

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	9/12/2023	<b>To:</b>	9/14/2023
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**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Jodi Upshaw	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866- (b) (6), (b) (7)

**PROGRAM MANAGER INFORMATION**

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

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Newark
<b>Field Office Director:</b>	John Tsoukaris
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	970 Broad Street 11th Floor Newark, NJ 07102

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Elizabeth Contract Detention Facility
<b>Physical address:</b>	625 Evans Street Elizabeth, New Jersey 07201
<b>Telephone number:</b>	908-352-3776
<b>Facility type:</b>	CDF
<b>PREA Incorporation Date:</b>	6/18/2015

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Officer In Charge (OIC)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	908-282- (b) (6), (b) (7)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	908-659- (b) (6), (b) (7)

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rate Elimination Act (PREA) audit of the Elizabeth Contract Detention Facility (ECDF) was conducted on September 12 – 14, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the U.S. Immigration and Customs Enforcement (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. ECDF is operated by Core Civic and is located in Elizabeth, NJ. The audit period is from January 29, 2021, through September 14, 2023. This is the facility's third PREA audit.

Two weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies and other pertinent documents through the ICE SharePoint. The Pre-Audit Questionnaire (PAQ) was loaded on the ICE SharePoint on the first day of the audit. Supporting documentation was organized within the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policy that governs ECDF PREA Program is 14-2-DHS Sexual Abuse Prevention and Response. Documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website ([www.ice.gov/prea](http://www.ice.gov/prea)) and the facility website (<https://www.corecivic/facilities/elizabeth-detention-center>). No correspondence was received from any detainee, outside individual, or staff member.

ECDF processes detainees who are pending immigration review, transportation to an ICE facility or deportation. The facility houses adult male and female detainees with low and medium custody levels. The facility does not house juveniles or family units. The facility reported that 3257 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 33 days. According to the PAQ, the top three nationalities processed through ECDF are from Mexico, Guatemala and China. On the first day of the audit the facility reported 181 detainees were housed at the facility. The facility is comprised of one building which includes a processing area with two areas on each side for processing male and female detainees separately, male and female housing, an administrative segregation unit, and a medical area. There are 13 open bay/dormitory housing units, one medical cell, and 12 single administrative segregation cells (11 male and 1 female).

The entry briefing was held in the Warden's conference room on September 12, 2023. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Warden, ECDF  
(b) (6), (b) (7)(C) Captain, ECDF  
(b) (6), (b) (7)(C) Quality Assurance/PREA Compliance Manager, ECDF  
(b) (6), (b) (7)(C) Human Resource (HR) Manager, ECDF  
(b) (6), (b) (7)(C) HR Assistant, ECDF  
(b) (6), (b) (7)(C) Learning Development Manager (LDM), ECDF  
(b) (6), (b) (7)(C) Maintenance/Fire Safety Manager, ECDF  
(b) (6), (b) (7)(C) Warehouse Manager, ECDF  
(b) (6), (b) (7)(C) Assistant Food Service Manager, ECDF  
(b) (6), (b) (7)(C), Record/Mail Clerk, ECDF

(b) (6), (b) (7)(C) Warden's Secretary, ECDF

(b) (6), (b) (7)(C) Librarian Aid, ECDF

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

(b) (6), (b) (7)(C) Detention and Deportation Officer (DO), ICE/ERO

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

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the facility tour, provided documentation review, and information obtained from staff and detainee interviews.

The onsite audit commenced on September 12, 2023, and included the sally port, processing area, medical unit, male and female housing units, administrative segregation housing, food service, laundry room, visitation, law library, and recreation area. Male and female detainees are housed in an open bay/dorm style housing, or in a single segregation cell. Open bay/dorm style housing can house up to 44 detainees per unit. Within each housing unit there is a common seating area, telephones, kiosks, bathroom with a toilet and shower.

Above the telephone and the wall around the telephone are posters which included: the PREA audit notice, the DHS-prescribed sexual assault awareness notice, the DHS-prescribed Sexual Abuse Awareness (SAA) Information pamphlet, the contact information for the DHS Office of Inspector General (OIG) and foreign consulate. All observed postings were in English and Spanish. During the onsite audit, the Auditor noted sight lines, potential blind spots, and camera locations throughout the intake area, housing units, recreation area and the medical area. The Auditor was able to observe the detainee intake process. Detainees were brought into the intake area and pat-down searches were conducted. Once the pat-down search was conducted, detainees were placed in a holding cell and processed one at a time. At the intake desk the detainee was classified, provided written PREA education information which consists of a facility handbook, the DHS-prescribed SAA Information pamphlet, and the ICE National Detainee Handbook in a language easily understood by the detainee.

ECDF has (b) (7)(E) located throughout all areas of the facility. The cameras run 24/7 and video footage is stored for up to 90 days on a server before deletion. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. The Auditor viewed the camera site lines for direct viewing of toilet and shower areas and confirmed camera angles provided privacy while a detainee was using the bathroom, showering, or changing clothes.

ECDF employs 132 security officers (75 male and 57 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and Mental Health is provided by ICE Health Service Corps (IHSC) and consists of 22 medical and 3 mental health staff. Volunteers recently resumed services at the facility. The Auditor interviewed 22 staff members which consisted of the Warden, PSA Compliance Manager, Human Resources Manager (HR), Training Manager, Intake staff (1), First Responder (1), First Line Supervisor (1), Food Service staff (2), and Detention Officers (DO) (8). In addition, the Auditor interviewed an ICE staff (2), Medical staff (2), Mental Health staff (1) and 11 randomly selected detainees.

The facility PAQ reported there is one facility investigator that has received specialized training on investigating sexual abuse. There was one allegation of sexual abuse reported during the audit period. On September 14, 2023, an exit briefing was held in the Warden's conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (7)(C), (b) (6) Warden ECDF  
(b) (6), (b) (7)(C) Quality Assurance/PREA Compliance Manager, ECDF  
(b) (6), (b) (7)(C), Captain, ECDF  
(b) (6), (b) (7)(C), Human Resource Manager (HR), ECDF  
(b) (6), (b) (7)(C), Human Resource Assistant, ECDF  
(b) (6), (b) (7)(C), LDM, ECDF  
(b) (6), (b) (7)(C), Maintenance/Fire Safety Manager, ECDF  
(b) (6), (b) (7)(C), Warehouse Manager, ECDF  
(b) (6), (b) (7)(C) Assistant Food Service Manager, ECDF  
(b) (6), (b) (7)(C) Record/Mail Clerk, ECDF  
(b) (6), (b) (7)(C), Warden Secretary, ECDF  
(b) (6), (b) (7)(C), Commander/HSA, IHSC  
(b) (6), (b) (7)(C), Medical Assistant, IHSC  
(b) (6), (b) (7)(C), SDDO, ICE/ERO  
(b) (6), (b) (7)(C), DO, ICE/ERO  
(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU  
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

## SUMMARY OF AUDIT FINDINGS

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

### **Number of Standards Exceeded: 1**

- §115.31 - Staff Training

### **Number of Standards Met: 38**

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.32 - Other Training
- §115.33 - Detainee Education
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.43 - Protective Custody
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review

- §115.87 - Data collection
- §115.201 - Scope of Audit

**Number of Standards Not Met: 0**

**Number of Standards Not Applicable: 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.

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

**Outcome:** Meets Standard

**Notes:**

(c): Policy 14-2-DHS states, "CoreCivic maintains a zero-tolerance policy for all forms of sexual abuse or assault. It is the policy of CoreCivic 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. CoreCivic provides a Sexual Abuse and Assault Prevention and Intervention (SAAPI) Program that ensures effective procedures for preventing, reporting, responding to, investigation and tracking incidents or allegations of sexual abuse or assault." During the onsite audit the Auditor observed the DHS sexual assault awareness notice in the male and female processing areas, laundry room, visitation area, medical unit, segregation unit and all housing units. Interviews with 22 CoreCivic staff, 1 food service staff and 1 IHSC medical staff confirmed they were all aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided documentation via email that confirmed the agency has reviewed and approved its PREA policy.

(d): Policy 14-2-DHS states, "Each CoreCivic facility shall designate a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who shall serve as the facility point-of-contact for the local Immigration and Customs Enforcement (ICE) Field Office and the ICE PSA Coordinator. The PSA Compliance Manager must have sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures." The facility has appointed and employs a PSA Compliance Manager who serves as the facility point of contact for the agency PSA Coordinator. The Auditor reviewed the organizational chart and observed the PSA Compliance Manager reports directly to the Warden. An interview with the PSA Compliance Manager confirmed she is the point of contact for the facility and Agency PSA Coordinator. In addition, the PSA Compliance Manager confirmed she has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

**Corrective Action:**

No corrective action needed.

### **§115.13 - Detainee supervision and monitoring**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "The CoreCivic Facility Support Center (FSC) will develop, in coordination with the facility, comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs and shall review those guidelines at least annually. Each facility will ensure sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; All components of the facility's physical plant; The composition of the detainee population; The prevalence of Substantiated and Unsubstantiated incidents of sexual abuse; Recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not

limited to the length of time detainees spend in agency custody. Whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA Staffing Plan Assessment will be completed.” According to a review of the PAQ, ECDF has a total of 132 security staff, consisting of 75 males and 57 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, food service and volunteers. Facility staffing also includes 22 medical and 3 mental health staff employed by IHSC. ECDF custody staff work three 8-hour shifts: 7:00 a.m. - 3:00 p.m., 3:00 p.m. – 11:00 p.m. and 11:00 p.m. - 7:00 a.m. The Auditor observed appropriate staffing levels in the booking/intake area, medical unit and housing units during the onsite. There are a total of (b) (7)(E) strategically located throughout the facility. Video cameras operate 24/7 and have (b) (7)(E) Cameras are continuously monitored by staff members assigned to (b) (7)(E) (b) (7)(E) contained a gray box over the area preventing opposite gender viewing and providing detainees privacy while performing bodily functions. During the onsite audit, the Auditor observed adequate (b) (7)(E) and found there were no direct (b) (7)(E) into (b) (7)(E) (b) (7)(E) or (b) (7)(E) The facility has developed comprehensive detainee supervision guidelines via Policy 14-2-DHS, Post Orders and CoreCivic Corporate and Facility policies. The facility provided a Policy Document Review/Revision Request form for the Auditor’s review that confirmed all policies and post orders have been reviewed on an annual basis. The facility further submitted an Annual SAAPI Staffing Plan Assessment for the years of 2021, 2022 and 2023. The completed assessments took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. The Auditor reviewed a sexual abuse incident review for one unsubstantiated investigative report and confirmed during the review the facility took into account staffing levels and video monitoring as part of the review. Interviews with the Warden and PSA Compliance Manager confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and SAAPI Staffing Plan Assessment are reviewed yearly. Interviews with the Warden and PSA Compliance Manager confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and SAAPI Staffing Plan Assessment are reviewed yearly.

(d): Policy 14.2-DHS states, “Staff, including supervisors, shall conduct frequent unannounced security inspections rounds to identify and deter sexual abuse of detainees. The occurrence of such rounds shall be documented in the applicable log (e.g., Administrative Duty Officer, post log, shift report, etc.) as "PREA Rounds". This practice shall be implemented on all shifts (to include night, as well as day) and in all areas where detainees are permitted.” During the onsite audit the Auditor observed logbooks within the housing units with PREA rounds marked in red ink. These rounds were conducted on day and night shifts and were logged at random times throughout each shift. Interviews with eight random DOs confirmed that supervisors conduct rounds. Staff acknowledged a supervisor is required to conduct rounds at each post during each shift, but all stated they were conducted at random times. Staff further confirmed that alerting other units of supervisor rounds is prohibited. An interview with a supervisor that conducts unannounced rounds confirmed the rounds were being conducted at each post during each shift and documentation of the round is entered into the logbook in red ink.

**Corrective Action:**

No corrective action needed.

**§115.14 - Juvenile and family detainees**

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): According to the PAQ and interviews with the Warden, PSA Compliance Manager and eight DOs, ECDF does not accept juvenile or family unit detainees; therefore, the standard is not applicable.



## Corrective Action:

No corrective action needed.

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

**Outcome:** Meets Standard

#### **Notes:**

(b)(c)(d): Policy 14-2-DHS states, “Whenever operationally feasible, staff conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched. Pat searches of male detainees by female staff shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or, in exigent circumstances. Pat searches of female detainees by male staff shall not be conducted unless in exigent circumstances. All cross-gender pat searches of detainees will be documented in a logbook including details of exigent circumstances.” During the onsite audit the Auditor observed same gender pat down searches conducted on detainees within the intake area. Interviews with eight DOs confirmed that cross gender pat searches are not allowed. All staff confirmed that should a cross gender search need to be conducted it would be documented.

(e)(f): Policy 14-2-DHS states, “Strip searches of detainees by staff of the opposite gender shall not be conducted except in exigent circumstances, or when performed by medical practitioners. Staff shall not conduct strip searches of juveniles. All such body cavity searches of juveniles shall be referred to a medical practitioner. An officer of the same gender as the detainee shall perform strip searches. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe a strip search performed by an officer of the opposite gender. When an officer of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file. Body cavity searches will only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. All strip searches and visual body cavity searches shall be documented. If a strip search of any detainee does occur, the search shall be documented on the 5-1B Notice to Administration (NTA) (refer to CoreCivic Policy 5-1 Incident Reporting).” The facility submitted a memorandum that strip searches or body cavity searches are not conducted by staff at ECDF. All eight DOs confirmed that strip or body cavity searches are not conducted at ECDF. Interview with medical staff additionally confirmed that strip or body cavity searches are not conducted at ECDF.

(g): Policy 14-2-DHS states, “Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.” Policy 14-2-DHS further states, “Employees of the opposite gender must announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” Policy 14-2-DHS further states, “All searches of transgender and intersex detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety.” During the onsite audit the Auditor observed staff of the opposite gender announce their presence upon entry in the housing units. Interviews with eight DOs confirmed they are aware of this policy, and all stated they do announce their presence when entering a unit of opposite gender. Interviews with all 11 detainees confirmed that opposite gender staff announce their presence when entering a housing unit. The facility also explained that to mitigate cross gender viewing on the female housing units, only female officers are assigned to work the unit.

(h): ECDF is not designated as a Family Residential Center; therefore, provision (h) is not applicable.

(i)(j): Policy 14-2-DHS states, “The facility shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee’s genital status. If the detainee’s genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Policy 14-2-DHS further states, “In addition to the general training provided to all employees, security staff shall receive training in how to conduct 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.” Interviews with eight DOs confirmed that cross gender strip, body cavity searches or searches to determine the detainee’s genital status are not allowed. Interviews further confirmed all eight DOs had received training on proper pat down searches to include cross-gender pat down searches and searches of transgender and intersex detainees.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “ The facility shall ensure that detainees with disabilities (including, but not limited to, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall attempt to accommodate the detainee by providing: Access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; Access to written materials related to sexual abuse in formats or through methods that ensure effective communication; and Auxiliary aids such as readers, materials in Braille (if available), audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers.” Policy 14-2-DHS further states, “The facility will provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the onsite audit the Auditor observed the ICE Detention Reporting and Information Line (DRIL) posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, Union County Rape Crisis Center (UCRCC) posters, ERO Language Services resource flyers and the DHS-prescribed sexual assault awareness notice in English and Spanish with the PSA Compliance Manager’s name and contact information on display. Detainees are provided with the ICE National Detainee Handbook during intake in a language of their understanding. The ICE National Detainee Handbook is available in 14 languages: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The SAA Information pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. Intake staff further confirmed that all languages for the ICE National Detainee Handbook and the SAA Information pamphlet are available on a facility shared drive. The Auditor observed Intake staff utilizing the language line (LionBridge) to interpret information into the detainee’s preferred language should the detainee speak a language other than English or Spanish. Intake staff additionally used google translate with a speaker to communicate with detainees. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. An interview with Intake staff further confirmed that should a detainee have a visual disability, intake information would be read to them and if the detainee had a hearing disability, material

would be provided in written formats. Interviews with eight DOs confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and if the agency deems it is appropriate. Interviews further confirmed that staff utilize a visual aid that shows expressive facial expressions and common symbols to assist in communicating with LEP detainees. All eleven detainees interviewed confirmed that they were provided interpretation services as needed while being processed into the facility.

**Corrective Action:**

No corrective action needed.

**§115.17 - Hiring and promotion decisions**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks.” ICE Directive 7-6.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.” Policy 14-2-DHS states, “To the extent permitted by law, CoreCivic will decline to hire or promote any individual, and decline to enlist the services of any contractor or volunteer, who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity as outlined above. To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. 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.” Policy 14-2-DHS states, “Consistent with federal, state, and local law each CoreCivic facility shall make its best effort to contact all prior institutional employers for information on Substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to obtain such prior employment information.” Policy 14-2-DHS further states, “Unless prohibited by law, CoreCivic shall provide information on Substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The Auditor reviewed 14 staff files and confirmed that all had received a background check prior to employment and the required five-year background investigations. The Auditor additionally reviewed three volunteer files which also had the required background investigations completed. ECDF staff files also confirmed signatures that material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. Review of staff files further confirmed that staff recently signed continuing affirmative duty to disclose sexual abuse in a prison, jail, holding facility, community

confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Interview with the HR Manager confirmed new hires must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion process. The HR Manager also confirmed that ECDF would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer. A background investigation form for Employees, ICE staff and IHSC submitted to the OPR PSO Unit which confirmed background investigation status of all were completed and current.

**Corrective Action:**

No corrective action needed.

**§115.18 - Upgrades to facilities and technologies**

**Outcome:** Not Applicable

**Notes:**

A review of the PAQ and interviews conducted with the Warden and PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. Therefore, subsections (a) and (b) of the standard are not applicable.

**Corrective Action:**

No corrective action needed.

**§115.21 - Evidence protocols and forensic medical examinations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." 14-2-DHS states, "The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic protocols developed after 2011. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. The investigating entity shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the detainee's consent. Such examinations shall be performed by a SAFE [Sexual Assault Forensic Examiner] or SANE [Sexual Assault Nurse Examiner] where possible. If

SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. If the agency listed above in section is not available to provide victim advocate services, the investigating entity may make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.” Policy 14-2-DHS further states, “As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” The Auditor was provided with documentation that ICE has reviewed facility policy. The Auditor reviewed an unsigned Memorandum of Understanding (MOU) with a certified mailing receipt between ECDF and the Essex County Prosecutors Office Special Victims Unit which “indicates forensic medical examinations will be conducted by Special Victims Unit staff at UMDMJ Hospital; however, interviews with the Warden, the PSA Compliance Manager and Medical staff stated Trinitas Hospital would be utilized for SAFE/SANE examinations. Interview with the PSA Compliance Manager confirmed that ECDF follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles. ECDF utilizes the UCRCC to provide detainees with crisis intervention and counseling. The facility employs mental health staff that also can be utilized. Interview with the PSA Compliance Manager, who is also the facility investigator, confirmed that Elizabeth Police Department (EPD) would conduct criminal investigations. The Auditor reviewed an email with an attached MOU that requested the EPD follow the requirements of subsections (a) through (d) of the standard.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” Policy 14-2-DHS states, “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 sexual 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.” Policy 14-2-DHS identifies the Elizabeth Police Department (EPD) as the local law enforcement entity with legal authority to conduct criminal investigations at the facility, which was also confirmed during interviews with the Warden and PSA Compliance Manager. Policy 14-2-DHS further states “Administrative investigations shall be conducted after consultation with the appropriate investigative office within ICE/DHS, and the assigned criminal investigative entity.” Policy 14-2-DHS requires “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.” Additionally, Policy 14-2-DHS states “The facility shall attempt to enter into a written MOU with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations.” The Auditor reviewed email

correspondence and Certified Mail Receipt confirming that the PSA Compliance Manager has requested the EPD enter into an MOU; however, the EPD has not yet responded. Policy 14-2-DHS further states “The facility investigator, as delegated by the PSA Compliance Manager and/or Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to establish a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse and assault incident.” Policy 14-2-DHS further states, “When a detainee, of the facility in which an alleged detainee victim is housed, is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director/designee. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director/designee, and to any local government entity or contractor that owns or operates the facility.” A review of Agency policy and 14-2-DHS confirm that there is established protocol to ensure all allegations of sexual abuse is investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.corecivic.com/facilities/elizabeth-detention-center>) and confirmed the Agency website includes the Agency’s investigative protocol and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. Interviews with the Warden, PSA Compliance Manager (Investigator) confirmed that that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format for at least five years. Interviews further indicated that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the PREA Field Coordinator confirmed he would be notified immediately and would then notify the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG; additionally, EPD would be notified to conduct any criminal investigation. Based on the Auditor’s review of the one case file, all notifications were made appropriately.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff Training**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Training on the facility’s Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees and shall also be included in annual refresher/in-service training thereafter. (ACI 4-4084; ACI-4-4084-1; 4-ALDF-7B-08; 4-ALDF-7B-10; 4-ALDF-7B-10-1) Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards, and shall include: the facility’s zero-tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; instruction that sexual abuse and/or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse and/or assault may occur; how to avoid inappropriate relationships with detainees; working with vulnerable populations and addressing their potential vulnerability in the general population; recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities.” Policy 14-2- DHS further states, “Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file.” The Auditor

reviewed ECDF's training curriculum for staff and sign in sheets and IHSC's training curriculum and staff sign in sheets. The Auditor additionally reviewed 14 staff records that confirmed training had been received at the required time frames. An interview with the LDM confirmed that staff receive training yearly. Interviews with two ICE staff additionally confirmed that they had received training within the past year. Provision (b) requires refresher training every two years; therefore, the facility exceeds based on delivery of annual PREA refresher training.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other Training**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees shall be notified of the facility's zero-tolerance policy and informed how to report such incidents. Civilians/contractors/volunteers shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file." The Auditor reviewed the PREA Overview Facilitators Guide and an Attendance Roster for training conducted on May 3, 2023, for volunteers. Review of the curriculum confirms it adheres to all elements required of the standard. The Auditor additionally reviewed three volunteer files and confirmed the facility has maintained written confirmation that volunteers who have contact with detainees have completed the required training. Interview with the PSA Compliance Manager confirmed volunteers are required to complete PREA training prior to performance of their duties; however, it was confirmed other contractors, as outlined in the standard, are not provided training on their responsibilities under the Agency and the facility sexual abuse prevention, detection, intervention and response policies and procedures. The PSA Compliance Manager stated that those other contractors do not have contact with detainees, but also added zero-tolerance and reporting information at the front desk sign in log to establish advisement of this information to all other contractors and facility visitors.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee Education**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, "During the intake process, all detainees shall be notified of the facility zero tolerance policy on sexual abuse and assault. Detainees will be provided with information (orally and in writing) about the facility's SA-API Program. Such information shall include, at a minimum: The facility's zero tolerance policy for all forms of sexual abuse or assault; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the DHS/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The facility shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual abuse and assault awareness notice; The name of the facility PSA Compliance Manager; and Information about local organization(s) that can

assist detainees who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). If no such local organizations exist, the facility shall make available the same information about national organizations.” Policy 124-2-DHS further states, “The facility shall make available and distribute the DHS-prescribed “Sexual Assault Awareness Information” pamphlet.” During the onsite audit the Auditor observed the intake process which included written material and a video. Information was given to the detainee in their preferred language. The Auditor also observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for the UCRCC. Interviews with 11 detainees confirmed that all received notification of the zero-tolerance policy and written materials during the intake process. Review of 18 detainee files confirmed that all had signed acknowledgements forms of written material received, to include a copy of the ICE National Detainee Handbook in a language of their understanding.

**Corrective Action:**

No corrective action needed.

**§115.34 - Specialized training: Investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b): Policy 14-2-DHS states, “The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training covers, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process.” The facility reported in the PAQ that they have one facility investigator who has received specialized training on sexual abuse and effective cross-agency coordination. The Auditor reviewed the PREA: Investigation Protocols from RELIAS Learning course content pages, PREA Specialized Investigations Training module summaries and the DHS PREA 115.34: Effective Cross-Agency Coordination Training Template slides which were found to include all of the required topics. The Auditor was provided with training certificates of completion for the NIC PREA Specialized Investigations Training and Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course for the facility investigator and an ICE certificate of completion for Sexual Abuse and Assault Prevention and Intervention Training Event for the ICE Field PREA Coordinator. The Auditor reviewed the one investigation file and confirmed the assigned investigator has completed the general staff training required under standard 115.31 and the specialized training pursuant to this standard. Interview with the facility investigator also confirmed completion of generalized and specialized training.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below: How to detect and assess signs of sexual abuse; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse; How and to whom to report allegations of sexual abuse; and How to preserve physical evidence of sexual abuse.” The Auditor reviewed a staff sign in sheet for the Prison Rape Elimination Act (PREA) training and corresponding ICE Prison Rape Elimination Act (PREA) curriculum. The curriculum contains all topics required under subsection (b). The sign in sheet included all IHSC staff and was dated February 2, 2023. Interviews with 3



IHSC staff confirmed PREA training had been received. The facility provided confirmation of the agency's policy review and approval via email.

**Corrective Action:**

No corrective action needed.

**§115.41 - Assessment for risk of victimization and abusiveness**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): Policy 14-2-DHS states, "All detainees shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. Each new detainee shall be kept separate from the general population until he/she has been classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility." Policy 14-2-DHS further states, "Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items listed above in section." In addition, the policy states, "Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees to the detainee's detriment. The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety." Policy 14-2-DHS further states, "The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive." The Auditor reviewed the facility's screening tool and found that it contained all required information defined in provisions (c)(d) of this standard. The Auditor observed an intake process during the onsite audit. Detainees were brought out of a holding cell one at a time. Detainees are held in a separate area until housing assignments are completed. Intake staff utilized the Sexual Abuse Screening Tool by paper and then entered the information in the computer system. Paper versions are then filed within the detainee file record which is kept in the records office in a locked filing cabinet. The screening tool considers all elements of subsection (c) and (d) and has a block for staff to check that indicates initial, new information or a 60-90-day assessment. The Auditor reviewed 18 detainee files which confirmed the intake process was completed within twelve hours of admission into the facility. Detainees are reassessed between 60 and 90 days from the date of the initial assessment or when additional information is received. Review of the detainee files confirmed that detainees held over 60 days had been reassessed as required of the standard. The Auditor reviewed an initial screening tool, a 60-90-day reassessment and an assessment for a new information received. Interviews with the PSA Compliance Manager and Intake Staff confirmed that detainees are not disciplined for refusing to answer questions on the screening tool. Interview with Intake Staff further confirmed that access to the system is based on job roles and information disclosed on the screening tool is not available to all staff.

**Corrective Action:**

No corrective action needed.

**§115.42 - Use of assessment information**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “The facility shall use the information from the 14-2B-DHS Sexual Abuse Screening Tool conducted at initial screening in the consideration of housing recreation, work program and other activities. In deciding whether to house a transgender/intersex detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and self-assessment of safety needs. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee.” Interview with intake staff confirmed that should a detainee identify as previously experiencing sexual abuse, identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) or identify as having predatory history, housing assignments are reviewed by a supervisor. The detainee is additionally asked about housing preference and where they would feel most comfortable or if they require single housing if they identify as having prior victimization or LGBTQI. Housing is based on these considerations along with facility safety and security requirements as well as the information collected on the Sexual Abuse Screening Tool form 14-2B-DHS and. An interview with the PSA Compliance Manager further confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interviews with intake staff and medical staff confirmed that housing assignments are based on several considerations and not on self-identification of a transgender or LGBTQI alone. Interview with the PSA Compliance Manager and eight DOs confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or in an empty housing unit, if requested. Based on these interviews, there were no transgender or intersex detainees admitted to the facility during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective Custody**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): Policy 14-2-DHS states, “Use of Administrative Segregation to protect detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. Detainees considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. Such detainees may be assigned to Administrative Segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. A supervisory staff member shall conduct a review within seventy-two (72) hours of the detainee's placement in segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, and identical review after the detainee has spent seven (7) days in Administrative Segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible.” ECDF has written procedures developed governing the management of the facility’s administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The Auditor reviewed documentation which confirmed ICE has reviewed this policy. The Auditor reviewed an Administrative Segregation Review form which documents formal reviews of a detainee’s

special housing status. Interview with the Warden and PSA Compliance Manager confirmed that detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The Warden further confirmed that notification would be made to ICE by email should a detainee be placed in administrative segregation. There was one allegation of sexual abuse during the audit cycle that did not result in the detainee being placed in administrative segregation.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee Reporting**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Detainees shall be encouraged to immediately report pressure, threats, or incidents of sexual abuse and assault, as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect, or violation of responsibilities that may have contributed to such incidents. The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. Detainees who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; Calling the facility twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; Forwarding a letter (including anonymously), sealed and marked “confidential”, to the Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Forwarding a letter to the CoreCivic FSC PSA Coordinator.” Policy 14-2-DHS further states, “Detainees shall have at least one way to report sexual abuse to a public or private entity or office that is not part of CoreCivic, and that is able to receive and immediately forward detainee reports of sexual abuse and assault to facility officials, allowing the detainee to remain anonymous upon request.” During the onsite audit, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility's PSA Compliance Manager's contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and poster for the UCRCC. The Auditor also observed posters that contained consulate contact numbers. The PSA Compliance Manager confirmed that the ICE DRIL is a way for detainees to report sexual abuse to a public or private entity and they are able to receive and immediately forward detainee reports of sexual abuse to agency officials and the detainee may remain anonymous if they request to do so. The ICE National Detainee Handbook with reporting numbers is given to each detainee upon intake and is available in all available languages available: English, Spanish, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. Interviews with eight random DOs confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. The Auditor review of the one case file confirmed that the allegations was reported directly to a staff member and that staff members forwarded immediately for investigation through their supervisor and then documented the incident in a report.

**Corrective Action:**

No corrective action needed.

**§115.52 - Grievances**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “Formal Grievances filed by detainees involving allegations of an immediate threat to a detainee's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility investigator or Administrative Duty

Officer. Detainees will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. To prepare a grievance a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process.” The Auditor reviewed a section of the facility handbook entitled “General Grievance Procedures”. The handbook includes information to detainees on how to file a formal grievance related to sexual abuse at time in lieu of lodging an informal grievance or complaint, does not impose a time limit on when a detainee can file a grievance regarding an allegation of sexual abuse, facility timelines on when responses are due to the detainee and notifies the detainee that they may obtain assistance from another detainee or staff to file the grievance. Interview with the PSA Compliance Manager confirmed that detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. The PSA Compliance Manager further confirmed that in addition to other detainee and staff, detainees may utilize family members or legal representatives for assistance in preparing a grievance. She was also knowledgeable about issuing a decision within 5 days and a response to an appeal within 30 days. Interviews with eight DOs confirmed that time-sensitive grievances would be immediately processed. There were no allegations of sexual abuse reported at ECDF through the grievance system for the audit period.

**Corrective Action:**

No corrective action needed.

**§115.53 - Detainee access to outside confidential support services**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, “CoreCivic shall maintain, or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. Before developing or attempting to enter into an MOU, the facility shall contact the CoreCivic FSC Legal Department. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Each facility shall establish, in writing, procedures to include outside agencies in the facility sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse. Detainees will be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.” The Auditor reviewed an MOU with the UCRCC that confirmed this organization provides expertise and support for crisis intervention, counseling and investigation and the prosecution of sexual abuse. Review of 14-2-DHS confirms that UCRCC is identified as the community agency that would provide confidential support services to ECDF and establishes procedures for utilizing UCRCC. During the onsite audit the Auditor observed posters for UCRCC located on the walls within the intake areas and all housing units in English and Spanish. The MOU additionally requires the UCRCC to provide information regarding the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Interview with the PSA Compliance Manager confirmed that UCRCC would be utilized for services. All eleven detainees interviewed were aware of the community resources and how to access them although none had used the services.

**Corrective Action:**

No corrective action needed.

### **§115.54 - Third-party reporting**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “The facility shall establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link.” [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com).” During the onsite audit the Auditor observed the DRIL and DHS OIG posters in English and Spanish located in the holding cells, intake area and housing units which may both receive third-party reports of sexual abuse. The Auditor reviewed ECDF's website, <https://www.corecivic/facilities/elizabeth-detention-center> and confirmed it contains instruction for third party reporting. A review of the ICE web page ([www.ice.gov/](http://www.ice.gov/)) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee.

**Corrective Action:**

No corrective action needed.

### **§115.61 - Staff and Agency Reporting Duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” Policy 14-2-DHS states, “Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in section L. Coordinated Response/Sexual Abuse Response Team (SART), and section M. Response Procedures. The facility shall require all staff to 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 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. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” Policy 14-2-DHS further states, “Employees are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic management authority. Employees who fail to report allegations may be subject to disciplinary action. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Employees may privately report sexual abuse and assault of detainees by forwarding a letter, sealed and marked “Confidential”, to the Facility Administrator. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.” Interviews with eight random DOs confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). In addition, interviews also confirmed that

they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the Investigator confirmed that if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period. The Auditor was provided with documentation of the agency's review and approval of the facility policy.

**Corrective Action:**

No corrective action needed.

**§115.62 - Protection Duties**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, "When it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee." The Auditor reviewed one investigation file; however, the allegation indicated the detainee was not subject to any risk of imminent sexual abuse. Interviews with the Warden, PSA Compliance Manager and eight DOs confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

**Corrective Action:**

No corrective action needed.

**§115.63 - Reporting to other Confinement Facilities**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, "Upon receiving an allegation that a detainee currently at the facility was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken: The Facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate headquarters office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. A copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. The facility shall document that it has provided such notification through the 5-1B Notice to Administration (NTA). Upon receiving notification from another agency or another facility (e.g. state, federal, local, or other private operator) that a detainee currently at their facility reported an incident/allegation of sexual abuse that occurred while the subject was a detainee at the CoreCivic facility, the following actions shall be taken: The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A detainee statement should be requested. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred for criminal investigation, if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The incident shall be reported through the 5-1 Incident Reporting Database (IRD). Notification shall be made to the ICE Field Office Director/designee." Interviews with the Warden and PSA Compliance Manager confirmed that should ECDF receive information a detainee was sexually abused while housed at another facility notifications would be made to the facility where the abuse occurred and ICE FOD notification will be made within 72 hours. Should a detainee be transferred and ECDF is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon the receiving the allegation. In addition, the Warden and PSA Compliance Manager confirmed that notification would be done by telephone with a follow up email. There were no occurrences where a detainee transferred from another facility to ECDF reported an

incident of sexual abuse or where a detainee transferred from ECDF to another facility reported an incident of sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder Duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b): Policy 14-2-DHS states, “Upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report, or his or her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene until appropriate steps can be taken to collect evidence. Alleged victims shall be immediately escorted to the Health Services Department. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if determined necessary for medical treatment. If medically indicated, or necessary for the collection of evidence as determined by law enforcement, victim examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. Facility security staff shall transport the detainee to the location where such services are provided. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, request that the alleged victim not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. When the alleged perpetrator is a detainee, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall ensure that the alleged perpetrator not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.” Interviews with eight DOs confirmed that all elements of subsection (a) would be followed to include: separation, preservation and protection of the crime scene, requesting the victim to not take actions to destroy evidence and ensuring the alleged abuser not take actions to destroy evidence. The Auditor additionally interviewed two food service workers who confirmed that they would notify security staff immediately and request the alleged victim not take actions to destroy evidence. The Auditor’s review of the one case file found that the allegation was reported to a staff member; an appropriate response was provided by the staff member, however, the incident did not require full implementation of SART Protocols.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated Response**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14.2-DHS states, “Each CoreCivic facility will establish a Sexual Abuse Response Team (SART) to identify roles and provide a coordinated response to incidents of sexual abuse. The SART shall include the following multi-disciplinary team: PSA Compliance Manager; Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. Note: The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The Victim Services Coordinator will not be a member of security. The SART responsibilities shall include, but are not limited to, the

following: Responding to reported incidents of sexual abuse and assault; Responding to victim assessment and support needs; Ensuring policy and procedures are enforced to enhance detainee safety; and Participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards. If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services.” ECDF utilizes 14-2-DHS as their coordinated response plan. This policy identifies roles that will be assigned to the Sexual Abuse Response Team (SART), assigned duties for each role and coordinating actions. The SART team will be comprised of the PSA Compliance Manager, medical, security, mental health and a victim services coordinator (a medical or mental health professional may be utilized in this role). Interview with the Warden confirmed the facility would use this plan should an incident occur. The Warden further confirmed that should a detainee be transferred to a DHS facility, ECDF would inform the receiving facility of the detainee’s need for potential medical or social services. The Warden further confirmed that should a detainee be transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “Staff suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Policy 14-2-DHS further states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.” Interviews with the facility Warden, PSA Compliance Officer and HR Manager confirmed that staff, contractors and volunteers are removed from contact with detainees until the investigation has been concluded. There were no allegations involving a staff member or contractor during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.67 - Agency protection against retaliation**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Agency policy 11062.2 states, “ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” Policy 14-2-DHS states, “Staff, contractors, volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. For at least ninety (90) days following a report of sexual abuse, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include detainee disciplinary reports, housing or program changes, or negative performance reviews, or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates continuing need. The PSA Compliance Manager shall ensure that thirty/sixty/ninety (30/60/90) day retaliation monitoring is conducted by the designated staff, following a report of sexual abuse, to protect against potential retaliation against detainees or employees. This shall include periodic status checks of detainees and review of relevant documentation. Monitoring is documented on the 14-2D DHS PREA Retaliation Monitoring Report (30/60/90) form.” There were no grievances filed for retaliation within the last 12 months for the Auditor to review. ECDF had one allegation during the audit period. The Auditor reviewed the 14-2D DHS



Retaliation Monitoring Report included with the investigative file. This form monitors disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and a box to check if the monitor met with the detainee or staff member in person. The facility completed all monitoring requirements but could not monitor for more than a month due to the detainee victim's release from custody. Interviews with the Warden and PSA Compliance Manager confirmed that retaliation is prohibited, multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring.

**Corrective Action:**

No corrective action needed.

**§115.68 - Post-allegation protective custody**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, "The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse." Policy 14-2-DHS further states, "Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a detainee has been placed in segregation on the basis of a vulnerability to sexual abuse or assault." Interview with the PSA Compliance Manager and security staff that supervises the segregation unit confirmed that ECDF has several housing units that could be utilized to house detainee victims of sexual abuse that are outside of the segregation area and located in the same hallway as the dormitory units. During the onsite audit the Auditor observed these areas and confirmed the units would be less restrictive than the segregation unit. Interviews with the PSA Compliance Manager and staff that supervises the segregation unit further confirmed that detainee victims would not be held any longer than five days in any administrative segregation except in an unusual circumstance or at the request of the detainee. The PSA Compliance Manager further confirmed that a reassessment would be completed prior to a detainee's return to general population. An interview with the Warden confirmed that should a detainee be placed in administrative segregation due to an incident of sexual abuse notification would immediately be made to the ICE FOD. There were no detainees placed in protective custody at ECDF due to an allegation of sexual abuse during the onsite audit or during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.71 - Criminal and administrative investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f): Policy 14-2-DHS states, "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 sexual 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." Policy 14-2-DHS further states, "Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations will include: Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;

Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; and 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.” Policy 14-2-DHS further states, “Discussions with ICE and local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator to coordinate and sequence administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation.” ECDF utilizes one investigator to conduct administrative investigations. Review of the one investigative file confirmed that the administrative investigation was completed promptly, thoroughly, objectively and was conducted by the specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed. An interview with the investigator further confirmed that should an allegation result in a criminal investigation an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. An interview with the PSA Compliance Manager and the Warden confirmed that the facility utilizes Policy 14-2-DHS for administrative investigations procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigations. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility the investigation would continue until it was finished. Should a criminal investigation need to be conducted, ECDF would remain informed through telephone calls, emails or in person updates with the EPD.

**Corrective Action:**

No corrective action needed.

**§115.72 - Evidentiary standard for administrative investigations**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are Substantiated.” An interview with the PSA Compliance Manager who is the facility investigator confirmed that there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had one allegation of sexual abuse during the audit period. A review of the investigatory documentation confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees**

**Outcome:** Meets Standard

**Notes:**

Policy 14-2-DHS states, “Following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. All detainee notifications or attempted notifications shall be documented on the 14-2E Detainee Allegation Status Notification. The detainee shall sign the 14-2E

Detainee Allegation Status Notification verifying that such notification has been received. The signed 14-2E Detainee Allegation Status Notification shall be filed in the detainee's file.” Interviews with the Warden and PSA Compliance Manager confirmed that after an investigation was completed notification would be made to ICE/ERO who would then notify the detainee of the outcome or any responsive action taken. The facility reported one allegation during the audit period but was released prior to completion of the investigation. Documentation confirmed that notification was made to ICE/ERO.

**Corrective Action:**

No corrective action needed.

**§115.76 - Disciplinary sanctions for staff**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): Policy 14-2-DHS states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of CoreCivic sexual abuse policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. The facility shall also 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, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known.” ECDF had no sexual abuse allegations involving staff during the audit period. The Auditor reviewed Policy 3-3 CoreCivic Code of Ethics that all employees are required to review upon employment and annually thereafter. The Auditor additionally reviewed Form 3-3A Employee Problem Solving Notice (PSN) that would be completed for employee disciplinary action or termination. The facility provided documents to confirm the agency has reviewed and approved Policy 14-2-DHS. Interview with the Warden confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The Warden further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

**Corrective Action:**

No corrective action needed.

**§115.77 - Corrective action for contractors and volunteers**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other provisions within these standards. Incidents of Substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall report such incidents to the ICE Field Office Director/designee regardless of whether the activity was criminal and shall make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known.” ECDF did not have any allegations involving a contractor or volunteer during the audit period. An interview with the Warden confirmed that any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be

removed from detainee contact immediately pending the outcome of an investigation. The Warden further confirmed that efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions ECDF would review the incident to determine if further detainee contact should be prohibited.

**Corrective Action:**

No corrective action needed.

**§115.78 - Disciplinary sanctions for detainees**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, “Detainees shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse or assault. Sanctions shall 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. If a detainee is mentally disabled or mentally ill, but competent, the disciplinary process shall consider whether the detainee’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Because the burden of proof is substantially easier to prove in a detainee’s disciplinary case than in a criminal prosecution, a detainee may be institutionally disciplined even though law enforcement officials decline to prosecute. A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. Detainees who deliberately allege false claims of sexual abuse can be disciplined. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Facility Administrator or designee may contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.” Interview with the Disciplinary Officer confirmed that the ECDF has a formal disciplinary process with progressive levels of sanctions and that a detainee’s mental disability or illness would be considered in determining sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Additionally, sanctions are commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Interviews with the Warden, PSA Compliance Manager and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals. There was one allegation reported during the audit period that was unsubstantiated.

**Corrective Action:**

No corrective action needed.

**§115.81 - Medical and mental health screening; history of sexual abuse**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “If screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than seventy-two (72) hours after the referral.” The Auditor observed the detainee intake process which included an assessment required by standard 115.41. Should a detainee indicate prior sexual victimization or having perpetrated sexual abuse during the

screening, a verbal notification is given to medical intake staff. During intake medical completes an intake questionnaire that also serves to identify detainees who have been sexually victimized or perpetrated sexual abuse. Identified detainees are then referred to medical and mental health as appropriate by an entry into the medical/mental health system which is completed by medical intake staff. Interview with intake staff confirmed that an entry is made into the system and a verbal notification is also made to medical conducting intake evaluations. Interview with a registered nurse confirmed that detainees are initially processed by medical within 2 hours and receive a thorough evaluation within 12 hours in which sexual victimization or previous perpetrated sexual abuse is evaluated along with other medical history. Interview with a mental health professional further confirmed that referrals are normally seen within 24 hours and always within the 72-hour requirement of subsection (c) which was confirmed through documentation provided by medical staff.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): Policy 14-2-DHS states, “Detainee victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.” There was one allegation of sexual abuse that occurred during the audit period. The Auditor confirmed that appropriate referrals were made. Interview with medical staff confirmed that emergency medical treatment for detainees would be free and conducted at Trinitas Regional Medical Center in Elizabeth. Medical and mental health staff confirmed that any treatment plans would be continued at the facility and follow up care would be provided as required. The Auditor was able to contact a nurse at the emergency room desk at Trinitas and confirmed that any emergent care would include medical treatment and crisis intervention services to include emergency contraception and sexually transmitted infections prophylaxis regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): Policy 14-2 DHS states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The facility shall provide victims with medical and mental health services consistent with the community level of care. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. The facility shall attempt to conduct a mental health evaluation of all known Detainee-on-Detainee abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall provide such victims with medical and mental health services consistent with the community level of care.” The facility had one sexual abuse allegation during

the audit period. Review of documentation confirms that the victim was referred appropriately to medical and mental health. During the onsite audit there were no detainees that reported sexual abuse for the Auditor to interview. Interviews with medical staff confirmed that that detainees are provided services consistent with care in the community, that females would be offered pregnancy tests, comprehensive pregnancy-related education and timely access and comprehensive education about lawful pregnancy-related services. Services would also include tests for sexually transmitted infections. All treatment would be free of cost to the detainee whether they cooperate with the investigation. Mental health care staff additionally confirmed that detainee care is consistent with care received in the community. Interview with mental health confirmed that mental health referrals for detainee-on-detainee abusers would be sent to the psychiatrist for an evaluation within two weeks.

**Corrective Action:**

No corrective action needed.

**§115.86 - Sexual abuse incident review**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Policy 14-2-DHS states, “The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation and, where the allegation was not determined to be Unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The 14-2F-DHS Sexual Abuse Incident Review Report shall be forwarded to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault (PSA) Coordinator through the local ICE Field Office. Each facility shall conduct an annual review of the sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, and the ICE PSA Coordinator through the local ICE Field Office.” The Auditor reviewed a U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations Sexual Abuse or Assault Incident Review Form that was completed for the one incident that occurred during the audit period. Review of the incident review confirmed that it was completed within 30 days of the conclusion of the investigation and evaluated whether a change in policy or practice could better prevent, detect or respond to sexual abuse. The facility evaluated whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. An interview with the Warden and PSA Compliance Manager confirmed that reviews are conducted at the completion of any investigation of sexual abuse and the report and response are forwarded to the agency PSA Coordinator. Interviews also confirmed that annual reviews of all sexual abuse investigations are conducted and forwarded to the Field Office Director or designee and the agency PSA Coordinator. The Warden and PSA Compliance Manager further confirmed that should there be no reports during the year a negative report is also forwarded to the Field Office Director and the agency PSA Coordinator. The PSA Compliance Manager

provided documentation to the Auditor that the annual review for 2022 was forwarded to Field Office Director or designee and the agency PSA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection**

**Outcome:** Meets Standard

**Notes:**

(a): Policy 14-2-DHS 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 shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. The Facility Administrator shall maintain files, chronologically and in a secure location, regarding incidents of sexual abuse and assault, which include the following minimum information: The victim(s) and assailant(s) of a sexual assault; The date, time, location, and nature of the incident; The demographic background of the victim and the perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming); Detailed reporting timeline, including the names of the individual who reported the incident and received the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command; Any injuries sustained by the victim; All formal and/or informal action taken, including all post-report follow-up response taken by the facility (e.g. housing placement/custody classification, medical examination, mental health counseling, etc.); All reports; Medical forms or other relevant medical information; Supporting memos and videotapes, if any; Any sanctions imposed on the perpetrator; and Any other evidentiary materials pertaining to the allegation.” An interview with the PSA Compliance Manager confirmed that case records associated with claims of sexual abuse are secured in a locked cabinet.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of Audit**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was allowed to interview staff and detainees in private. The Auditor did not receive correspondence from any detainee, staff, or outside entity prior to the onsite audit.

**Corrective Action:**

No corrective action needed.

**AUDITOR CERTIFICATION:**

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

*Jodi Upshaw*  
**Auditor's Signature & Date**

10/30/2023

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

10/31/2023

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

10/30/2023