to ICE or to the DHS Office of Inspector General [OIG], anonymously, privately and from a third party) for detainees to report sexual abuse. Policy requires staff to document all allegations. Confidentiality will be maintained. There are ICE PREA posters and other documents (i.e. Sexual Assault Awareness Brochure) raising awareness of sexual abuse on display throughout the facility (observed by the auditor) which also explain reporting methods. (continued on last page)

§115.52 – Grievances.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 covers the requirements of this standard. Detainees may make an allegation via a formal grievance, and are not required to first use the informal grievance process. Whatever mode used by a detainee to make an allegation, the staff member/s receiving it must immediately notify the PSA Compliance Manager which will result in the opening of an administrative or criminal investigation. Detainees are not required to use the informal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from staff, other detainees and outside sources to complete their grievance. (continued on last page)

§115.53 – Detainee access to outside confidential support services.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. The ICE National Detainee Handbook, SDC Handbook and the Sexual Abuse and Assault pamphlet, as well as ICE PREA posters found throughout the facilities, list support services. The auditor also confirmed that the facility has an MOU (reviewed by auditor) with a local victim advocacy agency (Sexual Assault Support Center, Inc.) to provide services if requested by a detainee. Confidentiality of contacts will be maintained, however; any known allegation of sexual abuse will be reported to authorities. Interviews with staff, detainees and the local victim advocate (telephonic interview) support compliance with this standard.

§115.54 – Third-party reporting

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and the CoreCivic website meet the requirements of this standard. The facility has established procedures for third-party reporting which are accepted in accordance with the process listed in standard 115.51. The ICE website (www.ice.gov/prea) also lists procedures and telephone numbers for third party reporting. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has posters in the visiting room which allows for family and friends of detainees to note the procedures for reporting allegations.

§115.61 – Staff reporting duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Staff confirmed during interviews that they are aware of their responsibility to immediately report any knowledge, suspicion or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation concerning such an incident. Staff may report misconduct outside of their chain of command by calling or writing upper-level management or as indicated on the posters in the facility (contact ICE or the OIG). Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case to be limited to staff only on a need-to-know basis.

§115.62 – Protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Interviewed staff were well aware of their duties and responsibilities, as they relate to the staff member having a reasonable belief of a detainee being at imminent risk of sexual abuse. All staff indicated they would act immediately to protect the detainee. Staff are issued a pocket-sized PREA guide outlining all actions to be taken. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor. (continued on last page)

§115.63 – Report to other confinement facilities.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses requirements of this standard. Policy requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred and report the information. The notification must be completed as soon as possible, but no later than 72 hours after staff become aware of the allegation, and the notification must be documented. An interview with the PSA Compliance Manager and Acting Warden confirmed their awareness of the requirement in this standard. During the last twelve months, there were no allegations received from a detainee of an incident that occurred at another facility or from another facility concerning an incident at the SDC.

§115.64 – Responder duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and IHSC Directive 03-01 address the requirements of this standard. All staff (security/non-security) interviewed were knowledgeable concerning their required first responder actions, when learning of an allegation of sexual abuse. They stated they would separate the victim from the perpetrator, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee and immediately notify the PSA Compliance Manager, ICE staff, the facility investigator and upper-level staff. (continued on last page)

§115.65 – Coordinated response.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and IHSC Directive 03-01 address the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of management officials, ICE staff, IHSC medical and mental health providers, the PSA Compliance Manager and community resources from the local hospital and victim advocate services. Further, the facility has established a PREA checklist to aid in the team's response to allegations of sexual abuse. (continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. Interviews with the PSA Compliance Manager, the Acting Warden and the facility investigator confirm compliance with this standard.

§115.67 – Agency protection against retaliation.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. The Chief of Unit Management (PSA Compliance Manager) is the designated Retaliation Monitor. When interviewed, he stated he would follow up indefinitely on all potential sexual abuse cases to ensure that this protection is being enforced and may do so indefinitely, if needed. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews also confirmed they were aware of the prohibition regarding retaliation.

§115.68 – Post-allegation protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. A detainee that has been placed in PC status shall not be returned to general population until completion of a proper re-assessment. Upon release, interviewed security staff indicated that a detainee would be placed in the most supportive environment to ensure their safety and well-being (usually another housing unit). If placed in PC status a detainee victim would not be housed in that manner for more than five days. (continued on last page)

§115.71 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Criminal investigations are conducted by OPR or DHS OIG and all administrative investigations are conducted by OPR; but may be assigned to the facility investigator by OPR based on the severity of the incident. The facility investigator assist in all investigations. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as detainee or staff. Investigations continue regardless of the status (transfer, released) of the victim or abusers. (continued on last page)

§115.72 – Evidentiary standard for administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse or assault. Interviews with the PSA Compliance Manager and the facility investigator confirm compliance with this standard.

§115.73 – Reporting to detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and SDC Detainee Notification Form 14-2E address the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and of further information required in the standard. All such notifications are documented and placed in the facility investigative file. All detainee notifications were made during this audit period and subsequently comply with this standard. Compliance with this standard was also determined through interviews with the PSA Compliance Manager, facility investigator and a review of the investigative files.

§115.76 – Disciplinary sanctions for staff.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies or licensing agencies, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, staff hiring documentation and an interview with the HRM.

§115.77 – Corrective action for contractors and volunteers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the mandates of this standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the past year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse at this facility. Compliance with this standard was determined by a review of policy and training documentation and an interview with the facility investigator.

§115.78 – Disciplinary sanctions for detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 and SDC Discipline policy 15-100 addresses the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with established disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history of mental disease or defect shall also be considered. (continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC Directive 03-01 addresses the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Evaluations are completed within two days. The policy also allows for detainees who report being sexually abusive to be offered a follow-up meeting with mental health staff. Treatment services are offered without financial cost to the detainee. All information is handled confidentially and interviews with IHSC staff and HSA support a finding that the facility is in compliance with this standard.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC Directive 03-01 addresses the requirements of this standard. IHSC staff provide medical and mental health services to detainees. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community, when health care needs exceed the level of care available within the facility. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the detainee for any sexual abuse related incident, related medical or mental health care or advocacy services, regardless of whether the victim names the abuser or cooperates with the incident investigation. (continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC Directive 03-01 addresses the requirements of this standard. Medical and mental health evaluations and treatment to all detainees who have been victimized by sexual abuse is offered immediately and may be ongoing. Services are consistent with a community level of care, without financial cost to the detainee. Detainee victims of sexual abuse, while detained, are offered tests for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate and required treatment. When sexual abusers are identified, staff immediately attempts to conduct a mental evaluation and offer other treatment as necessary. (continued on last page)

§115.86 – Sexual abuse incident reviews.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. The SDC conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Based on an interview with the Acting Warden, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity or status and/or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision or modify staff supervision. (continued on last page)

§115.87 – Data collection.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

SDC policy 14-2 addresses the requirements of this standard. All sexual abuse data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. Interviews with the PSA Compliance Manager and Acting Warden support compliance with this standard. The DHS Office of Inspector General maintains the official investigative file related to claims of sexual abuse.

§115.201 – Scope of audits.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The auditors were able to access and observe all areas of the facility. The auditors were provided with all relevant documents and conducted private interviews with staff/detainees. Audit notices were posted in each housing unit giving the detainees an opportunity to confidentially correspond with the auditors. The auditors did not receive any correspondence from the detainees at the facility. All staff were helpful, cooperative and professional. All requested documentation was accurate and promptly provided.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.11 - Staff receive initial PREA training and annual training, as well as updates throughout the year when needed. All staff are issued a pocket-sized PREA Standards/First Responder Guideline card to carry for reference. Interviews with staff, the volunteers, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. A review of policy, observation of zero tolerance posters during the tour and interviews with staff and detainees confirm the facility is compliant with this standard.

115.13 - The supervision and monitoring of detainees was found to be compliant with this standard.

115.15 - Additionally, detainees have privacy to shower, change clothes and perform bodily functions without being seen by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering housing areas. Announcements were observed by the auditors. All security staff received training on the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex detainees. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures, and that pat-down searches are not performed for the sole purpose of determining the genital status of a Transgender or Intersex detainee. The review of training documents and interviews with security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of Transgender and Intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible. Detainees interviewed indicated they were searched properly.

115.16 - The facility also provides communication assistance to detainees with disabilities. This may be achieved via bilingual staff, interpretation services or other means for LEP detainees or in the form of auxiliary aids for detainees with other disabilities (deaf, blind etc.), including those aids referenced in the standard (reading to the detainee, TTY access etc.). Additionally, the facility has bilingual (English and Spanish) staff and a contract with a interpretation service (Language Line Interpreter) to provide services to detainees in any language.

115.21 - MOU's are with the Southwest Georgia Regional Medical Center and the Sexual Assault Support Center, Inc., the local victim advocacy services provider. Interviews with staff, the facility investigator, victim advocate, observations and an examination of policy confirm compliance with this standard.

115.22 - All allegations (administrative and criminal) are reported immediately to the on-site ICE staff (ERO) in accordance with SDC Policy 14-2. The required reporting of allegations may involve a detainee perpetrator, staff member, contractor or volunteer. The on-site ICE staff (ERO) have the responsibility of notifying the Joint Intake Center, OPR and the DHS-OIG as necessary. There were 13 sexual abuse allegations reported by detainees during the last 12 months of the audit period. All closed investigative facility files were reviewed by the auditor and found to have been completed promptly and thoroughly and were well documented. Of the 13, all were determined to be unsubstantiated. All files are maintained for a minimum of five years at the facility. Additionally, agency protocols are identified at www.ice.gov/PREA.

115.31 - Staff/contractors/volunteers receive this training when hired and during annual refresher training. The facility provides a daily briefing verbally to security staff which covers PREA issues. A PREA compliance pocket-sized guide is also provided to all staff. Quarterly refresher and other reminders of the importance of PREA compliance are also provided to security staff. This additional training and the excellent knowledge level of security staff supports the facility exceeding compliance concerning this standard.

115.33 - The PREA related pamphlets and handbooks identify the key elements of the program and inform detainees of the zero-tolerance policy regarding sexual abuse and assault and the multiple ways to report any such incidents. Detainees indicated, at the time of arrival, they received information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting and multiple ways how to report abuse. This information was also noted in the PREA posters throughout the facility. The tour of the facility confirmed that PREA education posters were also prominently displayed in all housing units and common areas. Interviews with staff and detainees; as well as an observation of information posters, confirm compliance with this standard.

115.41 - Information received during the screening is only available to staff with a need-to-know and no others. After 60-90 days of detention, an additional risk assessment would be completed (with input from the detainee). This additional assessment may occur after a relevant incident or upon receipt of additional information.

115.42 - Per policy and facility layout, all transgender and intersex detainees are afforded the opportunity to shower privately.

115.43 - There were no detainees considered at risk of sexual victimization held in PC status in the past 12 months. If detainees are placed in Protective Custody (PC) ICE staff (ERO) are notified immediately. ICE staff (ERO) will review the file and make a coordinated decision with facility staff. Interviews with security staff/detainees and an examination of supporting documentation confirm compliance with this standard.

115.51 - Facility staff accept reports made verbally, in writing, anonymously and from third parties and initiate the process to promptly open an investigation. The PSA Compliance Manager and facility investigator were interviewed concerning this standard and confirmed compliance.

115.52 - There were no grievances alleging sexual abuse filed in the past 12 months. Interviews with the Grievance Coordinator, security staff and detainees, to include an examination of policy, confirm compliance with this standard. The facility would notify the agency of all grievances related to PREA. The facility would issue a decision within 5 days of receipt and would respond to an appeal of the decision within 30 days.

115.62 - In the past 12 months, there were no instances in which the facility staff determined that an detainee was subject to substantial risk of imminent sexual abuse. Interviews with security and medical staff confirm compliance with this standard.

115.64 - Staff are issued and carry a pocket-sized PREA first responder card for quick reference and were able to describe all first responder actions when advised that a detainee has been a victim of sexual abuse. Interviews with staff and an examination of documentation confirm compliance with this standard.

115.65 - Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. If transferred to any other facility, policy requires the receiving institution be notified of the detainees victimization and need for mental health or medical treatment.

ADDITIONAL NOTES

115.68 - If detainees are placed in Protective Custody (PC) ICE staff (ERO) are notified immediately. ICE staff (ERO) will review the file and make a coordinated decision with facility staff. There have been no detainees placed in post-allegation PC status during the last 12 months.

115.71 - The agency does not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. There were thirteen allegations of sexual abuse made over the previous 12 months; none were deemed criminal and all were investigated by OPR. The review of the thirteen closed case files of detainees alleging sexual abuse confirmed that all investigations were completed promptly, thoroughly and in compliance with policy. Compliance with this standard was determined by a review of policy, support documentation, and interview with the facility investigator.

115.78 - Detainees subject to consensual sexual abuse by staff will not be disciplined. Interview with the facility investigator and a review of policy support a finding that the facility is in compliance with this standard

115.82 - Detainee victims of sexual abuse, while detained, would be offered information about sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow-up mental health services and follow-up testing and treatment for sexually transmitted diseases are provided at the facility. Compliance with this standard was determined by a review of policy and an interview with the HSA.

115.83 - A review of policy and interviews with medical/mental health staff and the HSA support the finding that this facility is in compliance with this standard.

115.86 - The 30 day incidents reviews are documented, reviewed and placed in the investigation file. And reviews of incident reports are conducted annually. Interviews with the PSA Compliance Manager and facility investigator also confirm compliance with this standard.

AUDITOR CERTIFICATION:

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

William Willingham

Auditor's Signature

11-30-2017

Date