PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	4/27/2021	**To:**	4/29/2021
AUDITOR INFORMATION			
Name of auditor:	Douglas K. Sproat, Jr.	**Organization:**	Creative Corrections LLC
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PROGRAM MANAGER INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION			
Name of Field Office:	San Antonio		
Field Office Director:	Jose Correa		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1777 NE Loop 410, Floor 15; San Antonio, TX 78217		
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:	T Don Hutto Detention Center		
Physical address:	1001 Welch Street, Taylor, TX 76574		
Mailing address: (if different from above)	P.O. Box 1063; Taylor, TX 76574		
Telephone number:	(512) 218-2400		
Facility type:	CDF		
PREA Incorporation Date:	5/6/2014		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(512) 218-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Assistant Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	(512) 218-(b) (6), (b)
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 CH67ARACTERISTICS

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 Prison Rape Elimination Act (PREA) audit of the T Don Hutto Detention Center (TDHDC) was conducted on April 27-29, 2021, by U. S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA auditor Douglas K. Sproat for Creative Corrections, LLC. The purpose of the audit was to determine compliance with DHS PREA standards. This facility is operated by CoreCivic and contracted by U. S. Immigrations and Customs Enforcement (ICE) for the housing of adult female detainees to hold and process individuals who are awaiting the results of a judicial removal review. This was the second DHS PREA audit of the facility; during its previous PREA audit, the facility was a Family Residential Center (FRC). The audit period was February 23, 2020 - February 23, 2021. The Auditor was provided guidance during the report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant ICE PREA Program Manager, (b) (7)(C), (b) (6) both DOJ and DHS-certified PREA auditors. The role of the Program Manager is to provide oversight to the ICE PREA audit process and liaison with the ICE External Review and Analysis Unit (ERAU) during the audit report review process.

The TDHDC is located in Taylor, Texas, which is about 38 miles southeast of Austin, Texas. Its physical address is 1001 Welsh Street in Taylor. The facility is situated on 13.7 acres within 2 secure perimeter fences; there is a sterile zone between the fences and razor ribbon at the top and bottom of the fences. The facility provides secure detention for low custody adult female detainees. On the first day of the audit the facility housed 177 adult female detainees. During the previous 12 months, 1,056 detainees were booked into TDHDC; the average time in custody at the facility is 93.18 days. According to the Pre-Audit Questionnaire (PAQ), the countries most often represented by the detainees are El Salvador, Ecuador, and Cameroon.

About 11 weeks before the on-site audit, ERAU Team Lead for the audit, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility policies, and other pertinent documents. The documentation was provided through ICE SharePoint. The various documents were compiled and organized in accordance with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and arranged within folders for ease of auditing.

The first day of the audit began with an entry briefing. The Team Lead opened the briefing at 8:15 A.M. In attendance were:

- (b) (6), (b) (7)(C) Inspection and Compliance Specialist, ICE/Office of Professional Responsibility (OPR)/ERAU
- (b) (6), (b) (7)(C) Facility Administrator (FA), CoreCivic
- (b) (6), (b) (7)(C) Commander (CDR), Facility Healthcare Program Manager, (FHPM) ICE Health Services Corps (IHSC)
- (b) (6), (b) (7)(C) Lieutenant Commander (LCDR), Health Services Administrator (HSA), IHSC
- (b) (6), (b) (7)(C) Assistant Facility Administrator (AFA)/Prevention of Sexual Assault (PSA) Compliance Manager, CoreCivic
- (b) (6), (b) (7)(C) Investigator, CoreCivic
- (b) (6), (b) (7)(C) Chief of Security, CoreCivic
- (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD) ICE/Enforcement and Removal Operations (ERO)
- (b) (6), (b) (7)(C) Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC.

After a brief round of introductions, the Team Lead provided a detailed schedule for the audit. The Auditor then gave an overview of the audit process and methodology used to establish PREA compliance. He explained that the process is designed for accurately evaluating the facility's written policies and procedures for compliance with PREA requirement, along with determining the degree to which these policies and procedures are a part of the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with PREA standards will be determined based on the review of policies and procedures, observations made during the facility tour, documents reviewed (both through SharePoint and while on-site), and interviews with staff, contractors, and detainees. The Auditor advised the group that he had not received any staff or detainee correspondence. Just before the facility tour began, the Team Lead noted that the tour needed to cover all areas that the detainees had access to.

All areas of the facility that the detainees might access were covered: the sally port, intake, medical, programs, recreation (indoor and outdoor), food service, law/leisure library, chapel, warehouse, laundry, commissary, visitation, and housing units. TDHDC has 9 buildings, with 4 housing units and 11 housing areas. Although the rated capacity of the facility is 512 detainees to be housed in double occupancy cells, because of the current population and the COVID-pandemic, the cells are currently being used for single occupancy. During the tour the Auditor observed the program/service areas, housing units and their showers, the officer post sightlines, logbooks for unannounced rounds, and camera locations. In each living unit, he entered at least two cells to evaluate the effectiveness of the privacy curtain around the toilet in each cell. The Auditor noted that the opposite gender announcement was made consistently. Throughout the tour the Auditor saw audit notices, PREA signage highlighting methods for reporting sexual abuse and assault, and information about zero tolerance. A resident phonebook was located at each resident phone containing PREA information about how to use the telephone for anonymous reporting. On the bulletin boards is information on how to contact a consulate. Throughout the tour the Auditor also noted any issues that would need further review for PREA compliance later in the audit. While on the tour, the Auditor also spoke informally with six staff and four detainees regarding their knowledge of PREA. Everyone was very cooperative and informative in their responses. TDHDC has 122 security staff (49 male and 73 female), 42 medical, and 1 mental health clinician, in addition to a variety of other positions (both staff and contractors) such as those who carry out essential facility functions such as unit management, religious services, volunteer organization and oversight, recreation, maintenance, commissary, warehouse, laundry, and food service.

The primary building at TDHDC is very large since all of the administrative functions and all of the detainee living areas and support services are under one roof. The single entrance for staff and visitors at TDHDC is through the part of the building that contains all administrative offices, central control, and visitation. In the lobby/reception area of this building, everyone--staff and visitors alike—send all belongings (purses, briefcases, coats, etc.) though an X-ray machine, and everyone steps through a metal detector. An officer uses a wand for anyone who sets off the metal detector.

The detainees at the facility all arrive at TDHDC through a sallyport entrance and ultimately arrive at the intake area in the part of the building dedicated to the detainee living areas and support areas. The intake process at TDHDC is the first step for all detainees arriving at the facility. Although the Auditor viewed the intake areas and discussed the process with intake officers and the Investigator, no new detainees arrived at the facility during the three days of the audit. The Auditor was therefore unable to observe the intake screening process.

On the first day of the audit, the facility Investigator gave the Auditor a detainee roster; the Auditor selected a sampling of 16 detainees for interviews. At the time of the audit the facility had no detainees identified as lesbian, gay, or bi-sexual; and TDHDC does not house transgender and intersex detainees. TDHDC also had no mentally or physically disabled detainees (including vision or hearing impairments), no detainees reporting a history of sexual abuse, no detainees who had filed a grievance related to sexual abuse, and no detainees who had been placed in segregated housing for risk of sexual victimization after a PREA allegation. Consequently, detainees with limited English proficiency (LEP) represented the only targeted category for the Auditor to interview. The Auditor began interviewing 16 LEP detainees immediately after the tour. He interviewed all of these detainees in a private office in the visitation area; all of the LEP detainees spoke Spanish, and the Auditor interviewed them through an interpretation line, Language Services Associates contracted through Creative Corrections.

Of the 16 detainees interviewed on Tuesday, 1 LEP detainee reported that she had no problems with privacy issues and had never been pat searched. She also said she had seen the PREA posters and the orientation video. However, she then denied seeing anything about PREA in the video and denied ever hearing any opposite gender announcements. She further said she did not receive any handouts at intake, even though the Investigator verified that detainee's written acknowledgement of having received a handbook and other materials at intake. Fifteen other LEP detainees interviewed that day all said they had, in fact, received the handbook and other materials at intake in a language they could understand. They all also reported their understanding of PREA, including their right to report PREA violations anonymously and their right to have someone file a third-party report on their behalf. They reported having no privacy issues at TDHDC, and they all acknowledged hearing the opposite gender announcements. All said they had never been pat-searched or strip searched at all, and they further said they did not fear for their safety at the facility. On Wednesday the Auditor interviewed 4 random detainees. These detainees all spoke enough English that the Auditor did not use Language Services Associates; they all verified receiving both the ICE National Detainee Handbook and the facility handbook and seeing the PREA posters throughout the facility. They understood the protections PREA provides, and they reported that they had no concerns for their safety. The 20 detainees formally interviewed were from the following countries: Peru (1), Cuba (5), Venezuela (10), Nicaragua (2), Ecuador (1), and Haiti (1). The Auditor also conducted four informal interviews with detainees.

The interviews for staff took place in the Investigator's office on Wednesday after the final detainee interviews. The Auditor began his staff interviews with the Investigator, followed by the personal interviews for 17 additional staff and contractors. He also interviewed six staff informally and conducted a telephone interview with the Executive Director of Brave Alliance, an outside service provider of forensic examinations.

There were no allegations of sexual abuse reported at TDHDC for the audit period. However, there had been four allegations of sexual abuse since the previous audit, and the Auditor reviewed each of the files and interviewed the Investigator and the AFOD to learn about the process used at the facility when allegations do occur. The Investigator prepares a brief synopsis for the AFOD within two hours of any PREA allegation; the AFOD then refers the allegation to ERO for investigation. The AFOD advised the Auditor that each of the ERO investigators is an ICE agent who has special training to investigate sexual abuse allegations. The AFOD further stated that PREA training for investigators now occurs annually. Based on the PREA allegation materials reviewed by the Auditor for the timeframe preceding the audit period, two allegations were substantiated, one was unsubstantiated, and one was referred to ICE management. The latter case is reported on the facility's PAQ as an allegation because it is still open in the SAAPI system, even though the allegation did not arise during the audit period.

The 18 staff and contractors interviewed in person and the 1 outside service provider (Brave Alliance) interviewed by telephone are as follows:

- FA
- AFA/PSA Compliance Manager
- HSA
- Assistant Contract Officer Representative (ACOR) DHS/ICE
- Chief of Security
- Training Manager
- Human Resources (HR) Assistant
- Investigator
- AFOD
- Mental Health Clinician
- Chaplain
- Two contractors, Trinity Services Group (food service)
- Two shift supervisors, one from first shift and one who rotates to work on all shifts
- Three detention officers, one from each shift
- Sexual Assault Nurse Examiner (SANE), Executive Director of Brave Alliance (by telephone)

The interviews gave the Auditor a comprehensive view of the daily operations at TDHDC. The AFOD and the ACOR both made very positive comments about the professional working relationship between ICE and TDHDC; they said they had an open-door relationship with the administration at the facility and did not need to make an appointment to meet with the FA. They were very complimentary about the facility's compliance with its various reporting duties, its submitting policies for review and approval, and its attention to various contract provisions. The Auditor noted the presence of upper-level management in all areas of the facility throughout the tour.

On Thursday, April 29, 2021, the ERAU Team Lead opened the exit briefing at approximately 2:30 P.M. After expressing her appreciation for the cooperation of all involved in the audit process, she turned the briefing over to the Auditor. The following attended the exit briefing:

- (b) (6), (b) (7)(C) Inspection and Compliance Specialist ICE/OPR/ERAU
- (b) (6), (b) (7)(C) FA, CoreCivic
- (b) (6), (b) (7)(C) LCDR, HSA, IHSC
- (b) (6), (b) (7)(C) AFA/PSA Compliance Manager, CoreCivic
- (b) (6), (b) (7)(C) Investigator, CoreCivic
- (b) (6), (b) (7)(C) Chief of Security, CoreCivic
- (b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer, (SDDO) ICE/ERO
- (b) (6), (b) (7)(C) ACOR, DHS/ICE
- (b) (6), (b) (7)(C) Quality Assurance Manager, CoreCivic
- (b) (6), (b) (7)(C) Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC.

The Auditor also expressed his appreciation for the cooperation of everyone at TDHDC during the three days of the audit, highlighting in particular the helpfulness of the facility Investigator in promptly providing him with every document or file requested. He further noted how useful the on-site portion of the audit had been in giving him a more complete understanding of the operations at the facility. He stated that the 20 detainees interviewed, of which 16 were LEP's, all seemed to understand the protections PREA provides, and the staff and contractors interviewed were very knowledgeable about PREA and easily articulated how PREA benefits the detainees at TDHDC. The Auditor noted how well educated the staff and contractors were about PREA and their instant responses to his questions; they all attributed their knowledge about PREA to the frequency of the training provided at TDHDC.

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: 2
§115.31 Staff Training
§115.32 Other training

Number of Standards Met: 37
§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
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and Mental Health
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.65 Coordinated response
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 Post-allegation protective custody
§115.71 Criminal and Administrative Investigations
§115.72 Evidentiary standard for administrative investigations
§115.71 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
§115.87 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 0

Number of standards N/A: 2
§115.14 Juvenile and Family Detainees.
§115.18 Upgrades to facilities and technologies

PROVISIONS

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

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

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

Notes:

(c)) CoreCivic policy 14-2-DHS, Sexual Abuse Prevention and Response, sets out its zero tolerance of sexual abuse at T. Don Hutto Detention Center (TDHDC). The policy states, "CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse or assault….to provide a safe and secure environment for all detainees, employees, contractors, and volunteers that is free from the threat of sexual abuse or assault." The facility's sexual abuse and assault prevention and intervention (SAAPI) program provides the procedures that are essential to the facility's approach to preventing, detecting, responding to, investigating, and tracking such conduct. The Auditor's interviews with staff and contractors reflected the consistent emphasis at TDHDC on making the facility environment truly reflect the zero-tolerance approach spelled out in the policy. Subpart (c) of the standard also requires that the "agency [ICE] shall review and approve each facility's written policy." The Auditor verified this practice during his interviews with the facility Investigator, who carries out the role of a Prevention of Sexual Assault (PSA) Compliance Manager, and the ICE AFOD.

(d) TDHDC is required to designate a PSA Compliance Manager with the responsibility for overseeing all of the facility's efforts to comply with the zero-tolerance policy 14-2-DHS Sexual Abuse Prevention and Response. Under both the policy and the standard, "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/ERO field office and ICE/ERO PSA Coordinator. The PSA Compliance Manager shall have sufficient time and authority to oversee facility efforts to comply with the facility's sexual abuse and assault prevention and intervention policies and procedures." The organization chart for TDHDC shows that the AFA is the PSA Compliance Manager and reports directly to the FA. However, as noted in the paragraph above, the Investigator performs the duties of a PSA Compliance Manager; she reports to the AFA. She reviews PREA policies, does the PREA training, develops the annual staffing plan to ensure PREA compliance, compiles, or reviews various PREA reports, and monitors deadlines for tracking various PREA issues. She is the point of contact with the ICE field office for PREA matters. The Investigator noted that if the need arises to make a change in operations due to any PREA issues, the AFA has the authority to make such changes. The facility is substantially compliant with these subparts since there is an employee who carries out the required tasks of a PSA Compliance Manager.

The Auditor interviewed 20 detainees at the facility; although there were no detainees with disabilities such as being vision or hearing impaired, most of those interviewed were LEP. Once he confirmed that the all of them really seemed to understand PREA and the protections it provides, he inquired whether they felt that TDHDC was meeting its responsibilities for a zero-tolerance environment. All 20 said they thought the facility was fulfilling its PREA duties to protect the detainees from sexual abuse.

Recommendation: To ensure that whoever is performing the duties of a PSA Compliance Manager has sufficient authority to ensure compliance with the facility's PREA policies, it is recommended that the person carrying out the duties of the facility's PSA Compliance Manager—whether it's the AFA or someone else--needs to be the one with the title and the authority that normally belongs to that position. Additionally, it is recommended that whoever is carrying out the PREA compliance duties report directly to the FA, at least in regard to that person's PREA compliance duties.

§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) CoreCivic Policy 14-2 DHS/C covers these subparts of the standard. A facility must provide sufficient supervision, whether through direct supervision or video monitoring, to "protect detainees against sexual abuse." The facility must create and document the guidelines for ensuring that it provides the detainees with the necessary supervision. These guidelines must then be used to determine the staffing required to meet the supervision necessary to protect the detainees; the facility must review the guidelines at least once a year. Based on his interviews with the FA and the Investigator, the Auditor confirmed the Investigator prepares the facility's annual staffing plan assessment. The Investigator then submits the assessment for approval to the AFA. The assessment then goes to the FA, the CoreCivic corporate office, and to the AFOD for review. The Auditor reviewed the annual PREA staffing plan assessment and the staffing plan for the audit period; since there were no PREA allegations during that timeframe, there was no need for an adjustment to the plan for the following year. The Investigator did report that in a prior year, a PREA allegation led to the addition of a recreation worker in the staffing plan. The correctional officer staffing ratio is 1:3.7, which the facility deems appropriate to provide the necessary protection for the detainees.

(c) Policy 14-2 DHS/C also addresses this subpart of the standard. The facility policy requires that an evaluation of the need for direct supervision and video monitoring must include the following:

- "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 Investigator, who prepares the annual staffing as noted above for approval by the AFA, verified that that the analysis in developing the plan includes each of the provisions set out in this subpart of the standard and in the relevant section of the facility policy. The annual staffing plan assessment form, signed by both the AFA and the FA, documents that these issues are material factors in assessing the staffing plan.

(d) Both the standard and the facility's policy 14-2 DHS require unannounced rounds "to identify and deter sexual abuse of detainees." These unannounced rounds must occur on both day and night shifts, and staff must not alert other employees that these rounds are occurring unless there "such announcement is related to the legitimate operational functions of the facility." TDHDC requires that the staff conducting these rounds include supervisors, and they must document the rounds as "PREA rounds," with such rounds covering all areas to which detainees have access. The Auditor reviewed the unit logs to verify that shift supervisors and above made unannounced rounds on all three shifts.

The Auditor also reviewed comprehensive and current facility information. The information provided a clear understanding of all positions and staff deployment, post orders requiring direct supervision, staff ratios, staff rosters for all shifts, along with the number of ICE employees, medical staff, and medical or food service contractors. No volunteers were included in the information since, as noted in a memo from the FA, "T. Don Hutto does not currently have volunteers at the facility due to Covid-19 restrictions." All of these documents showed that TDHDC carefully plans its staff deployment and is careful to maintain staffing ratios and schedules that provide sufficient staff for appropriate detainee supervision and monitoring.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard does not apply to TDHDC since the facility reports that it does not house juvenile detainees. Interviews with staff and detainees, along with on-site observations, verify that the facility does not house juvenile detainees.

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

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

Notes:

(b) This subpart does not apply to TDHDC since it is an all-female facility.

(c)(d)(e)(f) CoreCivic Policy 14-2 DHS/G and /B covers the requirements for this standard. Cross-gender pat searches are limited to exigent circumstances by facility policy; such searches must be documented in a logbook, along with the circumstances. The FA provided the following information in a memo date February 1, 2021 referencing two subparts of the standard, "(d) T. Don Hutto Detention Center has not had any instances of cross-gender pat-down searches since our last PREA Audit on May 8, 2018." And "(f) T. Don Hutto Detention Center has not had any instances of strip searches of body cavity searches since our last PREA Audit on May 8, 2018." Additionally, the references in subpart (e) to juveniles are not applicable since TDHDC houses only adult females. The Auditor did not observe any opposite-gender pat searches, the detainees all said they had not been pat-searched by anyone of either sex, and the staff said they had been trained to conduct opposite-gender and transgender searches but had not done any.

(g) TDHDC has a variety of policies that allow detainees "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." Detainees shower in single stalls with two curtains for privacy while showering and privacy for undressing/dressing. The cells contain a curtain that provides privacy for using the toilet. Of the 20 detainees interviewed, no detainee had any concerns about privacy at the facility. The facility requires opposite-gender announcements when male staff enter "an area where detainees are likely to be showering, performing bodily functions, or changing clothing," and the Auditor inspected unit logs that contained the documentation of those announcements having been made. The Auditor noted that staff consistently made opposite gender announcements throughout his time at TDHDC.

(h) This subpart does not apply to TDHDC since the facility is not a Family Residential Center.

(i) This subpart does not apply to the facility since ICE does not assign transgender or intersex detainees to TDHDC. However, the facility policy does cover the provisions of this subpart of the standard.

(j) TDHDC has the responsibility for training security staff in proper methods for conducting "cross-gender pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs." The Auditor reviewed the facilitator's guide for the TDHDC training on searches, paying particular attention to the section on "Physical Body Searches." The facilitator's guide indicated that the oral part of the training was to be supplemented by a video and practice searches. The Training Manager verified that the search training includes the video and practice searches.

(f) The Auditor viewed blank copies of the various forms used to track such information: a Cross-Gender Pat-Down Search log, a Strip Search log, and a Record of Search form. Of the 20 detainees interviewed, they reported having no privacy issues at TDHDC, and they all acknowledged hearing the opposite gender announcements. All said they had never been pat -searched or strip searched by anyone, and they further said they did not fear for their safety at the facility.

§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) CoreCivic Policy 14-2 DHS/J covers this subpart of the standard. TDHDC must ensure that all detainees have the same opportunity to take part in or have the benefit of the facility's efforts to "prevent, detect and respond to sexual abuse." That policy specifically addresses any problems that detainees with disabilities might face; such disabilities include, "but [are] not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities." For instance, if the population includes detainees with hearing, vision, or speech impairments, detainees with limited reading skills, or detainees with intellectual or psychiatric disabilities, the facility must ensure the use of whatever technique or device will facilitate satisfactory communication with these detainees, so they have an equal opportunity to benefit from TDHDC's zero tolerance policy toward sexual abuse. Under the policy, whenever necessary for successful communication with detainees with a wide range of disabilities, the facility "shall accommodate the residents by providing access to in-person, telephonic, or video interpretive service that enable…accurate…interpretations…, using any necessary…vocabulary and providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication." Devices such as audio recordings or telecommunications devices for deaf persons (TTY) are

among the other tools that may be used. Talton Communications provides TDHDC with four TTY telephones for detainee use. One of these telephones is in intake, and the others are in the offices of various case managers. There are also signs at the facility advising the detainees of options for accessing information with sign language.

There were no hearing or vision impaired detainees in the population during the audit. During his interviews with intake officers, the Investigator, and the HSA, the Auditor specifically inquired about the facility's methods for effectively communicating PREA-related information to detainees with various disabilities. Intake staff and the Investigator stated there have been low-vision and low-hearing detainees in the past, and staff have always found a way to communicate with them satisfactorily. There have been occasions where it was necessary to have PREA materials read to some illiterate or low-functioning detainees, sometimes with the necessity of repeating passages or simplifying the language. Both the Investigator and the HSA told the Auditor that any detainee arriving at TDHDC with an obvious mental impairment that person would immediately be referred to medical for a private evaluation of the detainee's cognitive ability.

(b)(c) Policy 14-2 DHS/J also addresses these subparts of the standard. The policy requires that TDHDC must "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." Additionally, the facility must provide "interpretation or assistance…to any detainee who speaks another language in which written material has not been translated or who is illiterate." Much of the information for detainees, including but not limited to, intake/orientation materials, PREA information is posted on housing unit bulletin boards, and informational videos, is in both English and Spanish. However, some of the materials are also in other languages as well. The orientation video, which covers all rules, regulations, and PREA responsibilities and requirements, is also available in French and Chinese. In addition to the ICE National Detainee Handbook and an ICE Sexual Abuse and Assault Awareness pamphlet usually distributed at intake in English or Spanish, the facility keeps copies of the ICE National Detainee Handbook in Punjab, Russian, Arabic, Chinese, French, Haitian Creole, Portuguese, Hindi, and Vietnamese, along with the ICE Sexual Abuse and Assault Awareness pamphlet "Preventing Sexual Abuse and Misconduct" in Arabic, Haitian Creole, French, Hindi, Portuguese, Punjab, and Chinese.

For matters related to PREA allegations by detainees, any needed interpretation services must come from 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." There are certain restrictions on who can provide interpretation services, and the policy states that such services by "minors, alleged abusers, detainees who witnessed the alleged abuse…or who might have a significant relationship with the alleged abuser [are] not appropriate in matters relating to allegations of sexual abuse."

The Auditor verified with the Investigator that TDHDC uses Lionbridge Technologies as its language line. The Investigator told the Auditor that the interpretive service could also be used for any instances where written English materials needed to be translated into written materials in the language of the detainee. The Auditor observed that some detainee materials, including the ICE Sexual Abuse and Assault Awareness pamphlet were in several languages. He also viewed portions of the orientation video to confirm that it was in multiple languages. During his interviews with intake officers, the Investigator, and the HSA, the Auditor specifically inquired about the facility's methods for effectively communicating PREA-related information to detainees who are LEP. They told the Auditor that facility staff use the Lionbridge Technologies language service to communicate with those who do not speak English or Spanish. Staff use the language line when needed and document that use in the file. Detainees may also be brought to medical if there is some reason to believe that the language line needs to be used in a private setting.

The Auditor interviewed 16 LEP detainees through using Language Services Associates. All of these detainees stated through the interpreter that they had received information about the facility's policy to prevent, detect, and respond to sexual abuse in a language they understood. The Auditor also reviewed five detainee intake packets to confirm the facility's practice of documenting the language a detainee spoke, along with a written verification from the detainee that she understood the materials/information that TDHDC provided.

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§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) CoreCivic Policy 14-2 DHS/B and ICE Directives 6-7.0 and 6-8.0 address how the facility and the agency (ICE) cover the requirements for this standard. Consistent with the standard, the policy says that, "to the extent permitted by law" it will not "hire or promote any individual and decline to enlist the services of any contractor or volunteer who may have direct contact with detainees who has engaged in sexual abuse in a prison…" or other institution; who has "been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or [who] has been civilly or administratively adjudicated to have engaged in…" sexual misconduct involving threats, force, or lack of consent. The hiring process requires that "all applicants, employees, and contractors who may have direct contact with detainees shall be asked about previous misconduct, as outlined above…, in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees." As permitted by law, the facility may "decline to hire or promote and may terminate employment" if it discovers a person has made material omissions or has made materially false statements about sexual misconduct. The Auditor examined the application for employment to verify that it contains specific questions so that TDHDC will have a record of each applicant's responses to the various PREA-related questions about sexual misconduct. After a prospective employee makes application and has an interview, applicants that seem viable to the HR department are then subject to a background check by ICE. No one can be hired without a satisfactory suitability determination from ICE. TDHDC uses a 14-2H DHS Self-Declaration of Sexual Abuse Form as a part of its employment and promotion process; it also uses the form for verifying "an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy…." The facility also requires that each volunteer sign this same form annually.

(c)(d)(f) TDHDC requires background checks for prospective employees or contractors who may have contact with detainees, and these background checks are done by ICE. A part of the background check will involve attempts to contact previous institutional employers to get "information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse…." TDHDC, "unless prohibited by law," will give similar information about an employee upon request from "an institutional employer for whom such employee has applied to work." Criminal background checks occur "at least every five (5) years for current employees and contractors who may have contact with detainees." ICE Directive 6-7.0, ICE Personnel Security and Suitability Program, and ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractual Personnel, address the background checks of the type done for employees and contractors having detainee contact at the facility. These investigations serve as "the basis for determinations of suitability for employment and eligibility for assignment to, or retention in" a position as an employee or

contractor with detainee contact at TDHDC. Directive 6-8.0 states, "The investigations focus on an individual's character and past conduct that may have an impact on the integrity and efficiency of ICE." Some of the items the background check will include are a criminal history check, education and employment check, and a financial check. Any potential employee or contractor having contact with detainees must pass the ICE suitability screening, which is the required background check. A part of the background check will involve attempts to contact previous institutional employers to get "information on Substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse…." TDHDC, "unless prohibited by law," will give similar information about an employee upon request from "an institutional employer for whom such employee has applied to work." Criminal background checks occur "at least every five (5) years for current employees and contractors who may have contact with detainees."

The Auditor examined five personnel files. They all included the suitability screening information, as well as the application showing that the answers to all of the required PREA questions were satisfactory. Files showing that the applicant had been with TDHDC more than five years contained the five-year background check as well.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

CoreCivic Policy 14-2 DHS/I addresses the language of the standard. TDHDC requires that any upgrades or expansions be documented on form 7-1B, PREA Physical Plant Considerations. The Investigator verified that the facility has not expanded the facility or updated its video monitoring system during the audit period.

§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)(e) CoreCivic Policy 14-2 DHS/N and /O address the provisions of this standard. ERO, using a uniform evidence protocol, handles the investigations of PREA allegations at TDHDC. The AFOD confirmed the used of the uniform evidence protocol. The facility provided a copy of an unsigned MOU prepared for the purpose of setting out a relationship between the facility and the local police department for PREA investigations at the facility. However, the MOU remained unsigned during the audit period, and the FA provided a memo stating, "T. Don Hutto Detention Center has reached out multiple times to the Taylor Police Department."

(b) The facility has the responsibility to "make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall attempt to make available to the victim a victim advocate from a rape crisis center." Upon the victim's request, the presence of a victim advocate must be allowed for support if there is a forensic exam or an investigatory interview. TDHDC has an MOU with Hope Alliance to provide victim advocates for detainees. The Auditor reviewed the MOU and also saw information (English and Spanish) about Hope Alliance posted in the living units. The detainees can call Hope Alliance without cost through the use of telephones at the facility. The Auditor verified that detainees could reach Hope Alliance by using the facility telephones. The Investigator noted that Hope Alliance is very prompt about responding to requests about victim services.

(c) CoreCivic Policy 14-2 DHS/O addresses this subpart of the standard. When necessary, and "without financial cost…and only with the detainee's consent," the facility will make arrangements for a forensic examination. Such examinations are to be performed only by qualified practitioners, usually a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), although other "qualified health care personnel" can do this type of examination if no SAFE or SANE is available. There were no forensic examinations performed during the audit period. The facility also has an MOU with Brave Alliance. The Auditor reviewed the MOU, along with speaking to the Executive Director of Brave Alliance, who is a SANE. TDHDC uses Brave Alliance whenever a detainee needs a forensic examination; the exams are done by either a SAFE or a SANE at Brave Alliance in Georgetown, Texas. The MOU specifies that Brave Alliance will allow a victim advocate to provide support to a victim throughout a forensic medical exam and investigatory interviews. The Auditor reviewed the MOU and was able to speak with the Director of Brave Alliance to confirm the nature of the services they can provide to the detainee.

(d) Both the standard and the facility policy 14-2 DHS/O specify a victim advocate can be present at the request of the victim during any forensic exam or investigatory interview. Under the facility's MOU with Hope Alliance, a victim advocate from Hope Alliance can be present with the victim during a forensic exam or an interview. Although there were no forensic exams during the audit period, the Investigator confirmed this role for the victim advocates from Hope Alliance.

§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)(d)(f) CoreCivic policy 14-2 DHS/B covers the requirements for this standard. The first provision of the standard requires that "the agency [ICE]" must see that the facility has protocols in place "to ensure that each allegation of sexual abuse is investigated by the agency or facility, or referred to an appropriate investigative authority." There is also a requirement that "an administrative or criminal investigation is completed for all allegations of sexual abuse." TDHDC has a duty to promptly report all allegations to the Field Office Director (FOD); furthermore, unless the act is not potentially criminal, the allegation must also be reported "to an appropriate law enforcement agency with the legal authority to conduct criminal investigations." In the case of TDHDC, the notification to the FOD also amounts to notifying the appropriate law enforcement agency since ERO is the investigating entity. The AFOD advised the Auditor that the ERO investigators are qualified to conduct the PREA investigations as a result of their specialized training on conducting investigations in a confinement setting. The facility Investigator advised that referrals for prosecution from the ERO investigations can go either to federal or state prosecutors. Under both the standard and the policy, if the alleged abuser is "a staff member, contractor or volunteer," the facility must promptly notify JIC, OPR, or DHS OIG, as well as the FOD. The Investigator advised the Auditor that she is the one who makes these notifications.

A February 3, 2021, memo from the AFOD to the Auditor referring to an allegation of 1/25/20, just prior to the beginning of the audit period, states: "The…SAAPI case, with an opening date of January 25, 2020, currently has a status of "Pending Investigation Results." He further notes that "ERO and CoreCivic leadership at this facility are endeavoring to remain informed of the progress of the investigation."

(b) Under the standard, in addition to referrals to, or investigations by, outside entities, the "facility may separately…conduct its own investigation." While the facility does not refer to this activity as an "investigation," the Investigator does immediately gather facts for the AFOD after any PREA allegation, since the AFOD allows the facility two hours to compile a summary or synopsis of basic information for him. According to the Investigator, the AFOD will then forward the information to the Joint Intake Center (JIC) for review. If the allegation appears to come within the parameters of a PREA allegation, investigators from ~~JIC~~ OPR will come to TDHDC to conduct interviews.

If JIC initially finds the allegation not to be a PREA allegation, the AFOD either calls or personally notifies the Investigator of that fact so she can then proceed with an administrative investigation. However, if the allegation leads to investigators coming to the facility and the investigators then judge that the allegations do not represent a PREA case, they normally notify the Investigator in person of that fact. An administrative investigation then proceeds. The facility policy notes that "administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS/ICE and the assigned criminal investigative entity." An administrative investigation, always done with the concurrence of ERO, ensues only after ERO elects not to pursue an investigation or after the investigation concludes. The facility policy at TDHDC requires the "retention of all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years."

(c) Both the agency and the facility must post their protocols on their websites. T. Don Hutto Detention Center's public website has links to the facility's PREA protocols at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea, with ICE protocols listed at https://www.ice.gov/prea. The Auditor verified the websites contain the protocols. The standard requires that facility must retain "all reports and referrals of allegations of sexual abuse for "at least five years…."

(e) When there are allegations of detainee-on-detainee abuse and both are residents of the facility, or when there are allegations of detainee abuse involving "a staff member, contractor, or volunteer," the facility must make a variety of notifications: "Joint Intake Center, ICE OPR or DHS Office of Inspector General (OIG), as well as the appropriate Field Office Director…." The AFOD indicated that TDHDC was scrupulous in making all required notifications.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) CoreCivic policy 14-2 DHS/B covers the requirements for this standard. All full and part-time employees go through the facility's initial new employee training, followed by refresher training annually. There is a policy requirement that information about "the facility's Sexual Abuse or Assault Prevention and Intervention Program" be included in both the initial and the annual refresher training. The facility Investigator presents an additional training program, "PREA Recall," quarterly for staff and others, such as contractors and volunteers. The Training Manager had the training curriculum available in binders for the Auditor's review, and he reported that everyone was up to date with their training requirements. The Auditor did review several of the training modules, including "PREA Overview." That overview includes all of the nine topics required under the standard, plus additional information, all of which is essential for anyone working in an institution. The Auditor reviewed a sampling of five training files for each of the following categories: five staff, five contractors, and five volunteers. All 15 of these files contained signed verifications of the person's initial, annual, and quarterly "PREA Recall" training. The Auditor also reviewed an extensive list of everyone taking "PREA Overview" during the audit period. The Training Manager also presented two binders which contained sign-in sheets for training attendance; the sheets showed course titles, number of hours, dates, and attendance information.

The facility's PREA training clearly exceeds the standard. The facility's policy requires new employee training and annual refresher training, while the standard requires new employee training to be followed by refresher training every two years. Furthermore, the training at TDHDC even exceeds the facility's policy due to the quarterly PREA Recall training. The Auditor saw the result of the facility's training when interviewing staff. Their ready answers to many of his questions strongly suggested that frequent training serves to produce competent staff who are an asset to the facility and who see themselves as having a responsibility to help maintain the zero-tolerance environment.

§115.32 - Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) CoreCivic Policy 14-2 DHS/B covers the standard and outlines the required training for all volunteers and contractors who have detainee contact to ensure their knowledge and understanding of "their responsibilities under the facility's sexual abuse, prevention, detection, intervention and response policies and procedures." While the "level and type" of training is related to the kind of services provided and the amount of detainee contact they have, contractors (even non-recurring contractors) and volunteers with "any contact with detainees" will be informed of the zero-tolerance policy at TDHDC and how to report any instances of sexual abuse. Contractors and volunteers complete the same training as the staff, to include initial orientation and annual refresher training. Contractors and volunteers, along with staff, also attend the required quarterly training known as "PREA recall." The Auditor discussed the facility's PREA training with the two contractors he interviewed, and they both said that facility trainers—usually the Training Manager or the Investigator—made sure they understood PREA and the facility's zero-tolerance policy. They understood their duty to take reports of sexual abuse, whether from a detainee or a third party, and they said they are also trained to act as non-security first responders. Facility volunteers, who fall under the supervision of the Chaplain, have additional training related to their duties. COVID-19 caused the suspension of the volunteer program, so there were no volunteers available for an interview. However, the Chaplain provided five volunteer files for the Auditor's review. The Chaplain gives the volunteers an ungraded exam on the material in the additional training. He then goes over the answers with them to further reinforce what they have learned. The Auditor reviewed the exam and verified that it included several PREA questions. In addition to the volunteer files, the Auditor also reviewed five contractor files and five files for IHSC staff to verify their training.

The facility exceeds what is required for training contractors and volunteers through the frequency and depth of the training provided.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(e)(f) CoreCivic Policy 14-2 DHS/F covers all requirements for this standard. Although no intakes occurred while the Auditor was on-site, his interviews with intake staff, his viewing the orientation video, and his reading of materials distributed at intake provided ample verification that

detainees are informed about the facility's zero-tolerance policies. The intake process covers all of the topics set out both in the standard and in the policy, such as definitions of sexual abuse, methods of self-protection, multiple ways to report sexual abuse, and the right to be free from retaliation; detainees also learn that "reporting sexual abuse will not negatively impact the detainee's immigration proceedings…." During intake, any detainees who are LEP or have some other disability--such as limitations with vision, hearing, reading, or comprehending--receive help as needed so they can understand the important PREA information provided at intake. TDHDC distributes a facility handbook in English and Spanish that contains PREA information, including information that will enable them to make reports of sexual abuse or seek support. The facility also provides the ICE National Detainee Handbook in English, Spanish, Punjab, Russian, Arabic, Chinese, French, Haitian Creole, Portuguese, Vietnamese, and Hindi along with the—ICE Sexual Abuse and Assault Awareness Pamphlet--in English, Spanish, Arabic, Haitian Creole, French, Hindi, Portuguese, Punjab, and Chinese. The orientation video is in four languages: English, Spanish, French, and Chinese.

The Auditor reviewed five detainee detention files and confirmed that TDHDC maintains documents—the Intake Orientation Checklist--where all detainees have signed acknowledgements of understanding the materials provided to them during intake. The Auditor observed that the facility has various notices posted giving information on where to make a report about sexual abuse. Notices also include the name of the PSA Compliance Manager and the names of local organizations providing help to victims of sexual abuse. The Auditor also saw the DHS sexual assault awareness notice posted in the living units. Of the 20 detainees interviewed 1 LEP detainee reported that she had seen the PREA posters and the orientation video. However, she then denied seeing anything about PREA in the video and denied ever hearing any opposite gender announcements. She further said she did not receive any handouts at intake, even though the Investigator verified that detainee's written acknowledgement of having received a handbook and other materials at intake. Fifteen other LEP detainees interviewed that day all said they had, in fact, received the handbook and other materials at intake in a language they could understand. They all also reported their understanding of PREA, including their right to report PREA violations anonymously and their right to have someone file a third-party report on their behalf.

§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) CoreCivic Policy 14-2 DHS/B covers all requirements for this standard. The facility provides the "specialized training on sexual abuse and effective cross-agency coordination to…facility investigators…who conduct investigations into allegations of sexual abuse…." Only qualified investigators are permitted to investigate sexual abuse allegations. TDHDC keeps written proof that anyone investigating PREA allegations is qualified according to policy and the standard. The Auditor reviewed the training curriculum on SharePoint to verify that it covered all matters essential to investigating allegations of sexual abuse in a confinement setting. He also reviewed signed training logs, as well as the certificate of the Investigator verifying her credentials as a qualified investigator. The FA and the AFA are also specially trained investigators, as established by their certificates.

The agency policy 11062.2 states that "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 lesson plan is the ICE OPR Investigating Incidents of Sexual Abuse and Assault that covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency has provided training records for agency investigators on the ICE SharePoint to document compliance with the standards.

§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) IHSC Directive 03-01, "Sexual Abuse and Assault Prevention and Intervention," provides a list of required training topics for IHSC personnel. The HSA verified that both IHSC staff and staff of STG International, the medical contractors for IHSC, had participated in the required training. She showed the Auditor a list of the topics covered in the specialized training for IHSC staff and STG International staff. The topics include the following:

- "Definition and examples of prohibited and illegal sexual behavior, recognizing situations where sexual abuse may occur."
- "Detection and treatment of physically or sexually abused and assaulted detainee victims in ICE custody."
- "Appropriate interventions when an incident occurs."
- "Description of how to respond effectively and professionally to detainee victims of sexual abuse and assault: recognizing physical, behavioral, and emotional signs of sexual abuse."
- "Discussion of how to communicate effectively and professionally to bisexual, transgender, intersex (LGBTI), or gender nonconforming detainee victims."
- "Actions that will assist detainee victims to safeguard physical evidence of sexual abuse and assault."
- "Steps for reporting allegations or suspicions of sexual abuse and assault. IHSC staff will not suffer retaliation for reporting abuse or assaults."

(c)) CoreCivic Policy 14-2 DHS/B provides that all full and part-time medical and mental health professionals at TDHDC are to receive specialized training that must include "[1] how to detect and assess signs of sexual abuse; [2] how to preserve physical evidence of sexual abuse; [3] how to respond effectively and professionally to victims of sexual abuse; [and 4] how and to whom to report allegations of sexual abuse…." However, any efforts by the healthcare professionals "to preserve physical evidence of sexual abuse" would exclude the performing of forensic exams, since such exams are performed elsewhere by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) at Brave Alliance in Georgetown, Texas. The HSA and the Investigator both stated during their interviews that ICE has reviewed and approved the facility's policy regarding the specialized training of medical and mental health professionals working at TDHDC. The Auditor viewed five files of IHSC staff and five files of contractors for IHSC to verify the training.

§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)CoreCivic Policy 14-2 DHS/D corresponds to the requirements of this standard. Within 12 hours of arrival at TDHDC, staff screen detainees "for potential risk of sexual victimization or sexually abusive behavior…." Housing assignments are in accord with the facility's efforts to prevent abuse or assault, and "each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly." The assessment process at the facility, which uses the Assessment Questionnaire Information/Assessment Type: ICE Initial Screening Tool, follows the standard in seeking information about all elements of subpart (c) of the standard. The screening tool covers "(1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee had any convictions for sex offenses against an adult or child; (7) Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee has self-identified as having previously experienced sexual victimization; and (9) The detainee's own concerns about his or her physical safety." This screening tool also covers prior history of sexual abuse or convictions for violence, as known to the facility, in evaluating the potential for a detainee's sexual abusiveness. If the intake screening reveals a history of sexual victimization or abusiveness, staff will make medical or mental health referrals, as appropriate. When intake staff make medical referrals for follow-up, a health evaluation will occur within 2 working days; a mental health referral results in an evaluation within 72 hours. Although there were no intakes when the Auditor was on-site, interviews with intake staff and the Investigator confirmed the practices of the facility. Additionally, the detainees interviewed recalled the questioning during the intake process. They understood the intake questions and remembered not going to their housing units until after intake. The Auditor reviewed five detainee files and confirmed that all intake screenings occurred within 12 hours of the detainee's arrival. A review of six detainee files also reflected that medical and mental health follow-up evaluations occurred in a timely manner. The files also contained the 60-90 day reassessments for the detainees in the interview group who had actually been at TDHDC long enough for a reassessment; the reassessments required no changes for the detainees. The Auditor also reviewed one reassessment furnished pre-audit; it was for a detainee deemed to be a "potential" victim, and it contained no information requiring a change for the detainee. According to the Investigator, the limited stay of some of the detainees precludes a 60-90 day reassessment unless some new information has arisen. According to the PAQ, the average length of stay at TDHDC is 93.18 days.

(e) CoreCivic Policy 14-2 DHS/D addresses the requirement of this subpart. Reassessments for victimization or abusiveness take place within 60-90 days after intake or whenever needed "following an incident of abuse or victimization." Either a case manager or someone appointed by the FA will conduct the reassessment, using the Assessment Questionnaire Information/Assessment Type: ICE 60-90 Day Assessment form. The Auditor also viewed the ICE Custody Classification Worksheet and the facility's Sexual Abuse Screening Tool, both of which provide additional information for proper housing, security, or treatment decisions.

(f) CoreCivic Policy 14-2 DHS/D addresses the requirement of this subpart. Facility policy prohibits disciplining a detainee who will not answer questions or who does not give a complete answer to the topics addressed in (1), (7), (8) or (9) above. The Investigator, the Chief of Security, and intake staff all told the Auditor that detainees are never disciplined for their failure to answer any of the questions set out in this standard.

(g) Because the intake process addresses a variety of sensitive issues, the facility limits how the information can be disseminated. The goal is to ensure "that sensitive information is not exploited to the detainee's detriment by staff or other detainees." The intake staff interviewed acknowledged their responsibility not to discuss information about a detainee gathered during intake. They all reported that once they entered the intake information into the computer, only certain staff had access to the data. Both the FA and the Investigator confirmed that only certain staff could access the sensitive information compiled during intake.

§115.42 - Use of assessment information.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a) CoreCivic Policy 14-2 DHS/E covers every part of the standard. The policy sets out how the facility uses the information gathered at intake to inform decisions about housing, recreation, work programs, and other activities. The use of this information allows for individualized decisions about what is best for safety of any given detainee. The Auditor reviewed five completed risk assessments and determined that TDHDC took all of the information gathered during intake—including, but not limited to, the detainee's age and physical build, any disabilities, any history of victimization or abusiveness, her own concerns for her safety, and any identification as lesbian, bisexual, transgender, intersex, or gender non-conforming—to make careful judgments about placing each detainee in an environment where housing, work, and programs are safe for her. Interviews with the AFA, the Chief of Security, and the Investigator confirmed how the information from the risk assessments is used for housing and program placements at TDHDC.

(b)(c) Under facility policy, it is an ICE decision "to assign a transgender or intersex detainee to a male or female facility…." The Investigator advised the Auditor that ICE does not assign intersex and transgender detainees to TDHDC, and there were none at TDHDC while the Auditor was on-site. However, should ICE make a change and then assign intersex and transgender detainees to TDHDC, the facility has detailed measures in place that are consistent with the standard for appropriately addressing their needs. Decisions about "housing and program placement" would not be made "solely on the identity documents or physical anatomy of the detainee," and the intersex or transgender's own assessment "of safety needs shall always be taken into consideration." The facility's decision-making process about the placement of intersex and transgender detainees would involve consultation with "a medical or mental health professional as soon as practicable…." Under the policy, these detainees must have a reassessment at least twice a year. Where feasible, the facility should offer transgender and intersex detainees the option to shower separately, and TDHDC is already set up to provide a separate area with single stalls where there would be the option to shower separately. A memo from the FA states, "T. Don Hutto Detention Center has not had a transgender/intersex population since our last PREA Audit on May 8, 2018."

§115.43 - Protective custody.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a) CoreCivic Policy 14-2 DHS/E covers every part of the standard. This subpart is reflected in the facility's detailed policy regarding how any administrative segregation unit is to operate, including its directive that "Staff shall document detailing reasons for placement of individual in Administrative Segregation on the basis of a vulnerability to sexual abuse and assault." This subpart of the standard notes that the procedures for

operating such a unit are to be developed in conjunction with the FOD, and the AFOD told the Auditor that TDHDC meets all of the requirements under the standards, whether it is a matter of meeting required timelines or submitting policies for review.

(b) This subpart is likewise covered in detail in the facility's policy. The policy's emphasis on the attempts the facility should make to avoid placing a sexually vulnerable detainee in administrative segregation even includes a directive that "The facility will consult with the ICE Field Office Director to determine if ICE can provide additional assistance" if there are no "appropriate custodial options" at the facility. The policy makes it clear that the use of Administrative Segregation should not extend beyond the time necessary to arrange "an alternative means of separation from likely abusers…." The FA and the Chief of Security verified that there were no instances during the audit period requiring any protective custody placement in an administrative segregation type area and therefore no need to seek help from ICE regarding any such placement.

(c) In response to this subpart, the TDHDC policy requires that any detainee in Administrative Segregation have "access to programs, visitation, counsel and other services…to the maximum extent practicable." The policy also requires the documentation of any such "opportunities that have been limited," along with the reasons for and the duration of the limitations.

(d)(e) These subparts require the facility to have written procedures consistent with the standard's timing for regular reviews of any detainee placed in Administrative Segregation for PREA vulnerability, along with a notification procedure to the FOD. The policy precisely tracks these requirements by setting out the procedures required for the correct operation of an administrative segregation unit, including the proper timing for reviews of any detainee in the unit.

Although the facility is prepared to operate in accord with the standard if a need arises for a PREA-related confinement in administrative segregation, a memo of February 1, 2021, from the FA states that no detainees at the facility had been placed in protective custody in administrative segregation since its last audit. However, the FA further noted in the memo that "if such an instance occurred, the CoreCivic Administrative Duty Officer would immediately contact the on-duty ICE/ERO Supervisor via email and telephone." The Auditor verified this information with the FA when he interviewed her. The Investigator informed the Auditor there was actually no administrative segregation unit at TDHDC during the audit period. She explained that during the first part of the audit period, TDHDC was a Family Residential Center (FRC); as an FRC it did not have an administrative segregation unit. An unoccupied pod is being retrofitted for future use as an administrative segregation unit with five double-occupancy cells.

§115.51 - Detainee reporting.

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

Notes:

(a) CoreCivic Policy 14-2 DHS/K covers this standard. TDHDC has policies in place to ensure the detainees have a variety of ways for reporting "sexual abuse, retaliation for reporting sexual abuse, or staff neglect, or violations of responsibilities." The facility provides information on how the detainees can report such incidents confidentially or anonymously to a "consular official, the DHS Office of the Inspector General or, as appropriate, another designated office…." The facility policy lists a large number of other ways the detainees can make reports, including verbally to any employee, in writing—including anonymously—in a letter marked "confidential" to the FA, by telling someone outside the facility who can notify facility staff, to notifying someone in medical through sick call, or by calling the facility's toll -free notification number. The Auditor noted signage and other materials at TDHDC giving detailed information on how to make such reports. The facility handbook and the ICE National Detainee Handbook give detailed information about making reports to a list of entities, and detainees can also find reporting information in the phonebooks attached to each phone. The detainees interviewed, whether they spoke English or were LEP, all told the Auditor they knew how to make reports, whether to staff members or outside resources including family members. Most of these detainees also mentioned seeing information on facility posters about how to make reports.

(b) The facility must also tell the detainees about "at least one way for the detainees to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, ….[anonymously] upon request." The facility uses an OIG poster to provide the detainees a way to make a report "to a public or private entity or office that is not part of the agency…." The Auditor saw the poster while on-site. The poster provides contact information for mail, telephone calls, faxes, internet communication, and through TTY devices. It notes that reports can be made anonymously and confidentially. The facility has posters providing information on how to contact the Detention Reporting Information Line (DRIL), and the Auditor tested the telephone number to establish its viability. The facility also posts information on how to contact the appropriate consulate; similar information about contacting the consulate is in the local detainee handbook. The facility has an MOU with CCA LLC and The Rape Crisis Center (RCC of San Antonio, Texas) for providing confidential reporting options, with a hotline for crisis intervention and reporting. Information about these resources, including phone numbers and addresses, is posted at the facility, as well as being included in the local detainee handbook. During their interviews with the Auditor, the detainees all reported having seen posters about how to call and make reports about sexual abuse. They also knew they could make a report to an officer at the facility; and even though few of these detainees understood the term "third-party reports," they all knew they could have a family member or friend make a report for them anonymously.

(c) The facility's policy covers the requirements of this subpart of the standard, along with some other provisions that promote the proper reporting of any allegations of sexual abuse. Any allegations, "including verbal, anonymous and third-party reports," are to be taken "as if the allegation is credible." The policy directs that employees must immediately "document any verbal reports." The policy further provides direction concerning to whom the employee must present the report, and it cautions the employee that disclosing information about any report made to them is limited to those specifically listed in the policy. The policy also informs employees that they "may be subject to disciplinary action" if they fail to report any allegations. All security staff interviewed said they understood their responsibility to accept these types of reports and to pass along the information without delay. They also indicated their knowledge that the duty to accept reports applied to all staff, not just to security staff.

§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) CoreCivic Policy 14-2 DHS/K covers the grievance process when detainees file a grievance "related to sexual abuse…" They can "file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint." They can file a grievance of this type without any time limit, and they can "obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives." Any grievance alleging "an immediate threat to a detainee's health, safety, or welfare related to sexual abuse" will "be forwarded immediately to the facility investigator or Administrative Duty Office," and the policy requires staff to bring "medical emergencies to the

immediate attention of proper medical personnel for further assessment." After the facility receives a grievance related to sexual abuse, it has 5 days for issuing a decision; the facility then has 30 days to respond if the detainee appeals the decision on the grievance. When the grievance process concludes, TDHDC sends these grievances and the decisions made in response to them to the FOD.

The Auditor reviewed the detainee facility handbook and confirmed that it sets out that a detainee can file a grievance related to sexual abuse at any time and that the detainee can receive help in filing the grievance from a variety of sources. The detainees the Auditor interviewed understood that they could file a grievance about sexual abuse, but they all denied having ever filed such a grievance. The officers and supervisors interviewed knew that detainees could ask them for help in filing a grievance; however, they all said no detainee had ever asked them for help. A memo from the FA verified that TDHDC had not received either a grievance related to sexual abuse or an appeal from a grievance of that type 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:

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(a)(b)(c) CoreCivic Policy 14-2 DHS/N covers the first three subparts of the standard. TDHDC has written policies regarding the desirability of using community resources in the "facility sexual abuse prevention and intervention protocols," if possible. The facility has an MOU with both Williamson County Crisis Center DBA Hope Alliance, located in nearby Round Rock, Texas, for a hotline, counseling services, and victim support during forensic exams. It also has an MOU with CCA LLC and The Rape Crisis Center (RCC of San Antonio, Texas) for providing confidential reporting options, with a hotline for crisis intervention and reporting. Information about these resources, including phone numbers and addresses, is posted at the facility, as well as being included in the local detainee handbook. The facility also has an MOU with Brave Alliance in Georgetown, Texas, which specifies that Brave Alliance (a provider of SAFEs and SANEs) will allow a victim advocate to provide support to a victim throughout a forensic medical exam and investigatory interviews. The Auditor reviewed each MOU and was able to speak with the Director of Brave Alliance to confirm the nature of the services they can provide to the detainee. The Investigator stated that the facility has used the services of both Brave Alliance and Hope Alliance.

(d) The facility policy is not consistent with this subpart of the standard. The standard specifies that the "facility shall inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The facility policy, on the other hand, says "the facility shall require that agencies providing confidential support services inform detainees, prior to rendering services, of the extent to which communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." Under the standard, the responsibility for imparting information about confidentiality lies with the facility, not with the entity providing the services. However, the wording of facility's policy may be no more than an incidental error in drafting since the ICE National Detainee Handbook distributed by the facility alerts the detainees to the possible limitations on confidentiality when communicating with outside resources. Additionally, the MOU the facility has with Hope Alliance specifically indicates that the facility will assume the responsibility for communicating with the detainees regarding the possible limits on confidentiality; that provision in the MOU strongly suggests that TDHDC has taken ownership of its required role in informing detainees about the possible limits to confidentiality. The facility Investigator also remarked that whenever she has early contact with a victim of abuse or assault, she reminds them of the possible limitations on confidentiality when the victim is dealing with outside resources. It appears that the practices of the facility are substantially in compliance with the standard, even if the policy as drafted is not.

Recommendation: TDHDC should revise CoreCivic Policy 14-2 DHS N2d to conform to the wording of §115.53(d) of the standard.

§115.54 - Third-party reporting.

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

Notes:

CoreCivic Policy 14-2 DHS/K addresses this standard. The policy format suggests that the information is to be posted at TDHDC for public viewing since its heading says, "AT THIS FACILITY, THIRD PARTY REPORTS OF SEXUAL ABUSE MAY BE MADE AS FOLLOWS," with a list of options beneath the heading:

- DHS Office of the Inspector General (OIG) toll-free hotline number at 1-800-323-8603;
- Office of Professional Responsibility (OPR) Joint Intake Center (JIC) toll-free hotline number 1-877-246-8253 or e-mail joint.intake@dhs.gov; and
- the CoreCivic twenty-four (24) hour ethics line: 1-866-757-4448 or visit www.CoreCivic.ethicspoint.com.

Information about the ICE Detention and Reporting Line (DRIL) (toll-free at 1-888-351-4024) is prominently displayed in English and Spanish in the lobby and in visitation, and the Auditor called the number to test for accuracy. The Auditor's review of the two websites listed above from the facility's policy confirmed that one internet address (joint.intake@dhs.gov) contains directions on how the public can report incidents of sexual abuse on behalf of detainees, but the address of www.CoreCivic.ethicspoint.com leads only to an error message. In the event the CoreCivic website information above is posed at TDHDC, it should be corrected. However, given the variety of other reporting options given to the public on how to make reports, the facility substantially complies with the standard. Interviews with the Investigator and other staff, particularly security staff, confirmed their awareness of their duty to accept third-party notifications of sexual abuse.

Recommendation: The Auditor found using the address "www.CoreCivic.ethicspoint.com" led merely to an error message. However, the address "www.corecivic.com/ethicsline" did lead to appropriate information on filing a report. It is important that CoreCivic ensure that every address related to PREA reporting be correct. The facility should check all of its internet information on third party reporting—particularly on any public posting-- for accuracy of all contact information.

§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) CoreCivic Policy 14-2 DHS/K addresses this standard and sets out the requirement that all staff "must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against detainees or staff who reported [sexual abuse] or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." During the AFOD's interview, he confirmed to the Auditor that he had reviewed and approved all facility policies; he further noted that TDHDC was very responsible about submitting any revisions in policy for review and approval. Any staff member making a report about known or suspected abuse, retaliation, or staff neglect/violation of duties as outlined above is to follow the procedures set out in other sections of Policy 14-2 DHS, specifically in subpart L (Coordinated Response; Sexual Abuse Response Team) and M (Response Procedures). Employees are charged with the responsibility of taking all allegations of sexual assault and abuse as credible, whether they are oral, anonymous, or third party. Staff must promptly document oral reports as well.

Interviews with the Investigator, the Chief of Security, security officers and supervisors clearly established their knowledge of the actions any staff member must take when he or she had even a suspicion that some sort of PREA violation has occurred. They all seemed to understand that reporting a situation based merely on suspicion may ultimately play an important role in maintaining the zero-tolerance environment at TDHDC. Staff at the facility also have the option of avoiding their normal chain of command by making a private report. Several staff interviewed remarked that they knew they could send a sealed letter, marked confidential, to the FA to pass along their knowledge or suspicion of detainee abuse, and they also knew about using the CoreCivic's Ethics Hotline to report information or suspicion about sexual abuse. Staff across the board seemed to have a keen appreciation for the need to avoid revealing information about a potential sexual abuse situation to anyone except those with a specific need to know, such as those who are involved in treating or protecting the victim or those who may need the knowledge in order to make decisions related to security, management, or investigations.

(d) Although this subpart refers to juveniles--which TDHDC does not house--it also refers to vulnerable adults--which it does house. The Investigator advised the Auditor that in any situation where an alleged victim is "considered a vulnerable adult under a State or local vulnerable persons statute," TDHDC would handle the reporting as required under any "applicable mandatory reporting laws."

§115.62 - Protection duties.

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

Notes:

CoreCivic Policy 14-2 DHS/K addresses this standard under its section of "Employee Reporting Duties." Although the wording of the relevant portion of the policy is somewhat different from that of the standard, its meaning is substantially the same: "When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee." Interviews with the FA and the Investigator verified that staff members are aware of their duty to act to protect a detainee if there is believable information that the detainee is at a "substantial risk of imminent sexual abuse…." The staff members themselves stated during their interviews they were aware of their duty to protect a detainee they thought was at an impending risk of becoming a victim of sexual abuse. Becoming aware of such risks and taking action to protect a detainee is part of the annual PREA training. The Investigator reported that there were no situations during the audit period where an employee had to act to protect a detainee against imminent sexual abuse.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c) CoreCivic Policy 14-2 DHS/M covers the requirement of the standard in these duties set out in the policy: "Whenever TDHDC receives an allegation of detainee sexual abuse that happened at another facility, it must notify the appropriate entity within 72 hours after learning of the allegation and document the notification." Although not a part of the standard, the policy also requires that TDHDC "will provide a copy of the detainee's allegation to the entity where the sexual abuse was reported to have happened". The Investigator told the Auditor during her interview that TDHDC received no notifications during the audit period regarding a detainee having been sexually abused in another facility; she also noted that the normal procedure when learning of an allegation about abuse at another facility is to make a telephone call—followed by an email--to the proper entity to report the allegation, and then to document the phone call. Although there were no relevant documents to review for the current period, the Auditor did review a "Notice to Administration" report from March 2019, made by the AFA to document an allegation from an incoming detainee about another incoming detainee; the incident was reported to have happened at the facility where both were located before coming to TDHDC. The report showed quick action by the facility to separate the detainees into different areas, to give notice in less than 24 hours to the facility where the incident was alleged to have happened, and to notify ICE.

(d) In situations where another facility contacts TDHDC to advise that a detainee now at that facility has alleged sexual abuse while at TDHDC, the facility policy sets out the steps to follow. "TDHDC will record basic information about the facility making the report and will attempt to discover if an investigation has already been conducted. TDHDC may request a detainee statement. If TDHDC discovers that the allegation has been reported and investigated in accord with CoreCivic policy and/or referred for criminal investigation, if appropriate, then it will document who notified the facility of the allegation and further document that the allegation has already been addressed… [and that] further investigation and notification need not occur. However, if there has been no report and/or investigation, the allegation will be reported and investigated according to this policy, with the incident being reported through the 5-1 Incident Reporting Database (IRD)."

The FA and the Investigator confirmed their knowledge of the procedures for notification reports to other facilities, as well as their knowledge of what actions to take upon receiving a notice from another facility about an allegation of sexual abuse at TDHDC. They also reported that during the audit period there had been no reports by TDHDC residents of abuse at another facility, and there had been no reports from another facility of allegations of sexual abuse at TDHDC.

§115.64 - Responder duties.

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

Notes:

(a) CoreCivic Policy 14-2 DHS/M sets out the requirements of the standard. The first security staff member responding to a report of sexual abuse—or the staff member's supervisor—must separate the alleged victim and perpetrator to ensure the victim's safety. To the degree possible, that "responder

shall…preserve and protect any crime scene until appropriate steps can be taken to collect evidence." Consistent with the standard, the policy further requires that "if the abuse occurred within a time period that still allows for the collections of physical evidence," the security staff member must then "request that the alleged victim not take any actions that could destroy physical evidence….and ensure that the alleged perpetrator not take any actions that could destroy physical evidence…." No line staff member interviewed had ever had to fulfil any of their first responder duties at TDHDC but aware of their responsibilities.

(b) In the event the first responder is not a member of the security staff, then the responder must "request that the alleged victim not take any actions that could destroy physical evidence and notify security staff." During his interviews with both security and non-security CoreCivic staff, as well as IHSC staff and food service and medical contractors, the Auditor found them all to be extremely knowledgeable about their PREA responsibilities if they had to carry out first responder duties. Although they all carried PREA first responder cards, not one of them had to refer to the card when reciting their duties for the Auditor. They credited their regular PREA training for their familiarity with these duties.

No one at TDHDC had to perform as a PREA first responder during the audit period, so there were no documents describing any actions by a first responder.

§115.65 - Coordinated response.

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

Notes:

(a)(b) CoreCivic Policy 14-2 DHS/L sets out the requirement for establishing A Sexual Abuse Response Team (SART) that will "identify roles and provide a coordinated response to incidents of sexual abuse." The responsibilities of this multi-disciplinary team are spelled out in detail so that there is a coordinated, effective, and comprehensive approach to incidents of sexual abuse. The team includes the PSA Compliance Manager, along with representatives from security, medical, and mental health. There is also a victim services coordinator on the team, and TDHDC policy states that "the medical and/or mental health professional may serve as the facility's Victim Services Coordinator. [However,] the Victim Services Coordinator will not be a member of security."

(c)(d) Facility policy also covers these subparts of the standard. According to a February 1, 2021, memo from the FA, "T. Don Hutto has not had an instance where a victim of sexual abuse was transferred to another facility since our last PREA audit on May 8, 2018." The medical/mental health responsibilities set out in the response plan are also contained in IHSC Directive 03-01.

The FA, the Investigator, and the HSA affirmed that staff with designated roles under the response plan would follow the policy in any case where there was a need to respond to an incident of sexual abuse.

§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:

CoreCivic Policy 14-2 DHS/P covers the requirement of this standard. Employees, contractors, and civilians "suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." Both the HR assistant and the Investigator confirmed this practice in past situations, but there were no allegations during the audit period requiring the removal of a staff member, contractor, or volunteer from contact with a detainee. However, the Auditor reviewed an investigative file for an incident that occurred shortly before the audit period to confirm operational practices and processes for compliance. In that situation ICE officials immediately removed the alleged perpetrator, an ICE Deportation Officer, from having contact with a particular detainee and further prohibited him from entering the TDHDC premises; ICE then assigned him to another duty station.

§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) CoreCivic Policy 14-2 DHS/M sets out the facility's approach to protecting detainees and staff against retaliation; the wording of the policy is consistent with the requirements of the standard. "Staff, contractors, volunteers and detainees shall not retaliate against…. anyone reporting, complaining about, or participating 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." After any report of sexual abuse, for a minimum of 90 days the facility must monitor for facts pointing to potential retaliation by either staff or detainees. If retaliation is confirmed, the facility must act without delay to correct the situation. "Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff." The monitoring should continue past the 90-day period if necessary. The appropriate staff must use a 30/60/90 day checking process for possible retaliation after any report of sexual abuse; this process must include "periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D DHS PREA Retaliation Monitoring Report (30/60/90) form."

The Investigator advised the Auditor that she handles the retaliation monitoring at TDHDC, although the only monitoring that occurred during the audit period represented the monitoring arising from a PREA allegation that arose shortly before the audit period began to confirm operational practices and processes for compliance. The Auditor reviewed the PREA Retaliation Monitoring Report (30/60/90). The report verified that there had been a status check every 30 days for 90 days and that the detainee had no complaints. The Investigator recorded assessment comments on the report, to include remarks to the detainee during their final/90-day meeting on April 21, 2020, that the detainee's work on the janitorial crew had been suspended because of COVID-19, not because of any retaliatory issue.

§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) CoreCivic Policy 14-2 DHS/M covers the requirements of these subparts of the standard. TDHDC must place detainee victims "in a supportive environment that represents the least restrictive housing option possible." The placement in any sort of administrative segregation must not exceed five days unless the detainee requests otherwise or unless there are "highly unusual circumstances." Additionally, a detainee victim cannot return to the general population until there is a reassessment that considers whether the detainee may be more vulnerable because of the sexual abuse. (d) This part of the standard requires that the facility notify the FOD "whenever a detainee victim has been held in administrative segregation for 72 hours." Interviews with the FA, the Chief of Security, and the Investigator confirmed this practice.

The facility currently does not have an administrative segregation unit because such a unit was not required when the facility was a Family Residential Center; TDHDC changed from a Family Residential Center to a Contract Detention Center on August 1, 2020. The facility is currently retrofitting an unoccupied housing pod to serve as an administrative segregation unit. This retrofitting process was continuing at the time of the on-site audit. However, there is a policy in place to cover the operation of such a unit once it is complete. According to the Investigator, should the need arise for post-allegation protective custody before this unit is ready for occupancy, facility administrative staff would contact the FOD for assistance. A memo from the FA sets out the facility's information regarding the audit period: "(a) T. Don Hutto Detention Center has not had an instance of segregated housing being used to protect a detainee of sexual abuse since our last PREA Audit on May 8, 2018. (b) There has not been an instance of a detainee victim of sexual abuse held for any length of time in administrative segregation since our last PREA Audit on May 8, 2018. (c) There has not been an instance of a detainee victim of sexual abuse being reassessed before returning to general population since our last PREA Audit on May 8, 2018."

§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) CoreCivic Policy 14-2 DHS/O addresses this standard. While TDHDC does not conduct criminal investigations, it does conduct administrative investigations. The policy sets out that "the Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, if potentially criminal behavior is involved, are completed for all allegations of abuse or assault. Criminal investigations shall be referred to a law enforcement agency with legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators." As noted in §115.22 (Policies to ensure investigation of allegations and appropriate agency oversight), specially-trained investigators from ERO handle the criminal PREA investigations at TDHDC, although the facility Investigator provides the FOD a brief synopsis of the situation within two hours of the report of an allegation. In his interview, the Chief of Security stated that all investigations, whether criminal or administrative, must be conducted by specially-trained investigators. He also noted there were three specially-trained investigators on staff at TDHDC.

(b) If an ERO investigation determines that an allegation is "substantiated," an administrative investigation will ensue; however, if the investigation ends with a decision of "unsubstantiated," the facility is tasked with reviewing the criminal investigation reports to decide whether an administrative investigation is needed. An administrative investigation "shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The FA and the Investigator interviews confirmed the process the facility follows regarding an administrative investigation after an allegation is either substantiated or unsubstantiated at the conclusion of an investigation.

(c)(e) Subpart (c)(1) of the standard and the policy has seven requirements that must be addressed, with facility policy mirroring the language of each subpart. For example, the requirements include, but are not limited to, preserving of evidence, determining whether any actions or inactions at the facility played a role in the abuse, and assessing of the credibility of the "alleged victim, suspect, or witness" while ignoring "the individual's status as detainee, staff, or employee…." Subpart (c)(2) of the standard, which focuses on the sequence of the criminal and administrative investigations, is not explicitly part of the policy; however, the sequencing concept of criminal investigations before administrative ones is definitely part of the policy. The facility must keep "all reports and referrals of allegations for as long as the alleged perpetrator is detained or employed by the agency of facility, plus five (5) years," and an investigation will not come to an end just because an alleged perpetrator either is no longer employed at the facility or is no longer in custody at the facility. The FA and the Investigator interviews also verified the records retention policy to be consistent with the standard, as well as the fact that an investigation would not cease just because an employee or a detainee was no longer at TDHDC.

(f) The policy requires cooperation with any outside agency that may be investigating sexual abuse allegations and it imposes a duty to try "to remain informed about the progress of the investigation." ERO is the "outside agency" handling the facility's PREA investigations. The AFOD, who is on-site at TDHDC, advised the Auditor that there are weekly meetings with the facility administration, as well as the Investigator, to cover or follow-up on any operational issues, to include PREA allegations and the progress of any investigations (whether criminal or administrative).

Since there were no allegations resulting in a criminal investigation that substantiated an allegation during the audit period, there were no relevant documents to review.

§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:

CoreCivic Policy 14-2 DHS/O is consistent with this standard. The interview with the TDHDC Investigator confirmed the facility's compliance with this standard; the evidentiary standard for administrative investigations must not exceed a preponderance of the evidence. Although there were no files for allegations arising during the audit period, the Auditor did review four files from previous three years to confirm that a "preponderance of the evidence" standard had been used to determine substantiation of an allegation.

§115.73 - Reporting to detainees.

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

Notes:

CoreCivic Policy 14-2 DHS/O is consistent with the requirement of this standard. After an allegation of sexual abuse, the facility—as feasible--notifies the detainee of the outcome of the investigation "and any responsive action taken." The Investigator explained to the Auditor that she has the responsibility of notifying the detainee of the results of the investigation if the detainee is still at TDHDC when the investigation concludes. If the detainee is no longer at the facility, she then requests the AFOD to make the notification, if possible. The Investigator noted that when a detainee is no longer at TDHDC, she has no information on whether that person has been transferred to another facility or has been deported. At that point she

notifies ICE since it may have further information. She showed the Auditor copies of envelopes showing detainee outcome notifications sent to various foreign countries. A memo from the FA dated February 1, 2021, states, "T. Don Hutto Detention Center has not had an incident in which an investigative conclusion was reached on an allegation of sexual abuse since our last PREA audit on May 8, 2018."

§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) CoreCivic Policy 14-2 DHS/P is substantially the same as these subparts of the standard. Any staff member "suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation." Staff are "subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies." For those engaging in, attempting to engage in, or threatening to engage in acts of sexual abuse, "termination is the presumptive sanction…." According to the AFOD, all of the facility's policies regarding sanctions for staff have been approved.

(c)(d) The facility's policy further provides that "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." Although not required under this standard, the policy further requires that TDHDC must "report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the ICE Field Office Director, regardless of whether the activity was criminal…." The AFOD confirmed that the facility regularly provides any such information.

TDHDC had no allegations involving staff violations of the facility's sexual abuse policies arise during the audit period, so there were no current documents for the Auditor to review. The FA confirmed during her interview that staff are subject to discipline for violations of the facility's sexual abuse policies, with termination being the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. As further confirmation of the facility's practices, a memo dated February 1, 2021, from the FA stated: "(a) T. Don Hutto Detention Center has not had an instance of a termination, resignation, or other sanctions of a staff member for violating sexual abuse policies since the last PREA audit of May 8, 2018. (b) T. Don Hutto Detention Center has not had to notify a licensing body of a staff member violating sexual abuse policy since the last PREA audit of May 8, 2018." The HR assistant's remarks during her interview with the Auditor were consistent with those of the FA. The Auditor also viewed a blank form, "CoreCivic Employee Problem Solving Notice." This form contains the disciplinary options TDHDC uses written reprimand, re-assignment, suspension, demotion, termination, and "other."

§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) CoreCivic Policy 14-2 DHS/P covers all parts of the standard. The facility will prohibit contractors and volunteers who engage in sexual abuse from further contact with detainees. The facility will make "reasonable efforts" to notify any known "relevant licensing body" and will also report such sexual misconduct to law enforcement agencies, "unless the activity was clearly not criminal." The facility must also remove "any contractors or civilians suspected of…sexual abuse" from detainee contact while an investigation is pending. The facility is further required to "take appropriate remedial measures," along with considering "whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards."

A memo from the FA stated, "T. Don Hutto Detention Center has not had an instance of a termination, resignation, or other sanctions of a contractor or volunteer for violating sexual abuse policies since the last PREA audit of May 8, 2018. (b) T. Don Hutto Detention Center has not had to notify a licensing body of a contractor or volunteer violating sexual abuse policy since the last PREA audit of May 8, 2018." The HR assistant's remarks during her interview with the Auditor also verified that there have been no sexual abuse policy violations by contractors or volunteers during the audit period. Therefore, there were no relevant documents for the Auditor to review.

§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) CoreCivic Policy 14-2 DHS/P and CoreCivic's Policy 15-100 (Resident Rules and Discipline) cover every subpart of this standard. When there is an administrative or criminal finding that a detainee engaged in sexual abuse, formal disciplinary procedures will follow. The facility's disciplinary system uses progressive "levels of reviews, appeals, procedures, and documentation procedures." Any sanctions imposed with "be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories." Another issue to be considered when deciding whether to impose a sanction or determining the nature of a sanction include whether a detainee judged to be competent had any "mental disabilities or mental illness" that contributed to the detainee's actions. A detainee must not be disciplined for "sexual conduct with an employee" unless there "has been a finding that the employee did not consent" to the conduct. Any "reports of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred" will not be considered as making a false report.

The FA provided a memo stating, "T. Don Hutto Detention Center has not had an instance of disciplinary sanctions for a detainee found to have engaged in sexual abuse since our last audit, May 8, 2018." The Investigator also verified there had been no disciplinary sanctions during the audit period arising from a finding that a detainee engaged in sexual abuse. Since there were no allegations of sexual abuse made during the audit period, there were no documents to review relating to any disciplinary hearings arising out of a finding that a detainee engaged in sexual abuse.

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

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

(a)(b)(c) CoreCivic Policy 14-2 DHS/D, which is consistent with the standard, directs that "if the assessment pursuant to §115.41 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…follow-up as appropriate." When the referral is for medical follow-up, the detainee must receive an evaluation within two working days from the time of the assessment. If the referral is for mental health follow-up, an evaluation must take place within 72 hours following the referral. Although there were no intakes when the Auditor was on-site, interviews with intake staff and the Investigator confirmed the practices of the facility.

IHSC Directive 03-01, effective date October 16, 2019, also addresses the proper response to a detainee with a history of sexual abuse: "IHSC will provide immediate medical and mental health treatment to all detainees with a current and/or history of sexual abuse." It should be noted that before a detainee at TDHDC is processed through the IHSC screening process, she will undergo the standard risk assessment of the facility; the facility's risk assessment covers an open-ended time frame, as opposed to the six-month time frame of the IHSC assessment.

The HSA stated that all referrals from intake for either medical or mental health evaluations can be handled in a timely manner in-house unless the services of a specialist are required. In those cases, the evaluations would have to take place off-site. She also stated that any referrals from the facility intake process that are of an emergency nature—whether related to sexual abuse or otherwise—would be matters of great priority and would be addressed immediately. There were no intake medical referrals related to sexual abuse occurring during the audit period. However, the Auditor did review a semi-redacted file for a PREA-type allegation that arose shortly before the audit period to confirm operational practices and processes for compliance. The records showed that a medical evaluation took place on the same day as the allegation, and the mental health evaluation took place within 72 hours.

The Auditor interviewed the mental health clinician and then reviewed four detainee files showing PREA-related mental health referrals during the audit period arising from the facility's §115.41-type assessment made during the intake process. All files reflected that the clinician's evaluation took place within 72 hours after the referral. The Auditor also reviewed two additional mental health referrals that came from sick call requests; these files also reflected that the clinician's evaluations occurred within 72 hours. All files contained notations verifying the use of the facility's language line whenever necessary for the practitioner to satisfactorily communicate with a detainee.

§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) CoreCivic Policy 14-2 DHS/N covers the requirements for this standard. Detainee victims of sexual assault have "timely, unimpeded access to emergency medical treatment and crisis interventions services…in accordance with professionally accepted standards of care." Additionally, whether the treatment services are emergency or ongoing, there is no charge to the detainee and no requirement for the detainee to name the abuser or cooperate in an investigation. During her interview, the HSA said that IHSC addresses each requirement of this standard. She told the Auditor that medical and mental health staff are aware of the services required by this standard, and they have never failed to respond appropriately. A memo dated February 3, 2021, from the HSA to the Auditor provided the following information: "A. T. Don Hutto Detention Center has had no incidents of sexual abuse for which emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care was necessary since the PREA audit of May 8, 2018. B. Should the aforementioned services be necessary, emergency treatment services would be provided to the detainee (victim) without financial cost regardless of whether the detainee (victim) names the abuser or cooperates with any investigation arising from the incident." There were no files from the audit period to review.

§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)(c)(f) CoreCivic Policy 14-2 DHS/N mirrors the language in the standard. IHCS Directive 03-01 states, "The appropriate health care providers…will provide a medical and mental health evaluation and, as appropriate, treatment for all detainees who have been victimized by sexual abuse while in ICE detention." Any medical or mental health services for these victims is without cost to the victim and is without a requirement for naming an abuser or cooperating with an investigation. Additionally, any treatment must be "consistent with the community level of care." The HSA told the Auditor that detainees receive medical and mental health services on-site, without charge. She also noted that all of these services would meet the community level of care requirement.

(b) An IHSC qualified health care professional will make referrals and/or schedule appointments as needed, to include off-site referrals for specialized services for victims of sexual assault or abuse as required. Proper assessment and treatment of these victims may include any of the following: "follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody." The HSA advised that the medical department at TDHDC does its own intake after a detainee goes through the facility's intake process; she also advised that there was no need for any off-site referrals during the audit period.

(d)(e) Female victims of sexual abuse involving vaginal penetration while being detained will be provided pregnancy tests; both the standard and the policy explain the services available to the female victim if pregnancy results from the sexual abuse. Additionally, all victims of "sexual abuse while detained" are to be provided tests for "sexually transmitted infections," as appropriate. During her interview, the HSA stated that these services were not required during the audit period, but her department would follow the policy whenever the situation requires it.

(g) The facility policy, like, the standard, recites that there will be an "attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." During his interview, the mental health clinician said there had been no known detainees with a history of detainee-on-detainee sexual abuse in this audit period. He further stated that if a detainee with such a history does come through intake with a resulting referral for an evaluation, he would attempt to conduct such evaluation sooner than 60 days.

Both intake personnel and the Investigator told the Auditor there had been no known abusers to come through intake during the audit period. Additionally, a memo from the HSA noted: "T. Don Hutto Detention Center has had no incidents nor allegations of sexual abuse initiated by a detainee since the last PREA Audit on May 8, 2018. As such, there have been no mental health evaluations of detainee-on-detainee abusers."

§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) CoreCivic Policy 14-2 DHS/M and Q covers the requirements of this standard. The policy requires an incident review at the end of every sexual abuse investigation. If the investigation resulted in a finding of "substantiated" or "unsubstantiated," there must be a written report within 30 days after the end of the investigation. The team conducting the incident review must decide whether the investigation points to a need to make changes to the facility's policy or practices to improve the response to PREA issues. If there are recommendations for changes and yet no changes ensue, the policy requires TDHDC to document the reasons for not following the recommendations. During her interview the facility Investigator confirmed this practice, although there was no sexual abuse incident review in the audit period that resulted in any recommendations for changes. A memo from the FA reported similar information, in that TDHDC "has not had a sexual abuse incident review that resulted in recommended necessary changes in policy and/or practice since our last PREA audit May 8, 2018."

(b) The requirements of this subpart are reflected in the facility's policy. Interviews with the FA and the Investigator confirmed their knowledge of this requirement. The Investigator explained that there is normally a SART meeting quarterly to discuss allegations or PREA issues that have occurred during the quarter. The SART convenes within a few weeks after an allegation, takes the information alleged or known at that point, and then examines everything from the standpoint of "What if everything alleged is factual?" In that way, if anything points to any kind of issue that can be addressed in order to avoid a problem in the future, the team can make recommendations for change. The facility usually conducts an initial incident review within a few weeks after any PREA allegation. The Investigator noted that sometimes there is a delay in the investigating entity's actual closure of the case. The Investigator stated that sometimes it can take 2 years to get an investigation outcome from ERO. As suggested in subpart (a) of the standard, it is important for any facility to learn if there were contributory issues involved in the allegation that might point to a need for changes. These initial incident reviews at TDHDC can possibly result in needed changes long before a formal finding would occur. The Investigator told the Auditor that the incident review team conducts a second incident review when an allegation is formally closed by ERO; the purpose of the second incident review, which follows the timeframe and report provisions of the policy and standard, is to determine whether there might be additional information that would affect any recommendations resulting from the first initial incident review. The second incident review would occur at the end of any investigation, with a written report made when there is a substantiated or unsubstantiated finding.

The facility had no incident reviews for the audit period since there were no allegations from the audit period. However, the Auditor did review an investigative file for a January 25, 2020, allegation that occurred outside the audit period to confirm operational practices and processes for compliance. The facility then conducted an initial incident review during the audit period, even though the investigation had not yet formally concluded. The facility's Sexual Abuse or Assault Incident Review Form used for the report showed that the SART evaluating that incident properly considered whether anything that happened has been influenced by "race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation, or was motivated or otherwise cause by other group dynamics…." The report contained no recommendations for change. The Auditor found appropriate and timely documentation in the initial incident review report. The facility's practices as reflected in that file showed an understanding of the procedures required under the standard and the policy, whether the incident review was an initial review prior to a finding or a second incident review that tracks the procedures of the policy after an investigatory finding. The facility is substantially compliant with this subpart of the standard.

(c) The facility policy conforms to the language in the standard. There is an annual review of any investigations, with the results—even if there is a negative report—forwarded to designated facility staff, as well as to the "ICE PSA Coordinator through the local ICE Field Office." The Auditor reviewed CoreCivic's 2019 PREA Annal Report, which includes 2019 information about TDHDC. It showed that no PREA allegations occurred during that calendar year. The FA advised that the facility files a negative report if no allegations occur within a calendar year.

§115.87 - Data collection.

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

Notes:

(a) CoreCivic Policy 14-2 DHS/Q covers this subpart of the standard. It states, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling be retained in accordance with CoreCivic Policy 1-15 Retention of Records." Interviews with the FA, the AFA, and the Investigator confirmed this practice; the Investigator also stated that all of these materials are in a locked file cabinet in her office.

§115.201 - Scope of audits.

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

Notes:

The Auditor was able to tour TDHDC and observe all areas of the facility that are accessed by the detainees. He was able to revisit various areas as needed. The Auditor was able to conduct private interviews with staff, contractors, and detainees; and he received relevant documentation as requested to help in his evaluation of whether the facility's practices were consistent with the facility's policies. Audit notices were posted throughout the facility, but the Auditor did not receive any correspondence related to the audit.

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:	2
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	2
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.

Douglas K. Sproat, Jr. 7/12/2021

Auditor's Signature & Date

(b) (6), (b) (7)(C) 7/12/2021

Assistant PREA Program Manager's Signature & Date

(b) (6), (b) (7)(C) 7/12/2021

PREA Program Manager's Signature & Date